

**Questions and Answers for
Utilization, Quality and AIMS Reviews, RFP # 0712071036-R**

General Submission Questions

1. What guidelines are available for the proposal? Guidelines in reference to:
 - a. timeline for response to work
 - b. type of reports required to be submitted
 - c. limits or caps on fees or charges, and
 - d. anything else that can structure an RFP

All guidelines for the proposal are described in the RFP, Section III, Detailed Specifications – Scope of Work.

2. Is there a specific format for the proposal?

The format for submitting the proposal should follow instructions provided in the RFP, Section IV. Proposal Requirements – Instructions to Bidders.

3. Can we just respond to one area of healthcare (i.e. homecare) and not others (i.e. Nursing home)?

No, a proposal must be submitted for all work activities described in the Scope of Work.

4. Are we to project how much workload we can assume? Please provide some guidance.
- Bidders are expected to bid on all work activities included in the Scope of Work, including the total amount of reviews listed.*

5. When and where is the Bidder's Conference?

A Bidder's Conference did not take place for this RFP.

6. Can a list of the attendees to the Bidders' Conference be made available?

A Bidder's Conference did not take place for this RFP.

7. If we don't submit a Letter of Interest can we still submit a proposal?

The Letter of Interest is optional and does not bind the organization to submit a proposal. Also, an organization can submit a proposal without submitting a Letter of Interest.

8. Due to the holiday, can the proposal due date be extended to December 5, 2008? If not, will the Department be open on November 28, 2008 to receive shipments?

The proposal due date will not be extended to December 5, 2008. New York State offices, including the Department of Health are open on Friday, November 28, 2008 and shipments will be received on that day.

9. Why was this RFP re-released?

This RFP was re-released because no awards were made for the initial RFP for Utilization, Quality and AIMS reviews which was released in February, 2008.

10. Will the Evaluation Committee consider a tour of another office site and oral presentation to enable vendors who are not the incumbent to be evaluated in a real time setting rather than the proposal submission in and of itself?

It is not possible to include a tour of another office site or oral presentations by potential vendors.

11. Both Part A and Part B require one copy of the Technical and Cost proposals to be unbound. What is meant by “unbound” – that is, if a proposal is submitted in a three-ring binder with tabs, is that considered unbound? Or is the requested unbound copy to be submitted without a binder and without tabs? Is the unbound copy to be printed one-sided or two-sided?

The requirement to submit a copy of the Technical and Cost proposal ‘unbound’ is rescinded in an effort to be conservative with paper use. Submission of the proposal in a three-ring binder with tabs is acceptable. This copy should be printed one-sided, to facilitate production of additional copies if needed.

12. Section IV.B. (page 37) and Section IV.D.3. (page 46) require single-sided text. The single-sided requirement applies only to Part A (UR/QI) and not to Part B (AIMS). In the interest of paper conservation, can the UR/QI proposal also be produced double-sided?

The proposals should be printed one-sided, to facilitate production of additional copies if needed.

Part A: Medicaid Utilization Review and Quality Improvement Activities

13. Can any operational UR measure be shared (i.e. denial rates, reconsideration rate, return on investment (ROI) measures)?

For the current contract period, the net cost effective ratio was approximately 12 to 1; with an overall denial rate of approximately 12% and an appeal rate of approximately 27 %. An analysis of total ROI for the Utilization Review and QIP activities and AIMS reviews has not been conducted and is thus not available. We are reluctant to provide ROI data on past performance since there have been so many significant changes in the Medicaid Program.

14. The State Consultant Services Form A – Attachment 6 seems to require information that will only be available after a contract has been awarded, such as Contract Number and the column entitled “Amount Payable under the Contract”. Can the DOH clarify if Form A is to be submitted with the proposal, or when a contract has been awarded?

Form A is to be submitted with the proposal. Leave Contract Number blank. Amount Payable under the Contract should be calculated using the number of employees expected to work on the contract, by service type and the expected number of hours they will work.

15. The State Consultant Services Form A asks for Employment Category, Number of Employees, Number of Hours to be Worked and Amount Payable Under the Contract. Is the Grand Total illustrated on this form supposed to be comprised of only the labor portion of the Bidder's expenses, or do the costs need to have other expenses added so the Grand Total from Form A matches the Total Annual Bid amount from Cost Proposal Form 1?

The Grand Total on Form A for Amount Payable under the Contract will be comprised of only the labor portion of the bidder's expenses.

16. The RFP states that, "Bidders who are not currently a New York State certified M/WBE must define the portion of all consumable products and personnel required for this proposal that will be sourced from a M/WBE." Do all M/WBE's utilized by the Contractor under the scope of work for this RFP need to be certified as such in New York State? You are requested to list all New York State certified M/WBE contractors on this form. If you are using an M/WBE contractor that is not certified by New York State as an M/WBE, that contractor would not be included on the form.

17. The RFP states that, "The bidder's cost proposal should include a copy of both the New York State Taxation and Finance Form, ST-220-TD – Contractor Certification (Attachment 9) that was submitted to the New York State Department of Taxation and Finance Form ST-220-CA – Contractor Certification to Covered Agency (Attachment 10). Both forms will become part of the successful bidder's contract." Can DOH clarify when these forms are to be submitted? Both forms are entitled "Contractor Certification" and Publication 223 outlines that only entities who have been awarded contracts are to file these forms. Can these forms be submitted once an award has been made? As stated in the RFP, these forms should be submitted with the bidder's proposal.

18. How many dollars in overpayments did the current contractor identify in a current 12-month period?
In the April, 2007 through March, 2008 contract period, savings from overpayment totaled approximately \$146 million.

19. What are the major differences between the current scope of work and the one in this RFP?
The scope of work is the same with the exception of home-based services retrospective reviews which is new in this RFP.

20. What grouper version are you currently using and what type of DRG system?
The AHA coding clinic, the 3M grouper and AP-DRGs are currently used.

21. When will Present on Admission (POA) coding be submitted on all claims, and for how long?
POA coding was mandatory in New York State in September, 2008 and will be submitted on all claims going forward indefinitely.
22. Has the Department developed a policy regarding withholding of payment to a provider who has experienced a never event? If so, what is the policy?
*Information on the Department's policies regarding Never Events can be found on the Department's website:
http://www.health.state.ny.us/health_care/managed_care/medicaid_neverevents.htm.*
23. Now that the Department has requested a review for 14 Never Events, will the process for reporting the 32 mandatory reportable occurrences to NYPORTS change in any way?
No.
24. Will the home-based services that require review include skilled services (RN, PT, OT, ST) as well as personal care services, homemaking services, and supplies?
This review is limited to only certified home health agency (CHHA) services which are provided on a long-term basis, considered to be over 120 days.
25. Section III.H.(1) (page 23) states "While conducting review for one or more of the above listed review categories (see Section III.E), the UR/QI [agent] will be asked to perform retrospective reviews of a sub-sample of inpatient medical records selected to target specific topics for quality of care reviews. At least two (2) topic areas will be selected each contract year." Does this statement refer to the 20,000 Quality of Care Reviews noted in the second bullet on page 30?
Yes.
26. Are the 20,000 Quality of Care Reviews considered additional to the "concurrent quality of care reviews" noted in the first paragraph on page 28, with regards to quantity of reviews?
Yes, the 20,000 quality of care reviews are additional to the review of cases that have already been selected under the scope of work. For example, the Department may request that cases abstracted for DRG validation also have an additional quality of care review if the patient has a diagnosis of congestive heart failure (CHF). The additional quality of care review will include the development of an abstraction tool to be used in reviewing the patient record against evidence based guidelines for CHF. There would be one payment for the original DRG validation review case and an additional payment for the CHF quality of care review.

27. Attachment 15 Includes/Excludes List (page 129), NYPORTS code 808 “Post-op Surgical Wound Infection” is referenced. Is this still a valid code for NYPORTS reporting? If not, how does the Department want bidders to address findings of post-operative surgical wound infections?

The code 808 has been dropped and is not a valid code and is dropped as part of the NYPORTS validation activity; it may, however, be covered as part of the overall quality of care reviews.

28. Can the DOH clarify what should be illustrated in the table in Attachment 8 – Technical Proposal Form 2 – Indirect Personnel Services Summary? If all positions that will be working to fulfill the UR/QI Contract Deliverables have been captured under the Direct Staffing Summary Form, then what should be included in Technical Proposal Form 2? *If all positions that will be working on contract activities are captured under the Direct Staffing Summary Form then there is no need to fill out Technical Proposal Form 2 Indirect Personal Services Summary, just indicate that all staff are captured under the Direct Staffing Summary. Technical Proposal Form 2 is for a contractor who will have both direct and indirect staff assigned to the RFP activity.*

Part A: Quality Improvement Projects (QIP)

29. What is the Department’s expectation for ongoing support of clinics that are currently enrolled, have completed the required trainings, implemented registries and self-management workshops, and continue to require or desire technical assistance and QI support? What assumptions should prospective contractors use to budget for this support in their cost proposals?

Current QIP sites will be evaluated at the beginning of the new contract period and their continuation status will be determined at that time.

To assure consistency in the preparation of the Technical and Cost Proposals, it is requested that the UR/QI agent base its QIP projections on review of 75 medical records at each clinic site for a total of 2,250 reviews. These projections are not binding and are subject to change based on needs of this contract.

30. What is the number of current clinics participating? Please provide a list of these clinics and the number of licensed Medicaid providers at each clinic.

There are a total of 33 participating QIP sites; of which 7 are focused on asthma only, 10 on diabetes only, and 16 include both asthma and diabetes. Information on the number of Medicaid providers at each clinic is not available.

Participating Medicaid provider sites include:

Boriken Neighborhood Health Center

Castle Hill Family Practice

Dolan Family Health Center

Dolan Family Health Center Pediatric Clinic

Elmont Community Health Center

*Fordham Family Practice
Freeport – Roosevelt Community Health Center
Goldman Family Med Center - General Medical Clinic - adult medicine
Hempstead Community Health Center
Inwood- Lawrence Community Health Center
Long Beach Medical Clinic
Nassau University Medical Center Diabetes Clinic
Nassau University Medical Center Omni Medical Clinic Family Practice
Nassau University Medical Center Omni Medical Clinic Internal Medicine
North General Hospital Diagnostic and Treatment Center General Medical Clinic
North General Hospital Diagnostic and Treatment Center General Pediatric Clinic
North General Hospital Diagnostic and Treatment Center Pediatric Asthma Clinic
North Shore/LIJ health System- Gen Medical Clinic
North Shore/LIJ Health System-Schneider Children's Hosp-Division of General Pediatrics
Phillips Ambulatory Care Center-Pediatrics Associates
Settlement Health & Medical Services
St. Peter's Family Health Center-General Medicine
St. Peter's Family Health Center-Pediatrics
St. Peter's Rensselaer Health Center
St. Peter's Slingerlands Health Center Pediatrics
Staten Island University Hospital-Bay St.General Medicine
Staten Island University Hospital-General Medicine
Staten Island University Hospital-Pediatrics
Staten Island University Hospital-South General Medicine
West Farms Family Practice
Westbury- New Cassel Community Health Center
Whitney M. Young, Jr. Health Center, Inc.
Williamsbridge Family Practice*

31. How does the Department negotiate the addition of clinics beyond the minimum into the contract scope of work?

QIP costs will be evaluated at the time of contract negotiations. Subject to Department approval, the UR/QI agent will develop a project work plan and deliverable schedule for implementing QIP activities at proposed sites. Payment will be based on the proportion of deliverables that are completed at each payment period.

32. Has the current contractor been delivering all the requirements as stated in this section? If not, which requirements are new in this RFP?

The current contractor has been delivering QIP Scope of Work requirements as stated in this RFP. There are no new Scope of Work requirements.

33. Is it the Department's expectation that the required baseline assessment/ performance measurement, trainings, technical assistance, academic detailing, and other activities all occur within the first year of a clinic's engagement?

Yes.

34. May the contractor spread these activities over a longer time period, and if so, what time period is acceptable to the Department?

The UR/QI agent will be required to submit monthly, quarterly and annual reports which will be used by the Department to assess whether the agent is meeting program objectives and contract deliverables.

35. Has the current contractor provided all the required activities within a one-year time frame? If not, how long does the contractor have to accomplish the core training and technical assistance activities with a given clinic?

The current contractor has provided the required activities in the agreed upon time frame of their contract. The UR/QI agent is expected to conduct all the required activities within a one-year timeframe, to train QIP sites to implement independent and sustainable QI programs.

36. Please clarify the Department's expectations of the contractor in the following requirement: "the UR/QI agent will assist participating providers to establish HIT infrastructure and internal expertise to develop a patient registry." Is the contractor expected to assist clinics to implement EHR? If not, what other forms of HIT does the Department contemplate?

For purposes of these QIPs, the scope of work should include strategies to assist participating providers to develop a patient registry to monitor patient care and collect, analyze and benchmark quality indicators.

37. Is the contractor allowed to preferentially select/recruit clinics that have established EHR or registry functions, are intending to do so, or are in the process of doing so?

No. QIP clinics are routinely recruited in geographic areas that have high prevalence of chronic disease, such as asthma and diabetes in the Medicaid population.

38. The incumbent is the Medicare QIO for New York State and is already being paid by CMS to accomplish very similar tasks (e.g. assistance with HIT/EHR implementation and optimization) in the state. Since systems improvements potentially impact patients of all payor sources, and most clinics see Medicaid and Medicare patients, how has the contractor avoided a conflict with CMS's prohibition against "double dipping" i.e., being paid for work it is already being paid for or should be paid for under the CMS QIO contract?

Information to answer this question is not available.

39. How successful has the current contractor been at implementing the required training programs for clinic providers and staff? For example, how many staff at each QI site have received the training required to administer the self-management curriculum? How many providers have taken the communication training at each site?
Ongoing academic detailing (provider education) at QIP sites has resulted in significant improvement in clinical performance measures for both asthma and diabetes. Work is currently underway to recruit QIP sites to participate in the Stanford Chronic Disease Self Management Program.

During the current contract year, nine QIP sites, including roughly 195 staff participants, have completed the Institute for Healthcare Communications (IHC) "Motivational Interviewing" Curriculum being conducted at QIP sites by the current contractor.

40. Does the academic detailing requirement include the required training courses in self management and physician-patient communication?

Academic detailing, motivational interviewing curriculum, and the Stanford Chronic Disease Self Management Program are all components of continuous quality improvement interventions.

41. The required training programs call for extensive non-patient care time. Does the Department or contractor reimburse the participating providers for lost revenue or provide any financial incentives for participation? If not, would the Department consider doing so, if it increased participation?

Not at this time. The intent of this contract is not to directly fund provider incentives; rather, to assist providers to achieve QI goals and objectives. Any such provider financial incentives would most likely require Legislative Executive Budget approval.

42. Does the Department or contractor reimburse or incentivize providers for hosting the self-management trainings?

Not at this time.

43. Does the Department or its current contractor already have an approved data abstraction instrument, data dictionary, and abstractor guidelines that it wishes to continue using for consistency and comparability? If so, would the Department be willing to include these tools and instructions as supplemental materials to the RFP? Or will the Department expect the new contractor to develop new data abstraction tools and instructions?

The Department is seeking new ideas and strategies and looking for bidders to submit examples of tools & guidelines that support the goals of this RFP. An example of a "disease focused" toolkit can be found on the Department's website; the "Diabetes Prevention and Management Toolkit";

http://www.health.state.ny.us/diseases/conditions/diabetes/toolkit_descriptions.htm

The Department expects the new contractor to develop new data abstraction tools and instructions.

44. What percentage of the currently participating clinics have electronic health records or electronic registries that contain the necessary data elements for the reviews? Has the incumbent abstracted data required for chart reviews from any of these electronic sources? If so, what proportion of the reviews is done through electronic means? If not, does the Department envision that data abstraction can be accomplished electronically? *Neither electronic health records nor registries are being used to collect data elements; rather, the current contractor utilizes Medicaid claims data and medical record reviews to assess and track QIP data elements. Work is underway to engage providers with electronic applications to support QIP activities.*

A component of the QIP is for the UR/QI agent to assist participating providers to establish HIT infrastructure and internal expertise to develop a patient registry to monitor patient care and collect, analyze, and benchmark quality indicators. Once established, it is expected that the UR/QI agent will validate these measures via medical record review. The Department has created a new office within the DOH called "The Office of Health Information Technology Transformation" charged with coordinating health IT programs and policies across the public and private health-care sectors to enable improvements in health care quality, affordability and outcomes for all New Yorkers. To learn more about the Department's IT programs- the following link is provided:
<http://www.health.state.ny.us/technology/index.htm>

45. In what manner have claims or other administrative data or pharmacy data been used to meet the review requirement?

Administrative claims data is used to support various components of the QIP programs, such as appropriate use of long term controllers in treatment of persistent asthma, evaluation assessments of QIP activities, targeting new sites for participation, etc.

46. For each disease, what specific measures has the Department or the incumbent been using for the record review and performance comparisons?

Asthma Clinical Performance Indicators:

- *Explicit assessment of asthma severity*
- *Use of long-term controller agents (LTCA) for patients with persistent asthma*
- *Office pulmonary function testing and peak flow monitoring*
- *Assessment of smoking history/exposure*
- *Assessment of trigger history*
- *Written asthma action plans/instructions*
- *Metered-dose-inhaler (MDI) technique assessment*
- *Peak flow monitoring at home for moderate or severe asthma*

Diabetes Clinical Performance Indicators:

- *Most recent blood pressure <= 130/80 during annual time frame*
- *HbA1c tested once during annual time frame*
- *HbA1c tested twice during annual time frame*
- *HbA1c control < 7 during annual time frame*
- *Lipid profile tested at least once during annual time frame*
- *LDL level <=100mg/dl during annual time frame*
- *Urine microalbumin tested at least once during annual time frame*

- *Foot exam performed at least once during annual time frame*
- *Dilated retinal exam performed and documented during annual time frame*
- *Dilated retinal exam referral but no report on record during annual time frame*
- *Appropriate use of ACE inhibitors or ARBs during annual time frame*
- *Appropriate use of aspirin/antiplatelet therapy during annual time frame*
- *Documentation of patient education during annual time frame*
- *Smoking cessation discussed during annual time frame*

47. How does the current contractor provide statistically meaningful comparison data quarterly on the basis of 30 to 75 record reviews per year? Are additional data involved? *Current feedback audits have a minimum of 30 chart reviews per site (based upon a sample of existing claims algorithm using the most recent 12 months). The current UR/QI agent has developed a report that can be generated to trend indicators across cycles.*

48. Please provide an example of the most recent Peer Comparison Reports produced by the current contractor. *The Department is seeking new ideas and strategies that will assist providers in identifying ways to achieve improved process and patient outcomes and the 'Peer Comparison' report is one of many interventions to achieve these goals. We are looking for bidders to submit examples of reports that support these goals.*

49. Has the usefulness of the Peer Comparison Reports been evaluated by the clinicians in the target clinics? If so, what is the overall level of satisfaction and what are the specific strengths and opportunities for improvement? *A formal evaluation of the Peer Comparison Reports has not been conducted, but the Department believes they have been useful. The Department has conducted QIP provider satisfaction surveys and found that providers have been extremely satisfied with the work of the QIPs including the usefulness of the 'Peer Comparison Reports'.*

This RFP is seeking strategies that will support QIP sites to implement independent quality improvement programs that can be replicated across chronic diseases and prove sustainable across primary care sites.

50. The RFP states the following under workload assumptions: "To assure consistency in the preparation of the Technical and Cost Proposals, it is requested that the UR/QI agent base its QIP projections on review of 75 medical records at each clinic site for a total of 2,250 reviews. These projections are not binding and are subject to change based on needs of this contract."

Under D.2 the RFP states, "Collect and review patient health care information (clinical performance measures) in accordance with national treatment guidelines using administrative claims and medical record reviews using statistically valid, stratified, random samples at the participating QIP sites. The initial contract year at each QIP site will include an annual medical record chart abstraction review of at least 75 reviews.

Subsequent year(s) medical record reviews will include a minimum of 30 annual reviews per site.”

Assuming 30 sites are engaged over the life of the contract, with six new sites joining each year, (or 75 reviews per condition in the first year of engagement with 30 per condition in each subsequent year) the cumulative number of reviews would actually increase by year to a total of 4,050.

It is expected that the UR/QI agent will conduct these projects in a minimum of six QIP sites annually and work to embed independent and sustainable change in conducting QI activities. The UR/QI agent will conclude work at these sites and then recruit new practices. In other words, there isn't a cumulative review factor going forward.

51. If the Department requests bids to be based on the instructions in O.4 instead of the instructions in D.2, will the Department reimburse the contractor or negotiate a contract that pays for reviews up to 4,050? Or will the Department lower the number of reviews required?

No. The RFP is requesting that the UR/QI agent base its QIP projections on a total of 2,250 reviews. These projections are not binding and are subject to change based on needs of this contract.

52. Since D.2 includes only the minimum number of reviews required, will the Department pay the contractor for any reviews the Department requires above the minimum, or as indicated by the clinics' populations, sampling requirements, need for statistical comparisons, etc.?

These projections are not binding and are subject to change based on needs of this contract.

53. When will the Department determine whether reviews above the minimum are required; before or after contract negotiations?

The total number of QIP reviews will be determined during contract negotiations.

54. Is the Bidder supposed to supply a single line item totaling the QIP costs, or should each expense incurred for the QIP be listed separately and totaled into a grand total amount for each QIP?

Each expense incurred for each QIP does not need to be listed separately, only a total for each QIP is requested. The bidder is required to provide a detailed description on how they will complete QIP key program components including a work plan and deliverable schedule. For the QIPs, payment terms will be based upon work plan activities successfully completed each quarter and their associated percent of the annual amount requested for each QIP. See Part A, Section V., G. Payment regarding this RFP requirement.

Part B: AIDS Intervention Management System Activities

55. Page 174, indicates the organization selected as a result of the RFP will be responsible for data collection, data base creation and maintenance, data analysis and report generation as needed. Section H. Data Requirements, 2. Data Base Management, page 185, further details that the contractor shall develop and manage comprehensive data systems including but not limited to a longitudinal outpatient Medicaid file (SURS file). 3. Data Base Maintenance, page 186, states that all data, reports and the results of all studies and research based on these data are the exclusive property of the Department. Recognizing the Department's ownership of the data and all reports generated from them, can the Department confirm that proprietary data systems developed or modified to conduct the required scope of work are, and remain, the sole property of the vendor?
Data belongs to the Department of Health. Data systems developed with DOH funding, the systems (including hardware and software) belong to the Department.
56. Page 174, states that in the event that a competitive bidding process or cancellation of the contract results in reversion of the AIMS program services to the AIDS Institute, or transfer to another organization, the successful bidder for this contract must be prepared to cooperate and actively participate in the transfer of all documents and information relevant to the program. Do the same provisions apply to the current contract?
Yes.
57. Section B. Quality of Care Responsibilities. Page 178, states that the contractor is authorized and responsible, in consultation with the AIDS Institute, for denying payment for any care provided to a Medicaid patient determined to have resulted in serious patient harm. Can the State provide detail on how the contractor will be notified that a Medicaid patient received care that was determined to have resulted in serious patient harm? Please confirm who is responsible for making this determination.
Serious patient harm could be identified during a review or as the result of a complaint. The AIDS Institute (AI) would make the determination of appropriate follow-up.
58. Section C. Utilization Review Responsibilities, 1. General Responsibilities, page 180, states that reviews shall be conducted in accordance with guidelines established by the AIDS Institute. This section further states that the contractor shall have binding payment authority and responsibility for Medicaid services delivered to beneficiaries with AIDS or HIV infection in acute and ambulatory care settings. Is the contractor expected to develop medical necessity criteria for AIDS or HIV infection in these settings, or responsible for applying guidelines developed by the AIDS Institute?
The contractor would be applying AI guidelines.

59. Section C. Utilization Review Responsibilities, 1. General Responsibilities, page 180, states that the contractor shall take immediate and effective action against any provider or physician determined to have provided inappropriate or unnecessary care to Medicaid beneficiaries with AIDS or HIV infection. Is it the contractor's responsibility to develop and determine the appropriate action, or will appropriate guidelines be provided by the Department?

The contractor would consult with the AI in such a situation, and ultimate determination of action to be taken would be made by the AI.

60. Section C. Utilization Review Responsibilities, 2. Inpatient UR Deliverables, page 180, indicates utilization reviews of both per diem and DRG billed cases are to be conducted. When is different payment method applicable; can the Department specify the volume of reviews associated with each payment type?

Most hospitals bill DRGs. A limited number stayed with the per diem rate when that option was available. The projected volume of reviews is in Attachment 13. There is no difference in the review for DRGs or per diem payment.

61. Section C. Utilization Review Responsibilities, 2. Inpatient UR Deliverables, page 181. The contractor will also review cost outliers provided by the Department to assure that services were medically necessary, appropriately billed, not duplicated, and actually rendered and ordered by a physician. Is the contractor to define how cost outliers are to be identified?

The AI defines cost outliers.

62. Section D. Managed Care Responsibilities, page 181, requires the contractor to conduct quality of care reviews of persons with HIV/AIDS enrolled in managed care plans / HIV Special Needs Plans (HIV SNPs). What types, in addition to SNPs of managed care arrangements are subject to external review under the contract? How many of each plan type will be reviewed?

Reviews would be done for Medicaid Managed Care Plans only. The assumption for this RFP was that quality reviews conducted for managed care enrollees would follow the same process as other review types. The projected volume is in Attachment 13.

63. Section F. Staff Recruitment and Training, page 183, referenced "the AIMS Medical Director." Is this a required contractor position, or position with AIDS Institute or the Department?

The contractor must have a designated Medical Director. The description of personnel should include the percentage of his/her time committed to the AIMS contract.

64. Section B. Technical Proposal, 4. Organization and Personnel, page 189, requests résumés of the executive director and managers, and other key personnel in the proposal. Given that certain key personnel may not be hired until after award of the contract, will the Department accept detailed position descriptions for positions to be hired? Similarly, may position descriptions covering all review personnel be submitted in lieu of a listing of personnel who will conduct the review programs?
The Executive Director and key management personnel should be identified in the proposal. Position descriptions for review personnel, including all qualifications, would be acceptable.
65. Section B. Technical Proposal, 4. Organization and personnel, page 190, requests the educational background, professional experience, and special qualifications of the project director. How does the project director position differ from the Executive director position previously referenced?
The project director would be the individual responsible for managing the day to day operations for the activities of the contract. It may or may not be the same person who fills the Executive Director position.
66. APPENDIX D – GENERAL SPECIFICATIONS, R. Experience Requirements, page 228, requires the Contractor to submit at least two references to substantiate the bidder's qualifications. How are references to be submitted?
A letter of reference, with contact information for follow-up by AI, will be acceptable.
67. Section IV.D.2.c (page 195) indicates a page limit for the Executive Summary. This conflicts with the earlier reference IV.B.3 (page 189) which indicates there is no page limit. Please confirm there is no page limit on the Executive Summary for Part B (AIMS).
There is no page limit for either the Executive Summary or for the narrative for Part B.