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Contracting Opportunity

Title: Solicitation of Interest # 20104 - Infertility Reimbursement Program
Agency: Health, NYS Dept. of
Division: Division of Family Health
Contract Number: TBD
Contract Term: 10/1/2022 - 09/30/2024
Date of Issue: 01/19/2022
Due Date/Time: 03/07/2022 4:00 PM
County(ies): All NYS counties
Classification: Medical & Health Care - *Consulting & Other Services*
Opportunity Type: Grant or notice of funds availability
Entered By: Krista Barringer
Description: I. Overview

The New York State Department of Health (NYSDOH), Division of Family Health (DFH), Bureau of Women, Infant, and Adolescent Health (BWIAH) announces the availability of funding through this Solicitation of Interest (SOI) for the Infertility Reimbursement Program (IRP). This non-competitive procurement is for the term October 1, 2022 to September 30, 2024.

The purpose of this solicitation is to identify eligible higher volume providers of infertility services in New York State, who meet performance standards as documented by the Centers for Disease Control and Prevention (CDC), who will be offered grant assistance for in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), testicular sperm extraction (TESE) and Fertility Preservation Services (FPS) to insured patients who meet eligibility criteria, and whose insurance does not cover, or only partially covers, these costs.

Funding for this project is contingent on the availability of State funds and the number of eligible applicants in response to this advertisement. A total of \$3,822,000 in funding is available (\$1,911,000 annually) to support this program. Interested providers meeting the criteria listed below will be invited to submit an application for the new 2022-2024 IRP contract cycle.

Available funding to support this initiative will be limited to the amount(s) appropriate in the enacted State Fiscal Year budgets for this purpose. This

advertisement is not a guarantee or promise of funding.

The Department reserves the right to withdraw this solicitation and/or issue a competitive procurement for this project if the number of interested and eligible parties exceed that which can be reasonably accommodated by available funds.

II. Eligibility

To be eligible for NYSDOH IRP, interested providers must meet all the following criteria:

1. Have reported to CDC the following measures:

- An Assisted Reproductive Technology (ART) cycle volume of greater than 100 cycles per year for more than one year; and
- A success rate of greater than 30% live births for women

The most recent, official CDC ART Report documenting this can be found here: [2018 Fertility Clinic Success Rates | Assisted Reproductive Technology \(ART\) Report | Reproductive Health | CDC](#)

2. Be licensed in New York State (NYS) as a tissue bank to perform ART;

3. Attest, that if awarded, they will comply with IVF services required of large group insurers under NYS Insurance Law (specifically, Insurance Law §§ 3221(k)(6)(C) and 4303(s)(3) and any regulations promulgated thereunder, and any amendments thereto during the contract period. The IVF law took effect January 1, 2020 and applies to policies and contracts issued or renewed in New York on or after that date. See Document 3 - Covered Services for information required by the relevant NYS Insurance Law.

4. Attest, that if awarded, they will comply with NYSDOH IRP patient eligibility requirements and will be responsible for ensuring that patients enrolled in the program meet eligibility requirements listed in the Document 4 - Patient Eligibility document.

III. Funding

A total of \$3,822,000 in funding is available (\$1,911,000 annually) to support this program. Contracts will be awarded for a 24-month term, subject to the availability of funds.

To be awarded, an applicant must meet the criteria noted in Section II. Eligibility. The funding methodology incorporates two steps, taking into consideration ART cycles and location of infertility providers in NYS. Funding will be determined by dividing the total number of ART cycles reported to CDC for 2018 by the total number of ART cycles completed by all eligible applicants, and multiplied by the annual amount of available funding to establish a base amount.

For applicants located outside of the Metropolitan NYC area (Downstate), an additional 20% will be added to the base amount to compensate for the paucity of providers available Upstate. For Downstate providers, the remaining funds (after the upstate adjustment total is subtracted from the total funds available) will be re-calculated proportionally according to the number of downstate cycles they reported to CDC.

NYSDOH staff will review applications in the order in which they are received.

Eligible Providers must submit the completed application as documentation of any qualifying criteria by March 7, 2022. Providers who have met qualifying criteria will be notified of their projected awards based on an approved methodology.

IV. Questions and Answers

Written questions will be accepted until 4:00 pm EST, February 21, 2022. All questions should be submitted electronically to bwh@health.ny.gov. All questions should be submitted with the subject line "Infertility Reimbursement Program". If any updates and/or clarification of information are warranted, information will be posted in the Contract Reporter under the tab "Documents" for this announcement. Responses to questions received by 4:00 pm EST, February 21, 2022, will be posted continually until or about February 28, 2022.

V. How to Apply

To apply for participation in the Infertility Reimbursement Program 2022-2024 contract period, applications must be received by March 7, 2022. Applications must include both the Document 1 - Application Form and Document 2 - Statement of Proposed Rates Form.

Applications should be submitted to: Cindi Dubner at: bwh@health.ny.gov, with the subject line "Infertility Reimbursement Program Application".

Additional contract information will be forwarded to those applicants who are selected to receive an award for this program. Final contract awards are contingent upon the review and approval of the Office of the New York State Comptroller.

Service-Disabled Veteran-Owned Set Aside: No

Minority Owned Sub-Contracting Goal: 0%

Women Owned Sub-Contracting Goal: 0%

Service-Disabled Veteran-Owned Business Contracting Goal: 0%

Disadvantaged Owned Sub-Contracting Goal: 0%

Contact Information

Primary contact: Health, NYS Dept. of
Division of Family Health
Krista Barringer
Health Programs Administrator 1
Corning Tower, Room 840
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Ph: 518-474-3883
krista.barringer@health.ny.gov

Secondary contact: Health, NYS Dept. of
Division of Family Health
Office of Public Health
Cindi Dubner
Health Program Administrator
ESP, Tower, Room 821
Empire State Plaza, Corning Tower
Albany, NY 12237
United States
Ph: 518-473-4437
cindi.dubner@health.ny.gov

Submit to contact: Health, NYS Dept. of
Division of Family Health
Office of Public Health
Cindi Dubner
Health Program Administrator
Corning Tower, Room 821
Empire State Plaza
Albany, NY 12237
United States
Ph: 518-473-4437
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Supporting document(s) shown below:

The following supporting documents are available for download:

Document title	Description	Type
Application Form	Complete this required form. If possible, submit all required documentation together in one pdf file. If you need to send separate documents, please make sure the name of the municipality, INFERT SOI # 20104 and the document title, is listed in the header/name of each file. Please submit these documents via email to bwh@health.ny.gov with the subject line "Infertility Reimbursement Program" no later than 4:00 pm ET on March 7, 2022.	docx
Covered Services	For Reference	pdf
Patient Eligibility	For Reference	pdf
Statement of Proposed Rates Form	Complete this required form. If possible, submit all required documentation together in one pdf file. If you need to send separate documents, please make sure the name of the municipality, INFERT SOI # 20104 and the document title, is listed in the header/name of each file. Please submit these documents via email to bwh@health.ny.gov with the subject line "Infertility Reimbursement Program" no later than 4:00 pm ET on March 7, 2022.	docx

To download these documents, please visit the New York State Contract Reporter website: <http://www.nyscr.ny.gov>

Bid Results

Bid Results have not been entered

Awards

Awards have not been entered



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