

RFP No: 1001051158-R
Task ID#: 6956
Q&A document

Posted: September 10, 2010

CONTRACTING TECHNICAL

Q1. "The Contractor will be required to file monthly progress reports which detail work accomplished."

Is there any specific progress report template that NYS DOH is currently using? If yes, can this template be shared with us

A1. There is no current template. NYSDOH expects this to be a brief but formal regular update of progress in addition to regular contact with NYSDOH program staff.

Q2. [We] are interested in understanding how they might be able to inform the community of vendors interested in responding to the RFP posted on the NY State Contract Reporter that our firm could be a potential subcontractor that could help primary vendors fulfill subcontracting requirements.

A2. This question is not relevant to the RFP.

Q3. We are a midsize system integration company with excellent track record in delivering fixed cost projects. Can we substantiate domain expertise by using our strategic partner?

A3. To be successful, the bidder and potential subcontractors must be able to meet the bidder requirements described on p. 7. See p. 12 of the RFP for the information that must be supplied on the bidder and potential subcontractors.

Q4. Is the budget for this project approved and available? Or does the NYSDOH required to obtain OSC approval before an award is made?

A4. The budget for this project has been approved but is unavailable to potential bidders. The contract will require OSC approval before final award.

Q5. "All deliverables are to be presented to NYSDOH, in draft form; NYSDOH will engage in a 30-45 day review and comment period, with a subsequent 15-20 day correction and update period by the Contractor"

What provision/penalty will be in place for the delay in the deliverable review process from NYSDOH

A5. See RFP pages 20-21 for information about payments. As stated in the RFP, "Failure by the Contractor to meet the deliverables outlined in this RFP may result in vouchers not being processed until the deliverables are met." NYS DOH does not anticipate delaying the review of the deliverables. All work must be completed by September 30, 2011.

CONFLICT OF INTEREST

Q6. On Page 10, Section 4 of the RFP, the State outlines the Conflict of Interest requirements that must be met by all Bidders responding to this RFP. Our organization is an independent and objective provider of Research and Advisory services to both public and private organizations.

Can NYSDOH provide a list of those organizations that would potentially represent a Conflict of Interest so that we can perform the necessary due diligence regarding and consulting business relationships?

Regarding Page 10, 4. Conflict of Interest, [company] could not accept this clause requirement without exceptions, as follows:

- a. NY State would need to accept that [company's] subscription services are not included in this broad conflict clause.**
- b. NY State would need to accept that [company] is not included in this broad conflict clause given that [company] analysts have not assisted DOH in the development of this RFP through the personalized telephone consultation option available through their subscription.**
- c. NY State would need to specify the other companies that we may do business with that they believe may be a conflict, so we can confirm our compliance.**
- d. Can NYSDOH confirm that research services and the business relationships our company has with our clients would be *excluded* from the Conflict of Interest requirements? These services are provided on a subscription basis to a large number of global organizations.**

A6. NYSDOH cannot predetermine conflicts of interest. No exceptions can be made to boilerplate requirements.

GRANT TECHNICAL

Q7. “The identification of the business requirements for successful billing and an in-depth analysis of the strengths, weaknesses, opportunities and threats (SWOT) of a sample of LHDs is needed to develop an action plan for vaccination billing solutions that will benefit LHDs.”

Is there any time-line defined for developing this Vaccine Billing Solution?

A7. The purpose of this RFP is to procure an analysis of the billing capacity of LHDs that can be used to develop recommendations for how effective billing for immunizations by local health departments can be achieved. The implementation of these recommendations is beyond the scope of this RFP.

Q8. “The identification of the business requirements for successful billing and an in-depth analysis of the strengths, weaknesses, opportunities and threats (SWOT) of a sample of LHDs is needed to develop an action plan for vaccination billing solutions that will benefit LHDs.”

Is company responding to this RFP will be precluded from the development of Vaccine Billing Solution?

A8. See above. Additional contracting opportunities are not planned at this time. Should they become available, it is not expected that selection for this contract would preclude future contracting opportunities.

Q9. Will there be NYS DOH or LHD staff assigned to assist consulting firm with this project? If so, please indicate by area of expertise, i.e. medical, administrative support and finance.

A9. NYSDOH staff in the Office of Public Health Practice and in the Bureau of Immunization will be working with the contractor selected for this project. Staff can provide support on clinical, administrative and fiscal aspects.

Q10. Performance requirements (d) NYSDOH and Steering Committee: can you provide names/titles of those individuals involved from DOH and on Steering Committee?

A10. No.

Q11. The RFP states that ARRA funding is being used to fund the study. Could we see a copy of the NY State grant that was approved under ARRA?

A11. The grant announcement and notice of award are posted with other documents on the web page for this RFP.

Q12. The bid detail sheet (attachment 3) on page 35 list 3 deliverables under a, b and c. They include:

- a. Identify business requirements ...**
- b. Conduct an in-depth assessment of six LHDs ...**
- c. Meet with NYSDOH officials as needed ...**

The bid detail sheet excludes “prepare an appraisal of the costs required for successful implementation of business requirements need for billing for immunizations” which is on page 8 of the RFP. Should this requirement be added to the Bid Detail Sheet?

A12. A line was omitted from attachment 3, page 35. The document entitled ‘attachment3’ replaces the original attachment 3 in this RFP.

Q13. Under the Bid Detail Sheet, there are 3 sub-categories under letter b including “Protocol, data collection instruments, and schedule of completion” as one of three items. Should vendors supply a price for all 3 line items under letter b or is a consolidated price sufficient?

A13. Three separate estimates should be provided.

**Q14. "Specific quality assurance measures that will be undertaken to assure accuracy are to be detailed in this RFP."
Can we get more information regarding the quality assurance measures, as it not included in the RFP.**

A14. Contractors should identify quality assurance measures that can be used to validate findings.

Q15. Is this the first time this RFP is being issued? If no, why is it being reissued?

A15. This is a re-issue of the RFP. NYSDOH was unable to select a qualified candidate from the initial RFP process. The scope of work is different than that of the first RFP.

Q 16. How did NYSDOH come up with the overall estimates for FTEs and length of time to complete the project?

A16. The estimates were suggested to give a framework for reasonable amounts of effort expected by NYSDOH. Each proposal should outline and justify the staffing that will be necessary to complete the proposed work plan. Proposals will not be scored based on whether they follow the suggested staffing increments.

**Q17. "The Contractor must assign to the Project a contract manager who will be the primary contact with NYSDOH-OPHP for the life of the contract."
Is it required to have on-site staff working on this project**

A17. On-site staffing is not required.

BACKGROUND

Q18. "Identify the business requirements for New York's local health departments to bill publicly and commercially funded health plans and other insurers for vaccinations."

Are there any systems currently used by NYS LHD for vaccination billing. If yes how many and is it possible to share the details of these systems.

A18. Many but not all local health departments are currently billing for immunization services. They use a variety of systems for this purpose, including paper and software applications. The business requirements will describe the elements that must be in place for successful billing of immunizations to take place.

Q19. Do any of the 57 LHDs outside of NYC currently bill or have a billing system (software application) that can be used to bill third parties for immunizations?

A19. See above

Q20. Do you have an estimated allocation of patients/clients by source of coverage (Medicare, Medicaid, commercial, uninsured)?

A20. NYSDOH has data on insurance status of county residents and some information on the insurance status of patients/clients served by LHDs but the data are incomplete.

Q21. What assessment and/or information is already available for the following:

- a. **Ability of New York's local health departments to identify accurately the patients (full name, SSN, DOB) and insurance coverage?**
- b. **Date, location and practitioner associated with the administration of the vaccine?**
- c. **Charges for the administration of the vaccine?**
- d. **Source of the vaccines?**

A21. NYSDOH has collected preliminary data on the immunization billing activities of LHDs. The contractor is expected to describe the business requirements and do an in-depth analysis that describes the extent to which the six selected LHDs meet those requirements.

Q22. To what extent is billing data already available electronically?

A22. See above

Q23. To what extent are these data elements supported by electronic health records?

A23. See above

Q24. To what extent are these data elements supported by paper records?

A24. See above

Q25. Why isn't the NYC LHD included in this study? Does the LHD in NYC area use any billing systems?

A25. The New York City Department of Health and Mental Hygiene has received its own funding for the immunization billing assessment.

Q26. Is there a standard organizational structure for each LHD in terms of medical and administrative staff related to immunizations?

A26. No, while program components are set in law, regulation and guidance documents, the organizational structure of each LHD's immunization program is not standard.

Q27. Are there or will there be opportunities for LHD to assist patients/clients in obtaining eligibility for coverage by public or private programs? This may provide opportunities for increased coverage and billing.

A27. The analysis conducted by the contractor will lead to recommendations for how to making immunization billing by LHDs more effective. Assisting clients obtain insurance could be part of the recommendations.

Q28. On page, it states "In 2008, the 57 LHDs outside of New York City spent almost \$13.5 million on their immunization efforts. On page 6, it states "The annual cost of administering the current doses of all vaccines given by LHDs is estimated to be \$2.9 million." Please explain the difference with these two cost figures? The assumption is that the \$13.5 million covers other cost such as promotional activities, training, etc.

A28. The estimate of \$13.5 million includes all immunization related expenditures by the 57 LHDs, while the second number (\$2.9 million) includes only vaccine administration costs.

**Q29. The annual cost of administering vaccines is estimated to be \$2.9 million.
How was this figure compiled?**

A29. This figure was derived by multiplying the number of 2008 doses reported as administered by LHDs in the New York State immunization registry, NYSIIS, by the Medicaid vaccine administration reimbursement rate of \$17.85. This estimate does not represent the actual cost incurred or reimbursement received.

DELIVERABLES

Q30. "Develop the protocol, data collection instruments, and schedules for the completion of data gathering from six (6) local health departments of varying size"

Is there any preferred NYSDOH method for developing data collection instruments

A30. Bidders should select and justify relevant data collection methods. There is no specific preferred method.

Q31. "Conduct an in-depth assessment of six LHDs to identify the strengths, weaknesses, opportunities, and threats related to establishing successful vaccination billing system"

Is travel involved in working with six LHDs for in-depth assessments.

A31. See page 8 of the RFP: Data collection can be conducted with on-site visits, telephone interviews and/or online surveys. Bidders should specify the methods that they intend to use for analysis and incorporate travel costs as needed into the bid. Methods and associated travel should be suited to the RFP requirements.

Q32. As mentioned in the RFP "the billing capabilities of LHDs related to vaccination as well as other services/programs in the LHDs"

Is this assessment restricted to only LHD's billing capabilities or any other program/services?

A32. This funding is specific to billing for immunization services. The focus is on routine immunizations, however other services should be included in the assessment, as resources and time permit.

Q33. As mentioned in the RFP "the billing capabilities of LHDs related to vaccination as well as other services/programs in the LHDs"

Is it possible to get a list of program/services that is required for this assessment?

A33. Other services delivered by some LHDs for which billing could be pursued include but are not limited to TB services, testing for lead poisoning, home visiting, etc.

Q34. “Prepare an appraisal of the costs required for successful implementation of business requirements needed for billing for immunizations. The cost appraisal should be sufficient when compared against business requirements identified in Section a, above, to estimate return on investment.”

Is this required for the full implementation of the Vaccination Billing Solution across the New York State

A34. The cost appraisal will be based on information from the six in-depth analysis LHDs and should be a model which can be applied to any of the counties, such that they can plan for implementation of the business requirements.

Q35. Performance requirements (c) appraisal of costs: will the cost appraisal for implementation be done on an individual LHD basis or do you want an aggregate or standard appraisal to apply to all LHDs?

A35. The cost appraisal should apply to each LHD and include variable parameters for different types of LHDs, specifically small, medium and large.

Q36. Performance requirements (b) in-depth assessment: How will the 6 LHDs be selected? Will you want recommendations from the consulting firm on the criteria for selection and related process?

A36. Final selection of 6 LHDs has not yet been made. The selection will be made based on current data and interest in participation. The contractor may be asked for guidance in final selection.