

Retrospective Utilization Review Project – RFP
Questions and Answers
(6/20/08)

RFP Qualification, Submission and Administrative Issues

1. Question:

Does the RFP requirement that the proposal must be double spaced and in 12 point font apply to tables and charts within the proposal or can tables and charts be single spaced and in a smaller font, such as 10 point?

Answer:

No. The RFP's font and spacing requirements do not apply to proposal charts and tables. However, the bidder is responsible for ensuring that their proposal's charts and tables are easily readable by the Technical Evaluation Team.

Please note that RFP Amendment # 2 indicates:

Each page of the proposal should be numbered consecutively from the beginning of the proposal through all appended material. Narrative should be single spaced, using a 12 pitch font, with minimum one (1) inch margins all around, and adhere to the maximum page limits below:

Part 1 - Technical Proposal

Section D. b. Executive Summary (3 page limit)

Section D. c. Organizational Background and Experience (40 page limit)

Section D. d. Implementation and Administration (45 page limit).

2. Question:

The requirements for the Implementation and Administration section include seventeen specific items, fifteen of which begin with "include a detailed description" and the other two are (1) a flow chart and (2) project time frames. The flow chart and time frames will consume approximately 2 pages of this section, leaving 23 pages to provide a detailed description of fifteen items, in double spaced text. It seems unlikely that a detailed description of the fifteen items can be provided within these limitations, even if single space text were permitted. Will OHIP consider expanding the number of pages and lifting the double space requirement?

Answer:

Yes. RFP page limits and spacing requirements have been changed per Amendment #2 (see answer to Question #1).

3. Question:

The requirements for the Executive Summary include two major topics (1) understanding of Section C and (2) approach as well as required affirmative statements. Section C in the RFP is approximately 5 pages long, single spaced. It seems unlikely that a 2 page, double spaced Executive Summary can meet the RFP requirements within the page and line spacing limitations. Will OHIP consider expanding the number of pages and lifting the double space requirement?

Answer:

Yes. RFP page limits and spacing requirements have been changed per Amendment #2 (see answer to Question #1).

4. Question:

Can we obtain a Word Document of the proposal that is out on the website?

Answer:

No. The PDF version of the RFP on the DOH website is the official version and, therefore, is the only copy that can be obtained by a prospective bidder. The PDF version can be converted to Word using a PDF converter program, and it can also be copied and pasted into a Word document.

5. Question:

Can we obtain a list of contractors that attended the Bidder's Conference?

Answer:

The following 19 organizations were represented at the May 16, 2008 Bidder's Conference:

Thompson Reuters; Clinical Support Services; Dakota Consulting; IPRO; Reed Elsevier; Price Waterhouse Coopers; Bull Services; First Health Services Corporation; Empire State Medical, Scientific and Educational Foundation; Health Management Systems; Interim HealthCare; Matrix; Computer Sciences Corporation; The Lewin Group; APS Healthcare; Security Care; University of Massachusetts; State University of New York at Stony Brook; ACS Healthcare Solutions.

6. Question:

The same set of information required for the prime contractor must also be provided for any subcontractors. The revised page limit for this section is 40 pages single spaced. Is this 40 page limit intended to include discussions of the prime contractor and all subcontractors or would the discussions be 40 pages for the prime contractor and 40 pages each for each subcontractor (RFP Section D.c Organizational Background and Experience [page 9])?

Answer:

The 40 page limit for Section D. c. Organizational Background and Experience applies to the entire submission including any subcontractors.

7. Question:

Does OHIP have draft or final versions on any of the referenced reports or are they all to be developed post-award (RFP Section C.3.b. Reporting [page 5])?

Answer:

No. The reports are to be developed post-award by the contractor.

8. Question:

Will a Table of Contents for the proposal count against any page limitations (RFP Section D. Proposal Requirements [page 8])?

Answer:

No. The Table of Contents will not count against any of the Section D. page limitations.

9. Question:

Please confirm that no CD is required for submission. Please confirm that the Technical and Financial proposals should be submitted in separate boxes.

Answer:

No CD is required for submission. RFP Section D. Proposal Requirements (page 8) indicates: "Proposals must be submitted on paper (no electronic submissions) in two distinct parts, Part 1 – Technical Proposal, and Part 2 – Financial Proposal, separately sealed and identified with the name of the bidder and Retrospective Utilization Review Project – RFP." While the Technical and Financial Proposals must be "separately sealed and identified", there is no specific requirement for "separate boxes". For example, a sealed envelope containing the Financial Proposal could be submitted in a box with the Technical Proposal.

10. Question:

Section D Part 1.c.2, page 9 - This section requires the bidder to describe the work experience and other relevant background for 5 key individuals. Can these individuals represent both the bidder and subcontractors?

Answer:

Yes. However, the bidder must indicate whether the individual works for their organization or the subcontractor.

11. Question:

Section D Part 1.d, page 11 - This section describes the expected response to Section C.2.4, regarding permanent staff who will be assigned to the project. If the bidder intends to propose that permanent staff will be hired expressly for this project, can the bidder provide a mix of current staff and job descriptions for positions that will be dedicated to the Retrospective Utilization Review Project?

Answer:

Yes. The bidder's answer can provide a mix of current staff and job descriptions for positions that will be dedicated to the Retrospective Utilization Review Project. However, currently unfilled positions must be clearly identified as "vacant".

12. Question:

Section C.5, page 8 - This section provides information to define a conflict of interest with the current project. Should a conflict be identified, the bidder is asked to describe how it will be mitigated. Part I in Section D (the Technical Proposal transmittal letter on the same page) is consistent with Section C.5. In Section D.3.a.3 on page 13, however, the compliance evaluation states that "the bidder and its subcontractors do not market a medical device, pharmaceutical product, or any other medical product that may be ordered or prescribed by a medical practitioner." Can OHIP please clarify the extent to which a conflict of interest would exclude an organization from bidding or can be addressed by a mitigation plan?

Answer:

DOH will not accept a proposal from a bidder when the bidder and / or its subcontractors are the same legal entity that markets "a medical device, pharmaceutical product, or any other medical product that may be ordered or prescribed by a medical practitioner". In instances where the bidder discloses that there is a business relationship (e.g. ownership, contracts, investment interest) with other entities engaged in such marketing, DOH will determine whether or not that business relationship constitutes a conflict of interest.

13. Question:

Section 13, Page 21, this section concerns Tax Law and states that the Contractor needs to provide tax forms ST-220-TD and ST-220-CA. Should these forms be submitted with the proposal or submitted after award by the bidder selected for the project?

Answer:

The ST -220 tax forms may be submitted with the bid or upon receipt of the contract award as indicated by the Bid Form (Attachment G.1.), RFP page 26.

14. Question:

It appears that the RFP does not specifically require us to have an office in New York State. Is this correct? Do the employees need to be New York State residents?

Answer:

The RFP does not require the bidder to have an office in New York State or employees that are New York State residents.

15. Question:

To what extent may an otherwise qualified peer consultant "licensed in their state of practice" provide service under this contract if they do not possess a valid New York State license?

Answer:

Peer consultants licensed in states other than New York may participate in and review the contractor's justification for the medical necessity and/or the appropriateness of the setting, care, diagnosis and coding. Per RFP Section C. 3. d., peer consultants that are licensed in New York may also participate in contacting health care providers concerning the appropriateness of their service utilization, and assist in determining the most suitable provider education.

16. Question:

Can the Department of Health clarify how the State Consultant Services Forms A & B are to be submitted? If the Bidder is not planning on utilizing the services of a Consultant in performance of this scope of work, are these forms required to be submitted along with the Cost Proposal? Also, would these forms be required if a Subcontractor was going to be utilized (RFP Page 19 Sec E.9 – State Consultant Services Reporting)?

Answer:

The work activities of a successful contractor procured by this RFP would constitute "consultant services" as defined by the NYS Finance Law. Consultant Services Form A may be submitted with the bid or after the award has been made. Consultant Services Form B instructions indicate that Form B must be submitted by the successful contractor annually by May 15. These forms would also be required if a subcontractor is going to be used. For guidance in the use of these forms, please refer to the Office of the State Comptroller website (<http://www.osc.state.ny.us>).

17. Questions:

The RFP states that, "Contractor must complete and submit to the Department of Health the form ST-220-CA attached hereto, certifying that the contractor filed the ST-220-TD with DTF. Failure to make either of these filings may render an offeror non-responsive and non-responsible." 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 (RFP Pages 21-22 Sec E.13 – New York State Tax Law Section 5-a).

Answer:

As the answer to question 13 indicates: The ST-220 tax forms may be submitted with the bid or upon receipt of the contract award as indicated by the Bid Form (Attachment G.1.), RFP page 26.

18. Question:

Does the prospective vendor need to be registered in New York State prior to being awarded the contract? Regarding the RFP requirement for a vendor and its subcontractors to be licensed to do business in New York State, what kind of license is this?

Answer:

Yes. RFP Section C. 1 (RFP page 3) indicates that eligible bidders must “be licensed to do business in New York State” in order to submit an RFP proposal. This means that an out-of-state vendor must be “authorized to do business” in the State by having an Application of Authority approved by the NYS Department of State (DOS) Division of Corporations. Information concerning filing an Application of Authority may be obtained from the DOS website at (<http://www.dos.state.ny.us/corp/filing.html>). New York State businesses must be incorporated, organized, or formed through the appropriate filing with DOS (Certificate of Incorporation for corporations).

19. Question:

Will page limits apply to any appendices included in the proposal response?

Answer:

Technical Proposal page limits will not apply to any appendices included in the bidder’s proposal. However, information contained in proposal appendices must only include relevant, supplementary information directly related to the bidder’s specific responses to the questions and requests for information required by the RFP. The proposal’s appendices must not include the bidder’s specific responses to the RFP’s questions and requests for information.

20. Question:

RFP D.c.1, page 9, since our branch office locations number well of over 100, to conserve proposal space and comply with the page limits set forth in the RFP, would it be acceptable to list only those branch office locations in the State of New York?

Answer:

All branch offices must be listed. Branch offices located in New York State must be listed in the response to the D. c. 1. Organizational Background and Experience information requirement. The bidder may list all the branch offices not located in New York State in an appendix to the response. The appendix would not be subject to the 40 -page limit.

21. Question:

RFP page 13, 1st paragraph, Method of Award, if DOH decides to ask for presentations, what would be the estimated time frame?

Answer:

DOH has no estimated time frame for having a possible requested bidder presentation. Any time frames asked for would depend, in part, on the extent of the information requested in the presentation and the availability of relevant DOH staff.

22. Question:

RFP page, E. 2. c., Responses, will DOH accept clarification questions to answers posted on the website?

Answer:

No. DOH will not accept clarification to the questions and answers posted on the website. However, as RFP Section E. 2. indicates (page 16), DOH will respond to “technical” questions concerning preparation of the RFP application.

23. Question:

RFP C.5, page 8, will the selected contractor for this RFP #0802250320 be precluded from bidding on the New York Fiscal Agent Contract RFP?

Answer:

No. The selected contractor for the Retrospective Utilization Review Project RFP (#0802250320) will not be precluded from bidding on the New York Fiscal Agent contract.

24. Question:

RFP C.5, page 8, does the OHIP require disclosure by bidders and subcontractors on all business relationships with/or ownership interest in entities, such as health plans, providers, etc., to be for entities which conduct business in New York or anywhere in the United States, even if not conducting business in New York?

Answer:

Yes. RFP Section C. 5. (Conflict of Interest) requires disclosure of “all business relationships with or ownership interest in entities including, but not limited to health plans; providers of medical services, medical devices, pharmaceutical products, or any other medical products that may be ordered or prescribed by a medical practitioner” whether or not they are located in New York State.

25. Question:

RFP C.5, page 8, in the event a bidder must describe how a potential conflict of interest and/or disclosure will be avoided, where in the proposal should the bidder attach such explanation?

Answer:

The RFP indicates (Section D. Part 1 – Technical Proposal [page 8]) that the Technical Proposal must include a transmittal letter: “(3) disclosing any business relationships and / or ownership interest that may represent a conflict of interest for the bidder as required by the Conflict of Interest specifications of Section C. 5, or stating that no conflict of interest relationship exists. In cases where such a relationship exists, describe how the potential conflict of interest and / or disclosure of confidential information relating to this contract will be avoided.”

26. Question:

RFP Appendix D, Section A and Section X, may a bidder provide alternative terms and conditions to the specifications and/or contract terms for negotiation with the State? If yes, when and how shall the bidder provide such alternative terms and conditions?

Answer:

OHIP will not accept changes to Appendix D prior to the contract award. OHIP may consider accepting changes to Appendix D during contract negotiations with the successful vendor.

27. Question:

Will there be a preference for selecting New York State-based companies, women-owned businesses or minority-owned businesses?

Answer:

No. There is nothing in the RFP’s contractor selection criteria that advantages New York State-based companies, women-owned businesses or minority-owned businesses.

28. Question:

Will the RFP be amended to put in a start-up time which could be X number of months. If an organization could start in a shorter time frame, would they be adversely impacted by being able to start up in a shorter amount of time?

Answer:

No. There is no adverse impact on the selection process for being able to start up in a shorter time frame. DOH will work with the contractor after the award has been made to ensure that the start-up is done efficiently and appropriately.

29. Question:

If you are an agency that does some staffing but also does a chart review and has done

Medicaid managed care reviews, would that be a conflict of interest because it is also a home care company, or could the bidder demonstrate that there was no conflict?

Answer:

A definitive answer is difficult with the limited information provided. The bidder would provide DOH with the information about the circumstances of this business relationship and their proposed resolution of the conflict, and then DOH would make the conflict of interest determination (Section C. 5.). However, as the answer to question #12 indicates, DOH will not accept a proposal from a bidder when the bidder and / or its subcontractors are the same legal entity that markets "a medical device, pharmaceutical product, or any other medical product that may be ordered or prescribed by a medical practitioner".

Contractor Scope of Work / Performance Issues

30. Question:

The scope of work is summarized as "...the contractor will be responsible for operating an effective retrospective utilization review system that ensures that the fee-for-service health care (including behavioral health care) services provided to individual enrollees by physicians, hospitals, home health agencies, clinics, therapists, laboratories, pharmacists, durable medical equipment providers, and other Medicaid providers are medically necessary and appropriate." The recently issued RFP by DOH for UR/QI services (RFP#0712071036) includes utilization review of fee-for-service hospital services and retrospective review of home-based services (Certified Home Health Agency). Please explain the differences between the OHIP RFP and the DOH RFP insofar as review of these services is concerned. Is there any overlap in the scope of work in these two RFPs?

Answer:

While the Utilization Review / Quality Improvement (UR/QI) RFP and the Retrospective Utilization Review Project RFP (Retro UR) are both concerned with ensuring that the utilization of health care services by Medicaid beneficiaries is appropriate, there are major differences in their operational focus. Accordingly, we do not foresee any significant "overlap" in the scope of work in these two RFPs.

The UR/QI contractor will primarily focus on quality of care provided in inpatient and other settings as directed by DOH, including the evaluation of health care records and the organization and processes of care, and validation of the diagnostic and procedural information needed to establish DRG payments. More specifically, the UR/QI contractor's work would include utilization reviews (i.e., admission and continued stay reviews); quality of care reviews and quality improvement projects (QIPS) for targeted chronically ill populations in large, well defined health care systems; and special studies directed by DOH. The UR/QI agent will conduct two annual QIPS commencing with the first contract year. Over the duration of the five year contract the UR/QI agent will conduct continuous recruitment of QIP sites in order to engage a minimum of 30 QIP statewide sites over the duration of the five year contract. In addition, the UR /QI contractor would be required to validate cases reported to the

New York Patient Occurrence Reporting & Tracking System (NYPORTS), a statewide hospital incident tracking system.

By contrast, the Retro UR contractor would have responsibility for an ongoing utilization review for the entire fee-for-service enrollee population (with the exceptions itemized in the RFP), including for behavioral health services and those managed care enrollees incurring “carved out” services, by reviewing primarily monthly Medicaid claims-related data and not primarily by reviewing medical records nor by validating diagnostic information. Further, unlike the UR/QI contractor, the Retro UR contractor would not focus their work on specific provider types or service areas unless specifically directed to do so by DOH, nor undertake specific quality improvement projects.

31. Question:

Under Section C.2.1, Performance Requirements, p. 3, the RFP states that the contractor must provide analytics that aggregate multiple sources of evidence based medical information. In the first year of the contract, are there an expected number of disease states or conditions for which such an aggregation will be developed? If so, what is that number? In subsequent years, is there a target number of conditions? What is that target?

Answer:

DOH has no specific “target number” of medical conditions for aggregation. As the RFP indicates, the Medicaid enrollee population is comprised of many chronic disease subpopulations such as asthma, diabetes, HIV / AIDS, heart disease, and cancer; those enrollees receiving behavioral health services (mental health and substance abuse), often with comorbidities; and is also ethnically and regionally diverse. Accordingly, the contractor must perform a utilization review on a wide range of claims for enrollees with chronic illnesses and comorbid conditions. The contractor is expected to have the appropriate statistical and data analytic techniques to identify potential problem areas for further analysis and review.

32. Question:

Under Section C.2.2, p. 4 the RFP states that OHIP requires that the contractors full set of utilization rules be updated at least annually. What is the time frame for the development of the full set of utilization rules? Is this a Year 1 requirement across all services and conditions?

Answer:

As the RFP indicates in Section C. 2. 2 the contractor must: “Maintain a health care utilization review system specific to the disease / risk status of individual Medicaid enrollees, including those receiving behavioral health services, that is based on updated guidelines and nationally recognized evidence based medical sources and accepted quality metrics.” The contractor must have the ability to apply a “full set of utilization rules” when it receives Medicaid data at the start of the contract period. However, these rules are subject to modification and enhancement. For example, as the RFP indicates, the contractor must be able to work

through DOH in collaboration with the Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, and the Office of Alcoholism and Substance Abuse Services in determining the guidelines for behavioral health services.

33. Question:

Under Section C.2.7, p. 7 the RFP states that the contractor must develop quarterly and annual reports. How many separate quarterly reports are anticipated in the Year 1 of the contract? How many separate yearly reports are anticipated in Year 1 of the contract?

Answer:

The number of separate reports will be developed by DOH based on the ongoing needs of the Medicaid program staff, and the results of the contractor's data analysis.

34. Question:

Under Section C.4, Contractor Payment, p. 6 the RFP states that retrospective reviews will not be conducted for personal care claims; claims for enrollees in FHP, dual eligible enrollees and enrollees residing in nursing homes. At the Bidder's Conference, the Department stated that the homeless, enrollees in spend-down categories and enrollees with HIV/AIDS would also be excluded. Please clarify the exclusion list.

Answer:

The RFP (page 1) indicates: The retrospective utilization review contractor would conduct a review of all fee-for-service claims, including claims for behavioral services; and those fee-for-service claims incurred by managed care enrollees such as pharmacy, mental health, substance abuse and other services not covered by the capitated managed care payments. Retrospective utilization reviews will not be conducted for personal care claims; and claims for enrollees in Family Health Plus, enrollees who are eligible for both Medicaid and Medicare (dual eligibles), and enrollees residing in nursing homes.

Fee-for-service claims for the homeless, enrollees in spend-down categories, and enrollees with HIV/AIDS would be included in the Retrospective Utilization Review Project.

35. Question:

If Medicaid enrollees with HIV/AIDS are not excluded, how will utilization review activities and communication with providers be coordinated with provider outreach activities from the AIDS Institute? Who will be responsible for this coordination?

Answer:

Medicaid enrollees with HIV/AIDS would be included in the Retrospective Utilization Review Project. To the extent the contractor's activities need to be coordinated with the AIDS Institute, they will be coordinated at the direction of OHIP.

36. Question:

Under section D Proposal Requirements, d.C.2.3 -- Implementation and Administration, p 11, the RFP states that the bidder must submit a detailed description of how health outcomes of individual Medicaid enrollees will be measured. Please provide a definition of health outcomes. Do the current administrative (claims) data contain information on health outcomes?

Answer:

The RFP leaves "health outcomes" and the relevant measurement criteria for description by the bidder's proposal. The Medicaid claims data provides information from which determinations about health outcomes can be made, such as a reduction of inappropriate emergency room use and hospitalization for conditions that could be controlled in an ambulatory setting.

37. Question:

The current UR/QI contractor has implemented ambulatory Quality Improvement Projects (QIP) at 33 sites (referenced in Question 18, Q&A for RFP # 0712071036). 23 sites focus on Asthma and 25 focus on Diabetes. The current UR/QI RFP calls for implementation of at least 2 QIPs per year, utilizing the Chronic Care model in the first year, and the engagement of at least 30 sites statewide over the duration of the contract. Will care rendered at the ambulatory sites currently identified in Question 18 and in future sites included in the UR/QI scope of work be excluded from the Retrospective UR analyses? If not, how will the following be coordinated and accomplished:

- a) Development of consistent utilization models in both scopes of work*
- b) Development of consistent evidenced based guidelines across both contracts*
- c) Consistent, non-duplicative, communications with providers from both contractors*

Who will be responsible for this coordination?

Which contractor will be responsible for utilization communication with these providers/sites?

How will that be reflected in their budget?

Answer:

Care rendered at the ambulatory sites currently identified in RFP # 0712071036 and in future sites included in the UR/QI scope of work will not be excluded from the Retrospective Utilization Review Project. DOH expects the successful contractor to provide (a) development of utilization models, and (b) development of evidenced based guidelines. The contractor will perform the Project without regard for the activities of other utilization review programs. DOH will be responsible for any coordination with other State utilization review projects.

38. Question:

There are a number of utilization review initiatives currently in place relating to Medicaid enrollees under the direction of the New York State Department of Health. Is there a plan or process in place to streamline the contractor's work to provide communications relating to these initiatives?

Answer:

Yes. While the contractor will perform the Retrospective Utilization Review Project without regard for the activities of other utilization review programs, DOH will provide the contractor with the information to coordinate with other programs, such as asthma and diabetes education, when appropriate.

39. Question:

What metrics will be used to evaluate the contractor's successful execution of the scope of work? Per contract year, are there targets for the number of

- a. individual member profiles*
- b. Individual provider profiles*
- c. Standard reports*
- d. Ad Hoc Reports*
- e. Diseases/Conditions for review*
- f. Types of service for review*

Answer:

The contractor will be evaluated based on the quality of the utilization reviews of the prescribed fee-for-service population and, in part, successful execution of items a. thru f. listed in the question above. Apart from the required quarterly and annual reports and reporting time frames, there are no established quantitative "targets". However, there is a large population of Medicaid recipients for which the contractor must provide a comprehensive utilization review. Accordingly, the expectation is that the contractor will be able to perform a thorough statistical and evidence based analysis to identify inappropriate resource utilization.

40. Question:

What are the three utilization review timeframes referenced in this Scope of Work requirement (RFP Section D.d.C.2.5.(2) [page 11])?

Answer:

The three utilization review time frames referenced in RFP Section C.2.5 (page 4) for description by the bidder are:

1. conducting a utilization analysis of Medicaid claims within 30 days of receipt of an accurate data file to allow for improving the quality of care of individual enrollees.
2. conducting a utilization analysis of Medicaid claims within 30 days of receipt of an accurate data file to allow for the timely identification of inappropriate provider practices.

3. conducting a utilization analysis of Medicaid claims within 30 days of receipt of an accurate data file to allow for the timely modification of treatment protocols.

41. Question:

While the RFP requires that medical staff that contact provider clinicians must be licensed in New York State, it appears that peer consultants can be licensed in any state as long as they are not designated to contact provider clinicians. Please confirm that peer consultants may be licensed in any state, including but not limited to New York State. Additionally, if a peer consultant is not designated to contact provider clinicians, but the provider clinician under review wishes to discuss the findings with the reviewer, does it matter if such reviewer is not licensed in New York State or is it required in these instances that the provider will only be permitted to speak with the contractor's medical director or other designee who is licensed in New York State (RFP Section C.3.d. [page 6])?

Answer:

We confirm that peer consultants may be licensed in any state, including but not limited to New York State, and that medical staff that contact provider clinicians must be licensed in New York State. However, the provider clinician under review may initiate a request to discuss the findings with a reviewer / consultant not licensed in New York State.

42. Question:

Please explain how DOH will ensure that the RFP contractor's work will not duplicate the work of the Retro Drug Utilization Review contractor. What is the nature of the potential duplicate work (RFP Section A. Introduction [page 1])? Please elaborate on the relationship between the work to be conducted by the Retrospective Utilization Review Project and New York's current utilization review programs, such as the Medicaid Utilization Review and Quality Assurance program, and the Prospective Drug Utilization Review and Retrospective Drug Utilization Review programs. For example, will communications to providers be coordinated or independent?

Answer:

The contractor will perform the Retrospective Utilization Review Project without regard for the activities of other utilization review programs. The referral of any relevant information provided by the Project to the other utilization review contractors, Office of the Medicaid Inspector General, and other State agencies will be coordinated by DOH. For example, regarding pharmacy, if the contractor discovers significant issues concerning pharmacotherapy, DOH will coordinate the referral of these finding to the RetroDUR project.

43. Question:

Does the department consider published guidelines such as Milliman or Interqual and their process to maintain clinical guidelines as "updated" (RFP page 4, Section C. 2. 2.)?

Answer:

Yes. DOH considers published guidelines such as Milliman or Interqual and their process to maintain clinical guidelines as “updated” as long as the literature references supporting the guidelines are transparent.

44. Question:

Section C.2.4, page 4 - Does the term "direct" include any or all of the following methods of contact: mail, fax, email, telephone, web-enabled interface, face-to-face?

Answer:

Yes. The term "direct" contact includes mail, fax, email, telephone, web-enabled interface, and face-to-face contact.

45. Question:

Section C.2.6, page 5 - Please provide examples of occasions when OHIP may request the contractor to contact individual Medicaid enrollees. How does OHIP envision these contacts would take place, e.g., in person or by telephone? What kind of documentation would be expected for these contacts, and what outcome might be expected to result?

Answer:

Contact with Medicaid enrollees should be determined by the contractor on an individual enrollee basis, and discussed with DOH prior to the contact being made. Therefore, we prefer not to provide specific examples of when enrollee contacts would be appropriate. We would expect the contractor to keep records documenting the enrollee contact and the information conveyed. DOH may request that information concerning enrollee contacts be included in the contractor’s reports.

46. Question:

Section C.4, page 7 - Please confirm our understanding of exclusions to the utilization review population: nursing home residents, Family Health Plus members, dually eligible Medicaid enrollees, and claims 'for personal care for members who are part of the eligible population.

Answer:

As the RFP indicates: “Retrospective utilization reviews will not be conducted for personal care claims; and claims for enrollees in Family Health Plus, enrollees who are eligible for both Medicaid and Medicare (dual eligibles), and enrollees residing in nursing homes.”

47. Question:

Section C.4, page 7 - We have several questions about population definition, which has implications for the financial proposal as well as for performance measurement:

- a. How will population membership be addressed for purposes of utilization review? For example, will eligible members be identified at the start of the monthly review period? If these members are admitted to a nursing home during the month, are they still included in Retrospective Utilization Review Project measures and interventions?*
- b. Can OHIP elaborate on expectations for longitudinal analysis of the population, given that some individuals who are eligible during specific timeframes may not be eligible during others (for example, a fee-for-service member with a 60 day stay in a nursing home). Or is the nursing home population relatively stable, such that individuals who enter the nursing home population are unlikely to return to the population eligible for this project?*

Answer:

- a. The retrospective utilization review contractor would review a “population membership” of all fee-for-service claims as delimited by the RFP, and exclude enrollees residing in nursing homes. If enrollees are admitted to a nursing home during the month, their fee-for-service claims prior to submission would be subject to contractor review and may implicate the quality of care given by an individual provider. For contractor reimbursement purposes only, the enrollee volume will be calculated on the 15th day of each month.
- b. The contractor’s data analytics should be able to provide a longitudinal analysis of the fee-for-service population and be able to track enrollees in and out of nursing homes. The number of Medicaid enrollees in nursing homes has been relatively stable.

48. Question:

Who is the incumbent retrospective utilization review contractor and for how long have they held the contract?

Answer:

There is no “incumbent” retrospective utilization review contractor. The Retrospective Utilization Review Project presented by the RFP is a new initiative.

49. Question:

Are we correct in our interpretation of the RFP that the contractor’s development of pharmacy related cases includes the retrospective review of data, analysis, the identification of possible problems and forwarding the results to the appropriate individual (s), and that the contractor’s role will not include on-site investigations or participation in prosecutions and/or recoveries?

Answer:

Yes. While the information provided by the contractor may be used for such purposes, the contractor's role will not include on-site investigations or participation in prosecutions and / or recoveries. Any required on-site investigations or participation in prosecutions would likely be performed by the Office of the Medicaid Inspector General and the Attorney General.

50. Question:

Is the NY DOH seeking the same level of pharmacy related Fraud, Waste and Abuse analysis and follow through as required in the CMS Part D Medicare program? If not, please explain what level of analysis the DOH is expecting from the contractor?

Answer:

No. The purpose of the retrospective Utilization Review Project is not to specifically identify fraud, waste and abuse. As indicated by the RFP, DOH will procure a contractor process to conduct and operate an extensive retrospective utilization review of eligible Medicaid program enrollees, using both evidence based data / disease management analysis and resource utilization review techniques. The utilization review will ensure that the fee-for-service health care (including behavioral health care) services provided to individual enrollees are medically necessary and appropriate.

51. Question:

Does DOH currently have a program in place to cross-walk drug and healthcare claims to identify unlabeled drug usage, drugs dispensed with no corresponding diagnosis and drugs consistent with the submitted ICD9 codes submitted on the healthcare claims? If not, are these scenarios included in this RFP work description?

Answer:

Yes. This activity is primarily in the purview of the RetroDUR. However, this does not preclude the RFP contractor from working independently in this area and referring relevant findings through DOH to the RetroDUR.

52. Question:

Will this contract include review of the drug claim processing system, such as the tasks performed by the Pharmacy Benefit Processor, to determine the accuracy of the claim adjudication?

Answer:

No. This review is conducted by DOH.

53. Question:

Will the current utilization profiles being used be made available to the contractor (either currently or after the contract award)?

Answer:

No. Retrospective Utilization Review Project is a new program that will develop utilization profiles for providers and recipients.

54. Question:

For new beneficiaries and providers, what is the expectation regarding building a utilization history file (RFP Section C.2.1.c. Performance Requirements [page 4])?

Answer:

For new beneficiaries and providers, DOH expects that the contractor will begin building a utilization history file based on the available utilization-related data.

55. Question:

What consequences, if any, does a provider incur upon notification by the contractor that any particular claim or a pattern of claims represents inappropriate or aberrant utilization or excessive Medicaid program payments?

Answer:

There are no specified “consequences” for providers upon notification by the contractor that any particular claim or a pattern of claims represents inappropriate or aberrant utilization. The contractor’s notification is primarily an educative intervention. However, DOH may take administrative action regarding a provider after repeated notifications of inappropriate service utilization.

56. Question:

Could DOH please define what constitutes a “case” and what constitutes completion of a “case” as defined in the goal of “2,000 cases per month”?

Answer:

The contractor is not completing “cases” but is responsible for performing a utilization review of a large Medicaid fee-for-service population. The “goal of 2,000 cases per month” cited on page 1 refers to the work of the RetroDUR.

57. Question:

If a case spans Pharmacy, substance abuse and mental health, is that case counted as one or three cases, since it requires input from three different areas?

Answer:

The Retrospective Utilization Review Project contractor is not paid by the “case”, nor will it be performing activities measured by “number of cases”.

58. Question:

What percentage of the generated cases does the DOH expect to be drug and pharmacy related?

Answer:

The Retrospective Utilization Review Project contractor will not “generate cases”. DOH has no expectation on the volume of inappropriate utilization that will be drug and pharmacy related.

59. Question:

The RFP states that the work of the contractor will be utilized to update the “front end” criteria to evaluate Medicaid providers. Is this the primary goal of the contract with case generation being a secondary spin-off?

Answer:

No. Providing information to update the “front end” prospective threshold override application process is not the primary goal of the contractor but is one likely outcome of a successful utilization review project. Also the goal of the contractor is not “case generation”, but performing an ongoing review of the utilization patterns of the Medicaid fee-for-service population as described in the RFP.

60. Question:

The RFP states that the RetroDUR program evaluates “1,000 cases per month, increased during the upcoming year to a goal of 2,000 cases per month” and DOH will ensure that the contractor will not duplicate the work of the RetroDUR contractor. What are the duties of the RetroDUR contractor in respect to this RFP and how will the duties to be performed under this new contract differ from the RetroDUR duties?

Answer:

The RetroDUR contractor has no duties with respect to this RFP. The RetroDUR project continues to operate under a separate contract. In general, as the RFP indicates, the retrospective utilization review contractor would analyze pharmacy claims within the context of care management to evaluate patterns of both evidence based and resource utilization, and any relevant information would be provided by DOH to the RetroDUR contractor.

61. Question:

Will the current Utilization Threshold Program (UTP) / thresholds be made available to the contractor (either currently or after contract award)?

Answer:

The current Utilization Threshold Program thresholds are contained in New York State regulation (NYCRR Section 511) and are not based on the health risk status of individual recipients. When the new thresholds based on the health risk status of individual recipients are developed, DOH may share this information with the contractor if it is determined that such information would contribute to the success of the retrospective utilization review.

62. Question:

- A. *Does Stony Brook University Medical Center subcontract any portion of the prospective utilization review initiative?*
- B. *For how long has Stony Brook University Medical Center held this contract and what is the contract term?*
- C. *Does Stony Brook University Medical Center handle prospective utilization review for mental health? If not, who does this?*

Answer:

- A. The State University of New York (SUNY Central) has a subcontract with Computer Sciences Corporation for systems-related work pertaining to the prospective utilization review initiative.
- B. SUNY Central has had a Memorandum of Understanding with DOH to assist the Medicaid program since December 2006.
- C. Stony Brook University Medical Center will handle the prospective utilization review regarding the revised Utilization Threshold Program for mental health services, in collaboration with DOH and the Department of Mental Hygiene agencies.

63. Question:

Please provide the expected annual volume of letters and phone calls to Medicaid providers and Medicaid enrollees. Are historic volumes available?

Answer:

We have no information concerning the expected annual volume of letters and phone calls to Medicaid providers and enrollees. The contractor will be expected to make the appropriate number of contacts based on the results of their data analysis.

64. Question:

What is the formula for calculating Medicaid cost savings?

Answer:

There is no formula for calculating Medicaid cost savings. However, RFP Performance Requirement C. 2. e. requires the contractor to “provide documentation of excessive Medicaid program payments due to inappropriate utilization”. Further, the RFP indicates the bidder must demonstrate their ability to produce reports required by OHIP on “Medicaid cost savings analysis”.

65. Question:

Specific reports are to be provided, with “content and format prescribed by OHIP” – Can a sample of one of the retrospective utilization review activities reports be provided?

Answer:

No. There is no sample report available. DOH will require customized reports from the contractor as deemed necessary by program needs and ongoing DOH analysis of data provided by the contractor.

66. Question:

The proposal requests information regarding our physician reviewers (PRs); we assume what is being requested is a list of specialties we have represented on our panel and the volume of PRs in each specialty, correct?

Answer:

Correct. The list of specialties should include the names of the physician reviewers and the state of licensure.

67. Question:

Regarding the RetroDUR:

- A. *Does University of Massachusetts Medical School subcontract any portion of the RetroDUR contract?*
- B. *For how long has University of Massachusetts Medical School held this contract and what is the contract term?*

Answer:

- A. University of Massachusetts Medical School does not subcontract any portion of the RetroDUR. University of Massachusetts Medical School is a subcontractor with SUNY Central to perform the RetroDUR contract.
- B. University of Massachusetts Medical School has held a subcontract with SUNY Central to perform the RetroDUR contract since January 2007, and the term of this subcontract is until December 31, 2011.

68. Question:

How are the current cases selected—profile generation and ranking—‘top n’ of a given clinical / cost issue?

Answer:

Currently, there are no cases for profile generation and ranking being selected by OHIP.

69. Question:

Please elaborate on the definition of “case” as it relates to services. Will member profile tracking be required or will the successful vendor provide supporting information to the RetroDUR contractor to build profiles and conduct outreach to change behavior / notify provider community?

Answer:

The Retrospective Utilization Review Project contractor will track the utilization patterns of services by Medicaid recipients and their providers. The RetroDUR project is a separate contractual activity. Any sharing of relevant information between the two projects will be coordinated by DOH. For example, if the contractor establishes longitudinal profiles of diabetic enrollees, it should be able to determine enrollees that are not receiving (providers not prescribing) HbA1C tests, eye exams, periodic primary care visits, etc..

70. Question:

Regarding the Retro Drug Utilization Review Contractor:

- A. *Can you provide a copy of the current vendor's contract for Pharmacy RetroDUR?*
- B. *Regarding provider outreach how will this be coordinated with RetroDUR contractor? Are there a specific number of targeted interventions / outreach for this procurement?*
- C. *It is understood that member profile creation will be required for reporting and analysis. Please expand on if this information will be forwarded / used by the RetroDUR contractor.*

Answer:

- A. Vendors interested in the RetroDUR contract should submit a Freedom of Information Request (FOIL) to the NYSDOH Records Access Office, Room 2348, Corning Tower, Albany, New York 12237 (FAX 518-486-9144), or make the FOIL request by email (FOIL@health.state.ny.us).
- B. The activity of the Retrospective Utilization Review Project contractor is separate from the activity of the RetroDUR contractor. There is no specific number of "targeted interventions / outreach" for this procurement. This activity will be coordinated by DOH.
- C. DOH will only forward information provided by the contractor to the RetroDUR if it is determined by DOH to be relevant to the mission of that project.

71. Question:

Is this a new project? If not, who is the manager of the current retro utilization review project?

Answer:

Yes. This is a new project. There is no incumbent contractor performing the retrospective utilization review activities prescribed in the RFP.

72. Question:

RFP Page 1, 4th paragraph and various other sites - Reference is made to performing retrospective utilization claim reviews. Does the RFP foresee a scope of work to include a specified number of reviews to be completed? Is there a definition of claims reviews i.e., does review encompass data submitted for payment only or chart/medical source data associated with the claim?

Answer:

The contractor would be responsible for reviewing the claims payment data (which includes diagnostic information) submitted for the entire Medicaid fee-for-service population described in the RFP. As the RFP indicates, the contractor would manage utilization for this population by conducting and operating an extensive retrospective utilization review of eligible Medicaid program enrollees, using both evidence based data / disease management analysis and

resource utilization review techniques. The contractor could request other medical source data associated with the claim if they deemed it necessary.

73. Question:

Who was awarded the contract for RFP #0712071036.

Answer:

No award for RFP #0712071036 has been made at this time.

74. Question:

To measure individual health outcomes, will the contractor have access to the case management information for the individual?

Answer:

No specific information from case management programs will be available.

75. Question:

Will the contractor be permitted to request medical records without charge to the contractor?

Answer:

Yes. Medicaid providers can not charge contractors performing Medicaid utilization review activities for DOH for medical records they request.

76. Question:

RFP Section B, Page 3, are the current Prospective Utilization Review contractor (Stony Brook Medical Center) and RDUR contractor (Public Sector Partners) (UMASS) eligible to participate in this procurement either as a prime contractor or subcontractor?

Answer:

Yes. Both the State University of New York and the University of Massachusetts are eligible to participate in this procurement as either a prime contractor or subcontractor.

77. Question:

Please provide a complete description of the OHIP's current retrospective utilization management program to include financial audits, process audits, satisfaction survey's interviews, etc.?

Answer:

There is no current “retrospective utilization management program”. The RFP will procure a contractor for a new Retrospective Utilization Review Project.

78. Question:

Will the Retrospective Utilization Review Project cover people with HIV / AIDS?

Answer:

Yes. The Project will cover Medicaid recipients that have various chronic illnesses and comorbidities.

79. Question:

Will the contractor be expected to provide recommendations for denial of specific claims?

Answer:

No. The contractor’s role is primarily educational intervention when contacting the provider based on their data analysis, thereby raising the general level of care and quality by working with providers. Based on information provided by the contractor, DOH may take the appropriate action regarding the repeated delivery of inappropriate services by a provider. In addition, if the contractor identifies general utilization problems, DOH may publish revised / new practice policies and guidelines.

80. Question:

Does the Retrospective Utilization Review Project require chart reviews?

Answer:

Chart reviews may be performed at the discretion of the contractor on an individual recipient and provider basis when needed to confirm or refute the existence of a utilization-related issue.

81. Question:

Could DOH clarify what it means by identifying providers that would benefit from education or other intervention to consider more appropriate service utilization?

Answer:

In general, those providers identified by the contractor as providing inappropriate health care according to the protocols of evidenced based medical information and appropriate resource utilization would likely benefit from educational or other intervention. For example, if the contractor establishes longitudinal profiles of diabetic enrollees, it should be able to determine enrollees that are not receiving (providers not prescribing) HbA1C tests, eye exams, periodic primary care visits, etc..

82. Question:

How is DOH going to measure the success of the Retrospective Utilization Review Project at the end of each year or the three-year period?

Answer:

The contractor's success will be evaluated by DOH on how well they meet the performance requirements prescribed in the RFP. The performance requirements include the contractor reporting requirements and, in general, meeting their responsibility for operating an effective retrospective utilization review system that ensures that the fee-for-service health care (including behavioral health care) services provided to individual enrollees by physicians, hospitals, home health agencies, clinics, therapists, laboratories, pharmacists, durable medical equipment providers, and other Medicaid providers are medically necessary and appropriate. DOH will be monitoring certain population parameters such as emergency room use and ambulatory sensitive hospitalization (predictive quality indicators).

83. Question:

Does the DOH see a role that the successful contractor will play to help out the current prospective contractor in any way at all?

Answer:

Yes. DOH believes that some of the information that will be found by the retrospective contractor could be used to modify the algorithms that are being used on the "front end" by the prospective utilization review process. There is definite utility for collaboration between the State's different utilization review contractors through contacts mediated by DOH. Accordingly, any of the retrospective review findings that are brought to DOH's attention may be referred to the other contractors if deemed relevant for their review effort.

Contractor Payment Issues

84. Question:

Section C.4, Contractor Payment, p. 7 states that payment will be according to a monthly per enrollee fee. The RFP Appendices include State Consultant Services Form A: Contractor's Planned Employment and Form B: Contractor's Annual Employment Report. The instructions indicate that Form A must be completed before work begins and that Form B must be completed annually. Are these forms required for contracts where payment is based on monthly per enrollee fees? How does the Amount Payable Under Contract column in Form A and Form B relate to the monthly per enrollee fee outlined in the RFP?

Answer:

New York State Finance Law requires that Form A and Form B be submitted for all consultant

services, such as the contractor procured by this RFP. Form A requires estimates (Contractor's Planned Employment) of the number of employees to be hired and what they will be paid under the contract. Form B requires actual employee hiring and payment information after the contract award has been made. There is no direct relationship between the information required on Form A and B, including the Forms' totals, and the monthly per enrollee fee outlined in the RFP.

85. Question:

Appendix D, item F, p. 32 states that the bid price is to cover the cost of furnishing all of said services, materials, equipment, and labor. Does the monthly per enrollee fee include all costs for equipment, including technology purchases?

Answer:

As the RFP indicates: "The retrospective utilization review contractor will be paid according to a monthly per enrollee fee determined through the competitive bid process for this RFP. This payment will be the only compensation received by the contractor for performing the requirements of this RFP." Therefore, whatever costs the contractor is likely to incur should be included in the monthly per enrollee fee bid submitted in their Financial Proposal.

86. Question:

Section C.4, page 7 - Does OHIP see any portion of the per-enrollee per month fee as a base fee, below which the monthly payment would not go? This question relates to reimbursement for basic project operations which would have to be maintained regardless of variation in enrollment, e.g., required staffing such as the Medical Director?

Answer:

No. There is no "base fee" below which the monthly payment would not go. DOH does not foresee large month to month variations in the fee-for-service enrollment volume (see enrollment for January thru May 2007 on RFP page 7).

87. Question:

Regarding RFP Section C. 4. Contractor Payment:

- A. Are enrollee counts and claim volume data available for any periods in addition to January - May 2007?*
- B. Is a breakout of the claims counts available by revenue code or type of service?*
- C. Are statistics such as admission counts and patient day counts available for months for which claims counts are supplied?*
- D. What percentage of claims does DOH anticipate the contractor will individually review?*
- E. What are the review volumes that they anticipate?*
- F. There are approximately 7,000,000 FFS claims processed, per month. What percentage of this total can be attributed to prescription drug claims?*

G. Can NY DOH provide a claim count and dollar amount for FFS prescription drug utilization and compare the utilization to previous years to determine if utilization is increasing or decreasing? Please breakdown by Drug and Healthcare claims?

Answer:

- A. Calendar 2007 enrollment data are provided in Attachment A to these Q&As.
- B. A breakout of claims by service type for one month is provided in Attachment A.
- C. This data is not available.
- D. The contractor will review all the claims for fee-for-service Medicaid recipients covered by the Retrospective Utilization Review Project.
- E. As the chart on RFP page 7 indicates, the review may approximate 7,000,000 claims per month.
- F. In 2007, 30% of the claims were attributed to prescription drug claims.
- G. Total expenditures and total claims for pharmacy for non dual eligible population for 2006, 2006, 2007 are provided in Attachment A.

RFP Scoring Issues

88. Question:

DOH anticipates that there will be a maximum of \$7,000,000 available for the retrospective Utilization Review Project in any 12-month period of the contract, including federal matching funds. As the requirements of this RFP are consistent with the requirements of a Quality Improvement Organization and Section 1903(a) of the Social Security Act states:

“C)(i) 75 per centum of the sums expended with respect to costs incurred during such quarter (as found necessary by the Secretary for the proper and efficient administration of the State plan) as are attributable to the performance of medical and utilization review by a utilization and quality control peer review organization or by an entity which meets the requirements of section [1152](#), as determined by the Secretary, under a contract entered into under section [1902\(d\)](#).”

Will DOH apportion points (see Financial Proposal Score, pages 14 and 15) based upon the lowest per enrollee per month bid (price) taking into consideration the true net cost to the State, after FFP, of each of the bidders in determining the lowest cost, i.e., if a utilization and quality control peer review organization (QIO or QIO-Like) submits a proposal, will their eligibility for the 75% FFP be included in the determination of net cost to the State (RFP Section C.4. Contractor Payment (page 7) and Part 2 – Financial Proposal [page 14 + 15])?

Answer:

No. While the Retrospective Utilization Review Project contract work would probably qualify for 75% FFP if performed by a QIO or QIO-like organization, the RFP Financial Proposal scoring provides no advantage for a bidder being a QIO or QIO-like organization.

89. Question:

Section D.3.c, pages 14 and 15 - The RFP states that proposed rates for both the Work Volume Level A and Work Volume Level B will be taken into account in scoring the cost proposal. Can OHIP clarify how the two Work Volume Level rates will be addressed by the scoring process? For example, will Level A and Level B rates be added together for a single rate, which is then scored as the RFP indicates? In that case, the bidder with the lowest A+B rate would receive 25 points. Or, does OHIP intend to score them independently, so that the lowest score on each of the two levels receives 12.5 points?

Answer:

The bids for both Work Volume Levels A and B will be combined according to a prescribed formula, and the resulting bid will be scored according to the provisions of the RFP Financial Proposal – with the lowest bid receiving the maximum 25 points.

Medicaid Data Management Issues

90. Question:

Please confirm that each data extract will be built from the data elements requested by the contractor, rather than a data extract created by OHIP which may contain more data elements than requested by the contractor (RFP Section C.3.a. Database Development and Maintenance [page 5])?

Answer:

The Medicaid data extract will be created by OHIP in consultation with the contractor, but will probably contain more data elements than the contractor may request.

91. Question:

Is the “format determined by DOH” referring to the claims extract or the conduct of the analysis (RFP Section C.3.a. Database Development and Maintenance [page 5])?

Answer:

The “format determined by DOH” refers to the claims extract.

92. Question:

What is the frequency of the data extract to be provided to the contractor? Monthly? Quarterly ?(RFP Section C.3.a. Database Development and Maintenance [page 5])

Answer:

DOH anticipates providing data on a weekly basis, but no less than on a monthly basis.

93. Question:

What linking is anticipated in this requirement? Is there an existing file that will be available for linking? Claims data is not oriented to clinical outcomes. Is there additional data that will be provided to the contractor to form the basis for assessing clinical outcomes? If not, please confirm that the bidder is to include in the proposal the necessary activities for independently obtaining information to determine clinical outcomes (RFP Section C.2.3. Performance Requirements [page 4]; RFP Section D.d.C.2.3. Implementation and Administration [page 11])?

Answer:

At present, there is no other file that is available for linking. DOH expects the contractor to develop outcomes indicators based on available claims data and to provide the necessary activities for independently obtaining information to determine clinical outcomes to the extent that the data provided by DOH is insufficient for this purpose. OHIP is currently working to make lab data available to the contractor, and clinical quality outcomes metrics reporting is currently under development.

94. Question:

In order to know what data is available to be requested, is a data dictionary or file layout available for the eMedNY data warehouse and/or the OHIP Data Mart (either currently or after contract award)?

Answer:

Yes. We will provide the file layout for the data extract and the data dictionary on the DOH website along with this Q&A.

95. Question:

Will the contractor have access to any enrollee specific data other than Medicaid claim data (such as prior authorization data, medical chart information, medical appeals, etc.)?

Answer:

No prior authorization or medical appeals information will be provided to the contractor.

Medical chart information may be requested to the provider on a client-specific basis when appropriate based on the analysis of claims data.

96. Question:

Are the current software programs that are proprietary and developed in-house by the contractor and designed to detect the scenarios outlined in this RFP, to be shared with DOH to further its initiative in developing its “front end” process?

Answer:

No. DOH does not anticipate requesting that proprietary software programs be shared with the “front end” utilization management process. If such a request were made it would subject to a negotiated arrangement and separate financial agreement with the contractor.

97. Question:

Can this contract be won if the contractor will not share its proprietary software and/or algorithms used in said software?

Answer:

Yes. The RFP does not require sharing of the contractor’s software. However, while the proprietary algorithms do not need to be shared, the rules of evidence they are based on must be transparent in the medical literature. The contractor must be able to cite this medical evidence when explaining their results to DOH staff.

98. Question:

Appendix D, Section L, with respect to this Section please explain OHIP’s ownership position on proprietary software developed by the bidder prior to the commencement of this contract. Will it be acceptable to license this software to OHIP during the term of the contract and thereafter? If “third party” software is included as part of the bidder’s proprietary software or the application/proposal as a stand alone, will this be excluded from the ownership provisions of this Section?

RFP

Answer:

The DOH software ownership provisions of RFP Appendix D, Section L only applies to “all source code and any software which is developed or included in the application software provided to the Department”. The Retrospective Utilization Review Project contractor is not being asked to develop software for, or provide software to, DOH.

99. Question:

Regarding RFP Section C. 3. a Database Development and Maintenance:

- A. *Will the contractor receive Medicaid enrollment data in any other form than the claim data itself?*
- B. *Will the contractor receive Medicaid enrollment data for enrollees who have not incurred claims?*
- C. *Will the contractor receive denied, paid and pended claims?*
- D. *Can the NY DOH provide a list of data elements that are currently used to capture prescription drug claim information?*

Answer:

- A. The contractor will receive a separate Medicaid enrollment data file.
- B. Yes. The contractor will receive Medicaid enrollment data for enrollees who have not incurred claims.
- C. The contractor will receive only paid claims.
- D. DOH will highlight the fields on the data extract that are pertinent to prescription drugs.

100. Question:

RFP Page 5 - 3a - "...DOH will extract claims data appropriate to conduct the analysis....". Are there estimates of the volume of data to be extracted and the time periods involved? For FFS managed care claims, will the beneficiary's MCO non-FFS claims history be available for review to assess full continuum of care, particularly in reviewing DUR?

Answer:

As the chart on RFP page 7 indicates, the review may approximate 7,000,000 claims and 2,800,000 managed care encounters per month. DOH anticipates that claims data will be provided to the contractor on a weekly basis, four times per month, early in the subsequent week. For FFS managed care claims, managed care encounter data will be provided to assist in assessing the full continuum of care.

101. Question:

RFP Page 7 - Table - Is the Fee-for-service Claims number an actual claims count or a service level count? Should the Encounter Count figure (column G) be addressed separately?

Answer:

The fee-for-service claims number on the RFP page 7 table is an actual claims count. The Encounter Count figure (column G) is a separate count.

102. Question:

RFP C.3.a, page 5, please include a comprehensive list of the data elements included in the data warehouse to be used for this project?

Answer:

We will provide the file layout for the data extract and the data dictionary on the DOH website in Attachment A to these Q&As.

103. Question:

RFP C.4, page 7 (chart); RFP Part 2.a, page 12 (chart); RFP E.5, page 18, what is the minimum number of enrollees a contractor should expect to review in a given month? Will the OHIP provide historical enrollee volumes for a longer period than 5 months? Please provide guidance regarding the pricing schedule should there be significant decrease in the enrollee volume?

Answer:

The contractor is expected to review the entire Medicaid fee-for-service population prescribed by the RFP every month. Attachment A to these Q&As provides enrollee volumes for calendar year 2007. The provisions of the RFP indicate the contractor is paid according to a per enrollee per month fee. The amount paid the contractor will vary with the monthly enrollment volume. There is no adjustment to the RFP pricing methodology for any significant decrease (or increase) in enrollment.

104. Question:

Please describe how the OHIP would like the selected contractor to share and publish its quality and utilization data?

Answer:

After the award has been made, OHIP will establish protocols concerning how it would like the selected contractor to share and publish its quality and utilization data. DOH will retain the right to approve any data before it is published by the contractor.

105. Question:

Will the RFP contractor receive Medicaid claims data for the services excluded from the Retrospective Utilization Review Project (enrollees in nursing home and Family Health Plus, Personal Care claims, Medicaid / Medicare Dual eligibles)?

Answer:

DOH is intending to give the RFP contractor claims data for only the service / enrollee categories included in the Project.

106. Question:

To the extent that claims data does not support clinical analysis of conditions of patients, will the contractor be able to request medical records?

Answer:

Yes. It is expected that when the contractor calls a service provider's office asking for records, they will clarify why the provider appears to be a statistical outlier.

107. Question:

Does DOH have projections of Medicaid enrollment volume?

Answer:

Based on the enrollment projections in the enacted 2008-09 State budget, we estimate that the RFP contractor would be paid for an enrollment volume averaging about 3,050,000 per month in State Fiscal Year (SFY) 2008-09, and growing to about 3,440,000 per month in SFY 2011-12.

108. Question:

One of the requirements of the Retrospective Utilization Review Project will be the ability to access very large volumes of data. Therefore, should bidders provide resources in their proposals for telecommunication costs or infrastructure items needed to affect the transfers?

Answer:

Yes. Such costs should be reflected in the bidders per enrollee per month Financial Proposal bid. As the RFP indicates: "The retrospective utilization review contractor will be paid according to a monthly per enrollee fee determined through the competitive bid process for this RFP. This payment will be the only compensation received by the contractor for performing the requirements of this RFP."

109. Question:

Would DOH allow the contractor direct access to perform analytics and data mining on the Data Warehouse itself or another data source?

Answer:

We anticipate that it will not be necessary to allow the contractor direct access to perform analytics and data mining on the Data Warehouse itself because DOH will provide the Medicaid claims data to the provider. The contractor can maintain the data provided to them in their own data warehouse for data mining purposes.