

RFP 1212051104
Early Intervention Program State Fiscal Agent (SFA) Services Project
Questions and Answers

All questions received by the New York State Department of Health (Department) by the February 12, 2013 deadline are included. The Department is not responsible for any errors or misinterpretation of any questions received. The responses to questions included herein are the official responses by the State to questions posted by potential bidders and are hereby incorporated into RFP1212051104 Early Intervention State Fiscal Agent Services Project issued on January 31, 2013. In the event of any conflict between the RFP and these responses, the requirements or information contained in these responses will prevail.

NOTE: The following includes responses to the majority of the questions received; we will post the responses to questions with a response of "TBA", on or about Tuesday, February 26, 2013.

QUESTION 1: The RFP references that responses to questions are anticipated to be released on 2/21/13. If responses are postponed, will there be a delay in the proposal due date of 3/7/13.

RESPONSE 1: No.

QUESTION 2: What has the Department budgeted for this project in FY14? Please provide the basis for this budget.

RESPONSE 2: The Department is not releasing that information.

QUESTION 3:

- a. How many EI providers used third party vendors to process and submit EI claims during the 11/12 Fiscal Year?
- b. How many of the EI providers submit claims in electronic (837) formats?
- c. What volume of claims was submitted during Fiscal Year 11/12 in electronic (837) formats?

RESPONSE 3:

- a. We currently do not collect that information from Early Intervention (EI) providers.
- b. Seventy seven.
- c. 449,840 electronic claims were submitted via NYEIS between 4/1/11 and 3/31/12.

QUESTION 4: The Fiscal Workflow included in the RFP as Attachment B suggests that there are 3 way in which EI providers can submit claims to the Fiscal Agent (item #3).

- a. How many EI providers and/or agents submit claims in each of these three categories: 1) 837 file submission (NYEIS), 2) Online (NYEIS), 3) Paper and 837 submission (KIDS)?
- b. How many claims are submitted in each of these three categories: 1) 837 file submission (NYEIS), 2) Online (NYEIS), 3) Paper and 837 submission (KIDS)?

RESPONSE 4: a. & b. see table below.

EI provider claims paid by municipality between April 1, 2009 and March 31, 2013

Fiscal Year	Providers billing KIDS only	Providers billing KIDS and NYEIS	Providers billing NYEIS only	Number of KIDS Claims	Number of NYEIS Claims	Amount of KIDS Claims	Amount of NYEIS Claims
FY2009-2010	1,703	0	0	9,641,732	0	\$ 761,712,199	\$0
FY2010-2011	1,531	101	2	9,068,741	3,968	\$ 687,466,752	\$278,770
FY2011-2012	588	888	95	7,006,241	803,197	\$ 525,286,507	\$61,574,965
FY2012-2013	279	685	436	1,115,597	4,010,125	\$ 85,157,598	\$311,553,813

QUESTION 5:

- a. Please clarify whether the Fiscal Agent will receive claims directly from EI providers / agents through proprietary claiming systems and/or a clearinghouse?
- b. Do all claims to the Fiscal Agent come in one of three ways: HIPAA compliant 837 files, via NYEIS through an online portal or via paper claims?
- c. If not, please specify what other means the Fiscal Agent will receive claims from providers / agents.

RESPONSE 5:

- a. Yes.
- b. There are four ways; they can also be submitted in a proprietary electronic secure file transfer for KIDS.

QUESTION 6:

- a. What information is the Fiscal Agent required to provide/enter/upload into KIDS upon submission of paper claims for providers / agents not using NYEIS?
- b. How many paper claims have been submitted / processed between July 1, 2012 to September 30, 2012 and from October 1, 2012 to December 31, 2012?
- c. How many paper claims are expected in Year 1 of the contract? How many paper claims are expected in Year 2 of the contract?
- d. Are any paper claims expected beyond Year 2 of the contract?

RESPONSE 6:

- a. All of the data fields in the electronic proprietary format mentioned above.
- b. This cannot be determined because providers submit the claims directly to the municipalities and the State do not collect data regarding the number of claims submitted to municipalities.
- c. Cannot be determined as per response above.
- d. through e.: This cannot be determined as per response above. However, we are looking for paper claims to significantly/exponentially decrease over time as an electronic format is developed for KIDS claim submissions.

QUESTION 7:

- a. Who are the top 5 commercial insurance payers, in terms of total payments, of Early Intervention services in New York?
- b. What is the total amount of collections by top 5 commercial insurance payers during the 11/12 Fiscal Year?
- c. What was the total amount of commercial insurance payments received by New York City for the EI program during the 11/12 Fiscal Year?
- d. What are the top denial reasons of commercial insurers?

RESPONSE 7:

- a. & b. See Table below:

NYEIS Third Party Payors Claims paid between April 1, 2011 and March 31, 2012

Insurance Plan	# of Claims	Amount Billed	Amount Denied or Rejected	Amount Paid	Percent Paid
Excellus BC BS	39,776	\$2,952,008.96	\$902,850.18	\$578,487.96	19.60%
GHI	34,098	\$2,673,875.78	\$766,340.81	\$301,610.29	11.30%
United Health Care	30,769	\$2,451,016.79	\$415,748.47	\$70,291.13	2.90%
Oxford USA	30,352	\$2,091,617.71	\$258,306.44	\$2,669.70	0.10%
Empire Blue Cross/Blue Shield	28,093	\$2,054,503.71	\$911,200.47	\$25,452.65	1.20%
All others	238,534	\$19,269,669.91	\$5,260,200.29	\$1,054,172.27	5.47%
Total	401,622	\$31,492,692.86	\$8,514,646.66	\$2,032,684.00	6.45%

c. see table below:

EI claims paid between April 1, 2011 and March 31, 2012

NYC/ROS	Total Amount Paid	Insurance Paid		Medicaid Paid	
		Amount	Percent	Amount	Percent
New York City	\$382,412,568.97	\$4,877,980.63	1.28%	\$189,616,134.28	49.58%
Rest of State	\$204,448,903.14	\$8,678,940.97	4.25%	\$68,390,883.87	33.45%

d. see table below:

Reasons for Commercial Insurers' Denial of Early Intervention Claims by Number and Percent of Denials
January 1, 2010 – December 31, 2010

Reasons For Denial	Number	Percent
Out-of-Network Provider	779,213	32.5%
Service Not Covered	477,099	19.9%
Other Denial	315,696	13.1%
Child Not Covered	230,207	9.6%
No Response From Insurer	191,742	8.0%
Exceeds Insurer's Claiming Limit	143,671	6.0%
Benefits Exhausted	86,585	3.6%
No Preauthorization Obtained	77,891	3.2%
Not Medically Necessary	55,103	2.3%
Technical Error	31,904	1.3%
No Primary Care Physician Referral	9,630	0.4%
Government Service Blanket Rejection	2,303	0.1%

QUESTION 8:

- a. What is the expected call volume for the Fiscal Agent?
- b. What has the historical call volume been for existing claim processing and payment?
- c. What is the historical average length of call?
- d. Are the proposed Service Level Agreements in this RFP consistent with current experience?

RESPONSE 8:

a. through c: The Bureau of Early Intervention (BEI) receives approximately 25 emails and 40 telephone contacts per month regarding existing claim processing and payments. This does not include data submissions. Please also see historical contact data collected by the current NYEIS contractor in the table below. ***These volumes are historical and may not be indicative of future volume levels.***

NYEIS Helpdesk Telephone Metrics for all issues:

Report period	Calls	Agent	Voicemail	Abandoned	Average Call Wait Time - All	Average call wait Time – Answered	Average Call Length -
01/01/2012 - 12/28/2012	30505	23277	2136	5092	2:11	1:10	7:22
12/29/2012 – 01/04/2013	352	319	17	16	0:29	0:24	4:15
01/05/2013 – 01/11/2013	570	490	15	65	1:00	0:35	6:47
01/12/2013 – 01/18/2013	649	542	21	86	1:28	0:55	6:58
01/19/2013 - 01/25/2013	613	550	12	51	0:57	0:38	6:05
01/26/2013 - 02/01/2013	660	579	22	59	1:03	0:40	6:04
02/02/2013 - 02/08/2013	868	638	44	186	2:33	1:12	6:07
02/09/2013 - 02/15/2013	608	513	29	66	1:31	0:52	6:22
Totals/Averages	34825	26908	2296	5621	1:24	0:48	6:15

d. Currently BEI has no experience with Service Level Agreements (SLAs) regarding fiscal claiming. The SLAs presented in this RFP were modeled after the MMIS RFP/contract for a fiscal agent.

QUESTION 9: What is the expected volume of the Contact Center? What has the historical volume been for existing claim processing and payment by type of contact (email, fax, other)?

RESPONSE 9: See answer to no. 8.

QUESTION 10: On page 34 of the RFP requires the Fiscal Agent to be an approved Service Bureau with DOH as a minimum eligibility requirement.

- a. Can proposers be a Service Bureau for any NY provider or are these requirements specific to Early Intervention services?
- b. What is the process for testing and obtaining approval of the Fiscal Agent system to ensure that the system is on-line and available for the 4/1/2013 implementation date?
- c. What is the turnaround time from DOH in requesting testing and obtaining approval on testing?
- d. How soon after award will the Fiscal Agent be allowed to submit test claims to DOH?
- e. What is the general timeline to receive responses from DOH on test claims?
- e. Please provide a copy of the testing plan / protocol for Service Bureaus of Early Intervention services specifically and if no specific plan is available, please provide the general applicable testing plan / protocol.

RESPONSE 10:

- a. TBA
- b. After the Selection of the SFA, those localities will be determined.
- c. The testing plan will be finalized with the selected contractor after award and based on the proposed SFA system.
- d. and e. The NYEIS system and KIDS will be available to the state contractor immediately after the contract is awarded. The implementation plan should include a proposed testing plan.

QUESTION 11: The Fiscal Agent will require providers and potentially municipalities to go through a testing and approval process within their COTS system prior to payment processing.

- a. Given the RFP start date for payments to providers of 4/1/2013, how should proposers address the routine testing and approval of providers within their systems to meet the 4/1/2013 implementation date?
- b. Will DOH and/or the Bureau provide a certified list of approved vendors including required payment identifiers to the Fiscal Agent prior to 4/1/2013?
- c. Is it expected that all 1,078 individuals and 527 agencies will undergo testing to ensure proper 837 claim submission and 835 responses?
- d. What should be assumed regarding the 21,000+ individual providers?
- e. If not, please specify the number of individuals/agencies that will undergo testing prior to 4/1/2013?

RESPONSE 12:

- a. The SFA must have the ability and capacity to receive and submit claims to third party payers by 4/1/13. DOH will work with selected the contractor on an implementation plan that includes system and user testing.
- b. Yes. DOH will provide a list of all providers who are in agreement with the Department to provide authorized services and bill for those services to the selected contractor upon award.
- c. The selected contractor must do whatever is necessary to ensure proper claim processing of all claims. Currently there are 77 EI providers (agencies/individuals) submitting electronic claims that will need to be sufficiently tested.

QUESTION 13: Will the current MMIS vendor be precluded from bidding on this proposal as either a prime contractor or as a sub-contractor due to their current role within the program? If they are not precluded, are there any limitations related to their involvement?

RESPONSE 13: Same as answer to no. 12.

QUESTION 14: Will Service Bureaus with active contracts with EI providers be precluded from bidding on this proposal due to conflicts associated with processing and paying claims as either a prime contractor or as a sub-contractor due to their current role? If they are not precluded, are there any limitations or specific controls required in order for them to be involved?

RESPONSE 14: Same as answer to no. 12.

QUESTION 15: The RFP includes an overall goal of 20% for Minority and Women-Owned Business Enterprises (MWBE. participation.

- a. Are there separate goals for Minority-Owned Business Enterprises participation from Women-Owned Business Enterprises participation?
- b. If a firm is both Minority-Owned and Women-Owned, can the firm satisfy both goals?
- c. Are MWBE goals cumulative over the life of the contract or are goals measured on a quarter over quarter basis?

RESPONSE 15:

- a. The goals are 10% and 10% for a total of 20%.
- b. Yes, 10% and 10%.
- c. Yes.
- d. Cumulative

QUESTION 16: Have you piloted this program with any vendor? If yes, can you please share any details of the pilot.

RESPONSE 16: No, we have not piloted this program

QUESTION 17: Have you worked with any vendors/consultants to design the delivery model? If yes, who are they?

RESPONSE 17: No.

QUESTION 18: Can you provide a list of organizations that have been invited to bid on this RFP?

RESPONSE 18: By virtue of its posting to the NYS DOH website's Procurement webpage and the NYS Contract Reporter, the public at large has been invited to bid on this funding opportunity.

QUESTION 19: Number of children per county- specify by discipline (Physical Therapy, Occupational Therapy, Speech Therapy, Psych., Nursing, Special Ed. /Special Inst.)

RESPONSE 19: This is a statewide contract and the following data is provided as such: Table from tab Q19 to be inserted.

QUESTION 20: Frequency of visits per week, per county, per discipline.

RESPONSE 20: See answer to no. 19

QUESTION 21: How many children have Commercial Insurance per County?

RESPONSE 21: See answer to no. 19

QUESTION 22: Name all Commercial Insurances children currently have per County.

RESPONSE 22: See answer to no. 19

QUESTION 23: What insurances have deductibles, co-pays, co-insurances?

RESPONSE 23: We do not currently collect this information.

QUESTION 24: What is the number of children currently enrolled in the NYEIS system/County?

RESPONSE 24: See answer to no. 19

QUESTION 25: What is the number of children currently enrolled in the KIDS system/County?

RESPONSE 25: See answer to no. 19

QUESTION 26: How heavily will bidding depend on: A single region bid vs. an all regions bid. Is NYC a region of their own and will they be a part of the SFA?

RESPONSE 26: This is a statewide contract and regional bids will not be considered.

QUESTION 27: What is the % collected per region/per county broke down by Commercial Insurances and Medicaid?

RESPONSE 27: See answer to no. 19.

QUESTION 28: Please clarify if as of 04/01/2013 will all municipalities still be responsible for Inputting Insurance Information into the NYEIS/KIDS System.

RESPONSE 28: Municipalities and service coordinators will gather and enter insurance information into NYEIS and KIDS.

QUESTION 29: Please clarify if as of 04/01/2013 will all providers be putting all charges, dx codes, CPT codes into the system or will some still be submitting paper billing sheets for SFA staff to input into the billing system.

RESPONSE 29: See no. 6.

QUESTION 30: Please clarify what the service coordinators responsibilities will be as of 04/01/2013.

RESPONSE 30: Service coordinators responsibilities are outlined in New York State Public Health Laws (NYSPHL) and EI Regulations referenced on page 1 of the RFP.

QUESTION 31: Will all providers have Individual NPI numbers by 04/01/2013?

RESPONSE 31: All EI providers are required to have and NPI as of 6/30/12.

QUESTION 32: Will all Providers be participating providers with Insurance Companies and Medicaid by 04/01/2013? So that maximum re-imburement can be reached.

RESPONSE 32: All billing providers will be approved Medicaid providers but we will not be confirming the participation of providers with commercial insurance companies.

QUESTION 33: Can NYEIS and KIDS generate all reports listed on pgs 24 and 25 of the RFP?

RESPONSE 33: No.

QUESTION 34: Can NYEIS and KIDS generate the following reports?

Treating provider Activity - showing new visits, payments, charges, visits, charge per visit, ongoing visits.

Referral Analysis: new, treating, charges, visits, paid.

CPTcode summary - charged amount, collected, # Done, units, Cost, Profit%

Monthly/weekly collection - per patient, per therapist, per county/municipalities/state

Delinquency reports - by insurance, child, provider

Diagnosis Statistics - by diagnosis code showing charges, visits, paid, avg chrg/visit, avg paid/visit

Collection/Transaction Analysis - any date range showing who paid- insurance vs. Medicaid, etc, total paid, debits, credits, adjustments, new visits, ongoing visits, units.

Account Type Summary - new visits, discharges, active, charges, ongoing treating, paid visits, units.

Transaction List of charges, payments, adjustments for primary, secondary, and tertiary Payors.

Financial List by Payor - listing children for each payor, insurance ID#, insurance group#

Financial Lists - Authorization number - by insurance/child name with start and end date of authorization, authorization number, authorized number of visits/remaining visits.

Financial List - Case Balance Report - by provider, by child, showing charges, paid, adjustments, balance, last visit, and total visits.

RESPONSE 34: No.

QUESTION 35: Are you currently outsourcing the calls or handling them in house?

RESPONSE 35: Claim related phone calls are currently being accepted NYEIS calls are outsourced and KIDS calls are handled by the Department. In addition, municipalities handle calls from providers.

QUESTION 36: Please provide call volumes by day, week, month, and year.

RESPONSE 36: See no. 8.

QUESTION 37: What is your average handle time for a call?

RESPONSE 37: See no. 8.

QUESTION 38: Other than English do you need other language support? If so what languages and what is the daily/monthly call volume for each language?

RESPONSE 38: We do not currently need to support any language other than English.

QUESTION 39: What is the estimated initial agent training time?

RESPONSE 39: TBA

QUESTION 40: Why are you changing outsourcing partners or deciding to outsource?

RESPONSE 40: We do not currently have an SFA and NYSPHL requires we procure these services.

QUESTION 41: Section A pg.2: The RFP includes language surrounding performance targets and performance incentives to improve both Medicaid and third-party reimbursement. What should proposers assume or propose for performance targets? What should proposers assume or propose for performance incentives?

RESPONSE 41: TBA

QUESTION 42: Section B.3. pg.5: The RFP indicates that the Department has the authority to enter into agreements with providers beginning January 1, 2013.

- a. How many providers have agreements in place with the Department?
- b. When are all eligible providers expected to have such agreements in place?
- c. How many provider billing entities are expected at the 4/1/2013 implementation date?
- d. Is that number expected to expand over time, and if so, to what number and timeframe?
- e. How will the SFA treat providers that do not have agreements in place on 4/1/2013?
- f. If applicable, will the SFA be required to pay these vendors even though they do not have provider agreements in place?

RESPONSE 42:

- a. Provider agreements are not finalized at this point of time.
- b. Provider agreements will be rolled out in waves. Our first priority as we approach the transition date of 4/1/2013 will be Providers already under contract with a municipality. We want to ensure that the transition from municipal contracts to NYSDOH provider agreements does not disrupt the services that a child/family is currently receiving. These agreements must be in place for 4/1/2013. Next to increase capacity, it is anticipated that the Department will then enter into a 'second group' of provider agreements with those individuals and agencies interested in receiving service authorizations from a municipality and billing the municipality through the State Fiscal agent. We plan to rapidly move on to the second wave as soon as the previous wave is nearly completed.
- c. Currently there are a total of 1,558 Providers who we expect as billing entities.
- d. Yes, it is expected that the number of billing entities will increase and vary over time as new billing entities are brought on board and others exit. It is anticipated that the number will level off over the first year.
- e. To be a billing entity for services rendered on or after 4/1/13, a provider agreement must be in place.
- f. Yes, for services rendered on or prior to 3/31/13, the billing entity must have had a valid contract with the municipality of the child's residence. To be a billing entity for services rendered on or after 4/1/13, a provider agreement must be in place.

QUESTION 43: Section B.4. pg.6-7: The RFP discusses the availability of commercial insurance information. Will the SFA have the authority and access to all commercial insurance eligibility files that are currently available to DOH as part of their Third Party Liability operations under OMIG?

RESPONSE 43: No.

QUESTION 44: Section 5 pg.7: There were 1.7 million out of 2.2 million claims denied by commercial payers in 2009 – 2010.

- a. What are the top rejection reasons?
- b. Assuming a top reason is due to non-covered service, are you aware of any recent changes where more insurance carriers are covering EI services than in previous years?

RESPONSE 44:

- a. See no. 7d.
- b. We are not aware of any recent changes where more insurance carriers are covering EI services than in previous years. Insurers cannot deny payments for EI services on the basis that these are publically funded programs. There is no requirement that insurers cover EIP services. However, many insurers cover services that are delivered through the program, such as physical therapy, occupational therapy, speech language therapy, etc.

QUESTION 45: Section C.1. pg.10: The RFP contemplates that the SFA will be responsible for processing and payment of EI claims.

- a. Will the SFA have any responsibility in the processing claims submitted prior to the 4/1/2013 implementation date that are submitted but not fully adjudicated?
- b. If yes, what are the parameters (dates of service or otherwise. for which the SFA will be required to process these claims?
- c. What legacy claim and payment data will be provided to the SFA in order to manage the EIP? This is discussed again on page 13 of the RFP. For example, the SFA will be required to monitor and manage commercial insurance benefit limits.

RESPONSE 45:

- a. No.
- b. N/A as per 45.a. above.
- c. The Department will supply all necessary billing and claiming legacy data upon contract award including the data mentioned on page 13 of the RFP.

QUESTION 46: Section 2.a. pg.11: Please provide more details regarding the requirement that the SFA will manage the responsibility for procurement of all ATD/DME devices.

RESPONSE 46: From July 1, 2011 to June 30, 2012 there were 1,922 children receiving an average of 1.9 authorized units per child (approximately 3,651 total units). Please see the Attachment 1 Draft Plan for Assistive Technology Devices (ATDs) presented at the December 2012 Early Intervention Coordinating Council (EICC. meeting.

QUESTION 47: Section 2.a. pg.12: The RFP indicates that the SFA will be responsible for processing municipal vouchers to the State and for reimbursing municipalities for the State share of costs for early intervention services.

- a. Please describe the voucher system and what detail will be expected to be provided from the SFA to the municipalities and DOH.
- b. Will the vouchers need to be supported by client specific detail through the "Payment Owed Report"?
- c. Will the State submit these municipal vouchers in an electronic, HIPAA compliant manner or are these vouchers not client specific?
- d. If client-specific but not HIPAA compliant, is the SFA expected to process these transactions in a similar manner as they receive from DOH or does this require specific handling?

RESPONSE 47: TBA

QUESTION 48: Section 3 pg.14: The RFP states "The SFA will be required to accept paper and electronic claims from EIP providers for processing into the NYEIS system, where routine editing and payment calculation will take place. The NYEIS contractor will continue to perform the functions described in Section C.2.b.and will export validated provider claim data and calculated payment amounts, to the SFA, including the child's Medicaid eligibility and commercial insurance information."

- a. What is the initial source system of provider claims (electronic or paper) that will be submitted to the SFA for

processing (provider systems or NYEIS and KIDS)?

- b. Is it expected that providers will be required to submit their 837 electronic claim files through the claim web-portal provided by the SFA?
- c. What is the expected file format for claim data the SFA will send to NYEIS?
- d. What specific list of validations does the NYEIS system perform?
- e. Are any validations performed in KIDS?
- f. Please describe the expected actions to be taken by the NYEIS contractor and the SFA regarding claim data that does not pass validation?
- g. Will the SFA receive a response regarding all claims that pass and fail validation?

RESPONSE 48:

- a. The initial source of claims is from providers, paper or electronic.
- b. Yes.
- c. Currently NYEIS is designed to read 837Ps.
- d. Validations can be found in the "837 Professional Companion Guide 1-9 (HIPAA 5010)" document found here: <http://www.cma.com/nyeis/NYEISTargetedResources.html>
- e. Yes.
- f. The SFA will have to work with the provider and/or municipality to resolve claim data that does not pass validation.
- g. Yes.

QUESTION 49: Section 3.c. pg.18: The RFP requires the SFA to accept paper claims and enter those claims into KIDS via data entry or optical character recognition or other imaging.

- a. What data is the SFA required to enter into KIDS?
- b. Is it acceptable for this claim data to be submitted to KIDS after entry into the SFA system? c. Will the SFA have the ability to submit an electronic file of the required data, and/or use existing automated tools/systems to update KIDS?
- d. Are there any specific requirements that would need to be considered regarding the data exchange process?

RESPONSE 49: TBA

QUESTION 50: Section 3c. pg.18: The RFP indicates that there were approximately 4.5 million paper claims from EIP providers using KIDS in program year 2012. The RFP also indicates that no new children are entered into the KIDS system.

- a. What are the factors that contribute to such a large number of paper claims submitted by EIP providers?
- b. What is the actual volume of paper claims received from 7/1/12 to 12/31/12?
- c. What is the volume of paper claims received during January 2013?
- d. What should proposers assume for volume of paper claims from EIP providers using KIDS for the following periods:
 - 4/1/2013 to 6/30/2013
 - 7/1/2013 to 9/30/2013
 - 10/1/2013 to 12/31/2013
 - 1/1/2014 to 3/30/2014
 - 4/1/2014 to 6/30/2014
 - 7/1/2014 to 9/30/2014
- e. The RFP indicates that no new children were entered into KIDS after 10/1/2010. Since the EIP only serves those under 3 years of age, is it correct to assume that no paper claims will be submitted after 9/30/2014? If this is not a correct assumption, please clarify.
- f. Are there any additional paper claims that will be expected from NYEIS?

RESPONSE 50: a. through d. One factor contributing to the number of paper claims is providers' ability to generate an electronic claim and the counties' ability to accept them. With the SFA the counties' ability to accept electronic claims will no longer be an issue and with the continual exiting of children from the KIDS system the related

claims will continue to diminish.

b. through c. As stated in Section 3C, on page 13 of the RFP, the number of children enrolled in the KIDS system will diminish. BEI cannot parse out specific paper claims; please see answer to no. 4 regarding Providers and Claims.

e. TBA

f. TBA

QUESTION 51: Section 3.d. pg. 19: Customer Service Center

a. Please clarify requirements for provisioning Interactive Voice Response (IVR) functionality. Specifically:

a. Must the IVR support touch tone response only or is voice recognition functionality required as well? (Voice recognition impacts pricing considerably).

b. How many languages must the IVR support and please identify specific languages required?

c. Please describe the nature of the self-service to be provided through the IVR. For example, will the IVR need to support look up of payment statuses?

e. Please specify the systems that the IVR must interface with to support self-service.

f. What languages must the call center support?

g. Please confirm that translations services and TTY or similar services are not required under this scope of work.

RESPONSE 51:

a. IVR is not a requirement but the Department is interested in the most cost effective method to address the RFP requirements for Customer Service.

b. See answer to no. 38.

c. TTY is not required as the expected “customer” for the Call Center is not the general public but Providers and provider billing agencies.

QUESTION 52: Section 3.d. pg.19: Correspondence Operational Requirements.

a. Please provide additional detail regarding correspondence management. Specifically: Who is responsible for authoring correspondence?

b. Must correspondence be customized in any way? For example, will letters be generated based on rules driven conditional logic or are all letters generic? (i.e., “dear provider).

c. Please confirm that the Department does not require the Contractor to take any action when mail is returned as undeliverable.

d. The Department encourages the use of electronic vehicles of communication where possible. Does the Department require or recommend providing secure email?

e. Can the Contractor distribute certain outbound notices or correspondence via blast email?

RESPONSE 52: TBA

QUESTION 53: Section 3.d. pg.19: Web Portal Operational Requirement The RFP indicates that the Web Portal must meet Department privacy and security standards. Can the Department provide a link to these standards and/or provide the specific requirements for this procurement?

RESPONSE 53: See Attachment 2 NYS Department of Health Security Requirements. (Will be attached at posting..

QUESTION 54: Section 3.d. pg.20: Contact Management System Please specify any data exchanges or interfaces between DOH systems and the Contact Management System from the DOH MMIS or provider management required. If no data exchange is required, would the Department support daily updates of the Contact Management System to facilitate call efficiency and reporting?

RESPONSE 54: TBA

QUESTION 55: Section 3.d. pg.20: Who is the Department’s State approved bank located in New York State?

RESPONSE 55: The Department is in the process of establishing a bank account. It is not established at the time of these Q&A's but it will be located in New York state.

QUESTION 56: Section c.14. pg.26: The RFP states: "In the event of a failure to meet the performance requirements, the contractor agrees that the Department may assess and withhold from payments due its actual damages for the losses set forth below and as assessed at the Department's discretion."

- a. Will the SFA be provided an opportunity to cure any identified deficiencies prior to the Department assessing damages?
- b. How will DOH determine/calculate actual damages?

RESPONSE 56: TBA

QUESTION 57: Section c.18 pg.29: The RFP states "Accept insurance payment information entered by providers on-line or through electronic files submissions."

- a. Please elaborate on this requirement. Does this relate to paper remits that are sent directly to the provider and not the SFA? If so, please elaborate.
- b. What scenarios cause this to happen? How has this issue been managed under the currently existing processes?

RESPONSE 57: TBA

QUESTION 58: Section 1.a.5. pg.36: The RFP states "Establish any trading partner agreements." There are 21,693 individual providers and 1,078 agencies currently approved as providers, of which 1,078 individuals and 527 agencies that have a contract with counties and are anticipated to enter into an agreement with the Department by April 1, 2013. The Department estimates an additional 13,000 approved individual providers are delivering EIP services through one or more contractual relationship with an EIP provider.

- a. Can you please clarify / estimate the number of agencies (who will bill for providers employed or contracted with their agency) and individual providers (who bill as individuals) will be submitting claims to the SFA?
- b. Please confirm / estimate the total number of rendering providers in the system (21,693)? How many trading partner agreements are expected to be executed?

RESPONSE 58: The Department anticipates that a stable provider base will be maintained in the transition from contracts with counties to agreements with the Department. Therefore, it is estimated that approximately 527 agencies will be submitting bills on behalf of for providers employed or contracted with their agencies and approximately 1,000 individuals will be directly submitting bills to the SFA. As stated in the request for proposals, there are approximately 21,693 rendering providers in New York State's EIP. The number of trading partner agreements will depend on the arrangements the SFA is able to negotiate with insurers (e.g., whether the SFA can enter into an agreement on behalf of all providers or individual agreements are between insurers and billing providers).

QUESTION 59: Section 1.b.1. pg.37: The RFP states "Accept validated claims from NYEIS that includes payment information and information related to commercial insurance coverage and Medicaid eligibility."

- a. What will be the format of the response file from NYEIS? Are any response files expected from KIDS?
- b. If so, what will be the format of the response file from KIDS?
- c. What is the expected frequency of files transferred to and from NYEIS? From KIDS?

RESPONSE 59: Response type(s) will be determined based on the type data exchanged (e.g., claim file, ancillary or supporting data. and transmission mechanism(s) with the SFA.

QUESTION 60: Section 1.b.14. pg.38: Please provide examples and what would trigger interim/emergency payments? Please provide referenced "Department's business rules."

RESPONSE 60: This is expected to be an infrequent occurrence and the need for interim or emergency payments will be determined on a case-by-case basis by the Department.

QUESTION 61: 1.b.2. pg.39: The RFP states “Accept files from NYEIS system that reflect adjustments and voids in payment.”

- a. Can you describe this requirement in more detail and the situations that would apply?
- b. Will the file be in HIPAA compliant 837 formats?

RESPONSE 61 : Examples include adjustments due to third party recovery after a provider claim has been paid through funds in the escrow account, or instances in which provider claims in NYEIS pass system edit checks and business rules, but subsequent actions (e.g., correction to case management data, audit findings) determine a claim should not have been paid. Electronic claims files will be in HIPAA compliant formats.

QUESTION 62: Section 1.b.3. pg.39: The RFP states “Process payments sent in by a provider to refund amounts for claims that should not have been paid and create void/adjustment claims without affecting provider payment.” Can you describe the circumstances that create this type of situation?

RESPONSE 62: Examples include adjustments due to third party recovery after a provider claim has been paid through funds in the escrow account, or instances in which provider claims in NYEIS pass internal edit checks and business rules, and audit findings determine a claim should not have been paid.

QUESTION 63: Section 1.b.4. pg.39: The RFP states “Accept and process adjustments on paper forms and in proprietary format.” Can you provide an example of the proprietary format?

RESPONSE 63: Formats may include paper, electronic HIPAA compliant formats, flat file format such as text or CSV or other mutually agreeable format as specified by the SFA (e.g., paper scanned to PDF, print image. NOTE: Is there anything with KIDS that is proprietary? (See question no.5)

QUESTION 64: Section 1.c.1 pg.39: The RFP states “Receipt, processing, and response to HIPAA and other transactions through all channels including verification, notification, administration.”

- a. Please provide an example of other transactions.
- b. Please provide details around verification, notification and administration?
- c. What is the anticipate method and file format that the SFA will receive NYEIS and KIDS data?

RESPONSE 64:

a. through c. Examples of other transactions include transmission of other data from NYEIS and KIDS required to support provider claims to third party payors. Claims from NYEIS and KIDS will be in standard HIPAA format. Other data files from NYEIS and KIDS with information needed to support claims, such as insurance coverage and Medicaid eligibility information, may be in other standard formats such as text or CSV file.

QUESTION 65: Section 1.c.5 pg.39:

- a. Please describe the reasons why paper claims have to be entered into the department’s legacy system?
- b. How does this fit into the overall data flow process? Please confirm that KIDS system can receive data and electronically upload.
- c. What are the acceptable formats (i.e., KIDS file specific format, 837 P file).

RESPONSE 65: TBA

QUESTION 66: Attachment C pg.75: Many of the proposed SLAs are not in the sole control of the SFA. Will penalties only be assessed for items and services that are within the control of the SFA? For example, the RFP requires claims adjudication to be posted within seven (7) calendar days of receipt by the contractor. If the system, for example KIDS, was not available to the SFA, would the SFA be responsible for penalties for non-compliance?

RESPONSE 66: The Department will only assess penalties for items and services that are within the control of the SFA.