

Radiology Management Program
Questions And Answers
FAU #0905111208
August 12, 2009

1. Is it the intention of the DOH to include all CT, MRI, MRA, PET and nuclear cardiology procedures? If there are any exclusions please provide a list of excluded procedure codes.
2. As a follow-up to the question above, we have identified the following 30 high tech procedure codes that were not included in Attachment 12. These codes represent nuclear cardiology as well as some CT, MRI and PET procedures. Please confirm if these procedures are included and if so, please provide utilization rates for them:

70554	MRI – brain, functional MRI; not requiring physician administration
70555	MRI – brain, functional MRI; requiring physician administration
70559	MRI – brain intraoperative; without & with contrast
75557	MRI – Cardiac – for morphology and function noncontrast
75558	MRI – Heart noncontrast; with flow/velocity quantification
75559	MRI - Heart noncontrast; with stress imaging
75560	MRI – Heart noncontrast; with flow/velocity quantification and stress
75561	MRI – Heart without and with contrast
75562	MRI – Heart without and with contrast with flow/velocity quantification
75563	MRI – Heart without and with contrast with stress imaging
75564	MRI – Heart without and with contrast with flow/velocity quantification and stress
77011	CT – guidance for stereotactic localization
77012	CT – guidance for needle placement, radiological supervision and interpretation
77013	CT – guidance for, and monitoring of, parenchymal tissue ablation
77014	CT – guidance for placement of radiation therapy fields
77021	MRI – for needle placement, radiological supervision and interpretation
77022	MRI – for, and monitoring of, parenchymal tissue ablation
77058	MRI – breast, without and/or with contrast material(s); unilateral
77059	MRI – breast, without and/or with contrast material(s); bilateral
77078	CT – bone mineral density study, axial – hips, pelvis, spine
77079	CT – bone mineral density study, peripheral skeleton
77084	MRI – bone marrow blood supply
78811	PET – limited area (e.g., chest, head/neck)
78812	PET – skull base to mid-thigh
78813	PET – whole body
78814	PET/CT – limited area (e.g., chest, head/neck)
78815	PET/CT – skull base to mid-thigh
78816	PET/CT – whole body

Answer to questions 1-2: Procedure codes included by DOH in the Radiology Management Program are those found in the Physician Manual on eMedNY. These codes are the most up-to-date listing of what is reimbursed by Medicaid. With appropriate documentation we will consider coverage of procedures not included on that list. Contractor will be advised in a timely fashion when this occurs.

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3. Page 2, Section 1b, Covered Services, references “other identified over utilized OR high cost radiation services”. Is it the intention of DOH to ever deviate from high tech radiology procedures when defining over utilized or high cost radiology services? If so, please advise as to the frequency of covered service updates.

Answer: The Department reserves the right to modify the list, through either addition or deletion, of imaging study procedures subject to prior authorization over the term of the contract and at the same cost monthly cost per enrollee as submitted by the winning contractor. Communication structure will be discussed during the development of the implementation plan.

4. Can DOH provide the number of beneficiaries who would have been included in this program during a recent month or quarter?

Answer: These numbers do not exist as the Radiology Prior Authorization Program is a new initiative.

5. Can DOH provide statistics on the ratio of advanced radiology requests per 1,000 covered lives for that population during a recent month or quarter?

Answer: Please refer to Attachment 12 of the Radiology Management RFP for the relevant data.

6. On page 5, section c, subsection v., the RFP states “95% of the requests must be completed at the time of the telephone or web portal interface”. Will cases in which the initial request does not include sufficient information to make a determination be excluded from evaluation of compliance with the 95% performance standard?

7. What is the definition of *completed* in the statement: “95% of the requests must be completed at the time of the telephone or web portal interface.” Section C.2.c.v, page 5? The concern is that if the caller/web user does not have all needed information, the vendor will be forced to approve/deny requests without all needed information.

8. Section C.2.c.v. Is it 95% of cases with complete clinical information? Does the 95% apply if the Contractor is waiting for additional information from the provider?

Answer to questions 6-8: In this statement, completed refers to what can be accomplished with the information provided at the time of that specific contact. If further information is required to make a determination, this would be relayed to the caller/web user and documented as such. If the caller/web user provides all required information during the initial inquiry, the Department considers that the request for prior authorization would be completed at that time.

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9. We understand that there will be normal fluctuations in Medicaid FFS enrollment, however, if there is a significant increase in the eligible population will there be an opportunity to adjust the funding accordingly?

Answer: Per the Payment Terms in the RFP, page 19, the Radiology Management contractor will be paid retrospectively on a monthly basis for the total number of Medicaid FFS beneficiaries as defined in the Scope of Project, who were enrolled on the 15th of the month for which services are being billed, and in accordance with the monthly per enrollee fee determined through the competitive bid process for this RFP. In addition, semi-annually there will be a reconciliation of eligibility numbers. Therefore, if the number of enrollees increases, the payment will increase.

10. Page 10, Paragraph R, Database Development and Maintenance, references claims data. However, this does not appear to be consistent with the other specifications of this RFP because the RBM contractor will not be paying claims. Please clarify.

Answer: While contractor will not be paying claims, claims data will be made available for reporting and profiling needs/requirements.

11. Page 18, e., xviii, Implementation and Administration reads, "Provide a detailed work plan for the implementation of the radiology management program within 45 days of approval by the Office of the State Comptroller". Page 10, Section C.2.q., states "Contractor is expected to begin implementation of the RMP...no later than 30 business days following approval by the OSC". In light of these two statements, could the State please clarify the timeframes for starting implementation and actual program start date?

12. A question regarding the timeline in the RFP: Could you please clarify the timeline, specifically when implementation is expected to begin and be completed after the contract is awarded?

13. Section C.2.q, page 10 states "Contractor is expected to begin implementation of the radiology management program described in this RFP no later than 30 business days following approval by the Office of the State Comptroller (OSC) unless a later date is formally approved by DOH" and Section C.2.e.xvii, page 18 states "Provide a detailed work plan for the implementation of the radiology management program within 45 days of approval by the Office of the State Comptroller". Is the implementation plan (work plan) required within 30 days or 45 days after approval by OSC and DOH?

14. Section D.1.e.xviii. Implementation and Administration. The RFP suggests that the Contractor should be ready to implement the program 45 days after the award. Would the State consider a 60-90 day implementation timeline based on the Contractor's implementation experience and Best Practices/Lessons Learned with other clients?

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Answer to questions 11-14: DOH requires the contractor to begin work on an implementation plan within 30 days after the approval by OSC. A full implementation plan is required to be submitted to DOH within 45 days after the approval by OSC. DOH expects the contractor to begin full operation of the radiology management program within 120 days of the approval by OSC. Payment will begin the first month following the implementation of the call center and the ability to receive and process prior authorization requests per the requirements and responsibilities specified in the RFP.

15. Is the Department willing to have an interface built between the vendor's system and the EMedNY system? This will help reduce errors by eliminating manual entry and reduce costs for the state.
16. May an electronic data exchange be utilized for eligibility and prior authorization information?

Answer to questions 15-16: There will be a data exchange as outlined in Section C.2.r.: Database Development and Maintenance - The Contractor agrees to enter into a Data Exchange agreement with DOH. Pursuant to that agreement, DOH will extract claims data appropriate to conduct trend analysis in a format determined by DOH. The contractor's database must be capable of accepting Medicaid program beneficiary data including eligibility data. The contractor will be responsible for performing necessary data transformation, loading and quality assurance activities to load the data into its system(s), and to follow up with DOH to correct any identified data errors. Installation and maintenance costs for direct connection (browser based, lease lines) will be at the expense of the contractor.

It is expected that the bidder's proposal would outline how they intend to accomplish this data exchange.

17. May the vendor send prior authorization notices via its own system (instead of EMedNY) if those notices are consistent with the standards for recipient and prior authorization templates?

Answer: No, as stated in Section C.2.c.ii, "Contractor will enter prior authorization information decisions into the prior authorization screens in the EMedNY system."

18. Section C.2.c.iii, page 5 states "Contractor must confirm any third party payer resources." How will third party payer resource data be shared with contractor?

Answer: Some third party information can be found on the DOH eligibility files; however the contractor would also be expected to build a verification procedure into the prior authorization process.

19. Regarding the data in Attachment 12:
- a. What is the timeframe of the data?
 - b. The total number of claims is listed as 370,209; in Section C.3, page 12, DOH estimates 370,209 beneficiaries per month covered by project. What is the number of

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enrollees/beneficiaries eligible for the radiology program and what is the number of claims?

- c. What is the average rate of utilization per 1000 beneficiaries, for each modality in each of the past three years?
- d. What is the average cost for each modality, in each of the past three years?

Answers:

a. The timeframe for data in Attachment 12 is 4/1/07-3/31/08.

b, c and d: This data does not exist as the Radiology Prior Authorization Program is a new initiative.

20. What are the current (if applicable):

- a. Anticipated Call Volumes
 - i. Daily, weekly, monthly (Weekly would be best)
 - ii. If available, current percentage of daily overall call volumes per hourly interval
- b. Average Handle Times
 - i. Expected call duration

Answer: This data does not exist as the Radiology Prior Authorization Program is a new initiative.

21. What other vendors received this RFP?

Answer: The RFP is posted on the DOH public website and all potential bidders who meet qualifications outlined in the RFP are eligible to submit a bid.

22. Is historical utilization data available?

Answer: The pertinent utilization data has been provided in Attachment 12 of the RFP.

23. What is the name of the Department's vendor for the member eligibility system?

Answer: Computer Science Corporation (CSC) is the vendor maintaining Medicaid beneficiary eligibility data.

24. In review of Attachment 13, *NYSDOH Security Requirements*, the scope of the requirements seems to apply to an application provider rather than a Radiology Benefits Service provider. Are these in fact requirements that a) must be met by the bidder and, b) will costs of said requirements be met by bidder?

25. In review of the network security requirements, there is a concern that the requirements will make the project cost prohibitive for vendors. Will there be an assessment of these requirements?

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If the items in the Attachment 13, *NYSDOH Security Requirements* document are all required, there are a number of specific questions relative to this section below:

26. Please explain the business and security need for the requirements of 1.5.2-1.5.4, requiring detailed network diagrams and approval by NYDOH of network layout changes.
27. Please explain the business and security need for the requirements of 1.5.8, requiring systems be isolated from other networks.
28. Please explain the business and security need for the requirements of 1.5.10, requiring hardened operating systems.
29. Please explain the business and security need for the requirements of 1.5.11, requiring approval of all scanning tools by NYSDOH CISO and providing all source code for periodic review.
30. Please explain the business and security need for the requirements of 1.5.13, requiring the physical security of workstations and how this applies to mobile workstations, i.e. notebook computers.
31. Please explain the business and security need for the requirements of 2.1.7, requiring all information stored to be encrypted.
32. Please explain the business and security need for the requirements of 2.2.2.3, requiring that no modems be attached to any permanently networked device.
33. Please explain the business and security need for the requirements of 2.2.3, requiring the following:
 - (a) Protection by packet-filtering firewalls or firewall grade routers for External Networks.
 - (b) Archiving of network logs for 6 months.
 - (c) Central management of authentication systems.
 - (d) Individual monitoring of application logging.
 - (e) Prohibition of inbound connectivity from untrusted networks.
34. Please explain the business and security need for the requirements for auditing which require secure shell (SSH) access to at least one device in each network with privileges to create network sockets.
35. Please explain the business and security need for the requirements of 2.3, which states that NYSDOH CISO reserves the right to review the development plan and may apply additional requirements.

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36. Please explain the business and security need for the requirements of 2.3, requiring source code to be delivered to the Department.
37. Please explain the business and security need for the requirements of 2.4, which requires an explanation in the security plan of a) how the system is free from risks of undetected changes and, b) how a secure environment for the source code will be maintained.
38. Please explain the business and security need for the requirements of 2.7.8, requiring all logs be made available to the Department.
39. Please explain the business and security need for the requirements of 2.7.9, requiring inspection and auditing of code.
40. Please explain the business and security need for the requirements of 2.8.3, stating software licenses purchased under this contract are owned by NYSDOH.
41. Please explain the business and security need for the requirements of 2.8.5, stating that any software created, maintained or acquired is express property of NYSDOH.
42. Please explain the business and security need for the requirements of 2.8.6, requiring removal of all information and material pertaining to the contract at the end of the contract period. Federal and State laws require retention of certain patient data regarding pre authorization by the vendor.
43. Please explain the business and security need for the requirements of 2.9, requiring above average encryption strength for all stored information.

Answer to questions 24-43: These are the RFP requirements to be met by the bidder and any associated costs are to be met by the bidder.

As outlined in Attachment 13. 1.1:

Organizations which bid to develop or maintain systems for the NYSDOH must present (i) a security plan document and (ii) security experience information as part of their bid proposal. The security experience information need to include the bidder's experiences in managing and addressing IT and application security. The security plan document should address how the bidder will manage security of the system. Bidders' security plan must conform to requirements listed below, as well as those indicated throughout this RFP.

Bidders must describe controls addressing these security requirements and specify whether the vendor/contractor or NYSDOH is responsible for implementing and supporting these controls. Vendors and NYSDOH program area are required to work with NYSDOH CISO to satisfy these requirements.

An acceptable security plan is mandatory and the bidder's security plan will be scored. Individual components of the security plan are scored in a weighted fashion to evaluate

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how effectively a vendor will be addressing and managing security requirements. Bidder's security plan must meet a minimum acceptable weighted "security" score in order to "pass" (This is a Pass/Fail requirement.) The following are the evaluation criteria on which the components of a bidder's security plan will be scored. Specific requirements for each are detailed in Section 2.

1) Secure transmission 2) Systems and Network Security 3) Application Security Requirements 4) Data integrity 5) Data availability 6) Account management 7) Security Incident Management 8) Proprietary Information, Copyright and Software Licensing 9) Data Confidentiality.

44. Section 1.5.15 requires compliance with the same level of security as that of systems hosted within NYSDOH networks. What is the NYSDOH level of security standard?

Answer: The contractor must meet DOH, NYS and federal standards as referenced in Section 2.2.3 of Attachment 13. Please see NYS Cyber Security Policy link as referenced in Attachment 13.

45. In section 2.3 Application Security Requirements, is this in reference to the bidder's Portal for providers to log their cases or in reference to the bidder's other internal applications?

Answer: This requirement pertains to all applications provided as part of the bid response.

46. In section 2.3.1.2, requiring a description of the bidder's expertise in using testing tools, what information is required in the description?

Answer: Please provide a description of the tools previously used and the length of time in use.

47. In Section 2.3.3 requiring application logging review daily, is automated review sufficient? If not, please explain the need for individual review.

Answer: Automated review is sufficient provided anomalies are directed for manual review and corrective action as needed.

48. In section 2.5, please define the terms: monitored regularly and corrected immediately.

Answer: Back up must be checked each business day and corrective action implemented immediately.

49. Please define unauthorized software as used in Section 2.8.2.

Answer: In this context, unauthorized refers to limiting the contractor to the use of appropriately licensed software.

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50. How many eligible Medicaid members will be part of the radiology program? Will the State be providing a breakdown of this membership (TANF, SSI, etc.)?

Answer: The Radiology prior authorization program will include all Medicaid beneficiaries receiving services through the FFS program who are not Medicare dual eligible, and/or enrolled managed care. Within the data exchange, eligibility file specifics will provide breakdown of this membership.

51. Is the State planning to communicate this radiology benefits management program to its community providers since there is no prior authorization requirement in place today?

Answer: As Section C.2.b Performance Requirements/Educate Stakeholders of the RFP outlines: “The Contractor shall assist and support the Department in making guidelines publically available, and in educating stakeholders regarding guidelines and prior approval processes. Stakeholders may include, among others, beneficiaries, providers, advocacy groups, legislators, and Department staff.”

DOH Monthly Updates will continue to provide communications regarding this program.

52. If the vendor’s authorized representatives have to verify a beneficiary’s eligibility real time, will they be able to get daily eligibility updates for the internet portal (RadMD)?

Answer: Current eligibility information will be available through data exchange with NY State Medicaid eligibility system. Data exchange requirements will be discussed with selected contractor following award of this contract.

53. Section C.2.c.ii states “Contractor will enter prior authorization information and decisions into the prior authorization screens in the EMedNY system.

- a. Will the Department accept an electronic authorization feed from a vendor rather than having manual entry of the authorizations into EMedNY?
- b. If manual entry is required, can it be done after the call? Is there anything that is required during the call, such as giving out a NY authorization number rather than an NIA authorization number?
- c. If an electronic feed is not possible, can the vendor secure further clarification on the process expected for the manual data entry? For example, can the authorization be finalized in the vendor’s clinical system and then be entered into EMedNY? And what is the required turn-around-time for the authorization to be entered into EMedNY?

Answers:

- a. It is a Department requirement that the contractor will enter data directly into EMedNY.
- b. An EMedNY authorization is required in order to pay the claim for the radiology services.
- c. As the date of the prior authorization may be the date of service, and the claim may be submitted on the date of service, a same day turnaround is required in order to accurately process the claim in EMedNY.

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54. Section C.2.c.iii states the contractor "...must verify through the New York State Medicaid eligibility system the eligibility of each recipient...". Will the Department provide a monthly file of eligibility that can be loaded to the Contractor's clinical system?

Answer: A monthly feed is available; data exchange requirements will be discussed with selected contractor following award of this contract.

55. Section C.2.c.iv states "...must enter narrative description of reasons for decisions". The RFP states that notices will be sent through EMedNY system, yet D.1.e.iii asks the Contractor to describe how we will send provider notices. Is the Department expecting providers to receive two (2) notices (clinical determinations) – one from EMedNY and one from the Contractor?

Answer: No, one clinical notice is required to be generated from EMedNY system.

56. Section C.2.c.v. Use of the web portal implies that the Contractor will be able to finalize the authorizations in their own clinical system prior to entry into EMedNY. If that is not the case, could the Department provide further clarification on the process they prefer for the authorization entry into EMedNY?

Answer: The web portal is considered another means for obtaining prior authorization. Bidders should include a proposed process for how this requirement could be handled in their proposal.

57. Section C.2.c.vi states "Must be capable of receiving prior authorization via telephone, via paper format (either mail or fax delivery) and via Internet..."; AND Section C.2.e. iii states "Must also offer fax or internet communication methods for recipient, prescriber and provider inquiries and complaints." Would the Department accept a Contractor's policy of accepting service requests by telephone and internet portal only and will allow correspondence, follow-up information and complaints to be received by facsimile only (facsimile cannot be used to request services)?

Answer: It is required that the contractor have the capability to receive prior authorizations via telephone, paper format (either mail or fax delivery) and Internet.

58. Section C.2.d. Operate a Call Center
a. Does it have to be a call center near Albany?

Answer: Yes. As per the RFP, the call center must be located within 25 miles of the NYS Capitol Building.

- b. Would the Department consider the set-up of a project management and staffing office near Albany with complete telephonic transfer capabilities and Contractor resources designated to State of NY account residing in this office? Contractor would maintain a National Call Center

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in its current location (not NY) and work to route NY DOH calls through a designated team of Auth Reps with guaranteed response times and through documented NY DOH processes and workflows.

Answer: No. Key staff and call center must be located within 25 miles of the NYS Capitol Building.

c. Can call center overflow occur outside NY?

Answer: The Department would allow emergency backup in certain circumstances, e.g., the event of telephone system outages, building access problems or severe weather, to occur out of the 25 mile radius of the NYS Capital Building. The backup must be within the United States.

d. If Contractor's Call Center workflows and processes include load balancing calls and work to other Call Center capabilities, would this be acceptable to the NYS DOH?

Answer: In the event of unexpectedly high call volumes, the Department would agree to load balancing calls being handled outside the 25 mile radius of the NYS Capital Building on a TEMPORARY basis and only upon prior approval by the Department.

e. Would the Department consider a hybrid approach to a NY-based Call Center using approximately 5-6 Auth-Reps in a NY-based Call Center and the overflow calls being handled by the Contractor's National Call Center in another location (not NY)?

Answer: No. The primary call center must be located within 25 miles of the NYS Capital Building. The contractor is expected to staff the call center appropriately to handle the call volume.

59. Section C.2.k.iv. Capability to receive, store, analyze and report on data sufficient to meet the requirements of the RFP. Does this mean that the State will provide electronic transmittals to the Contractor? If so, would there be an opportunity for the State to RECEIVE electronic data transmissions back from the Contractor (EDO feed for authorizations)?

Answer: There will be a data exchange agreement between contractor and DOH, within the parameters outlined in Attachment 13, *NYSDOH Security Requirements*.

60. Section C.2.p. Reports.

a. "Required to report member complaints". Do you intend to delegate member services to Contractor?

b. What is the difference between Quarterly Data Reports and Specific Reports? NIA's reports are available 45 days after the close of the previous period?

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Answers:

a. Yes, per Section C.2.e through f: Contractor will be responsible for handling inquiries and complaints, and represent the Department in Fair Hearings.

b. Specific reports refer to ad hoc reports requested due to noted trends, other DOH initiatives and inquiries.

61. Section D.1.e.iii. Review Prior Authorization Requests. The RFP asks for a process to fast track approvals based upon clinical needs. Is there an opportunity to propose an “auto-approve” list of advanced imaging codes to the State?

Answer: Yes, the opportunity does exist and the bidder should include a proposed process for how this requirement could be handled in their proposal.

62. Section D.1.e.iii. Review Prior Authorization Requests. The RFP seems to indicate an interest in a provider gold-carding program for exceptional provider performance. Is there any specific data you could provide, as this would leverage more advantaged pricing for the State?

Answer: This data is not available as the Radiology Prior Authorization Program is a new initiative.

63. Section E.6. Term of Contract. The RFP suggests there is a termination for convenience provision of 30 days throughout the term. Is this the intent as you partner with a Contractor?

Answer: The terms of the RFP are as stated and it is not the intention of the Department to alter this provision.