

2023 REQUEST FOR PROPOSAL

ENTITLED:

“Mental Health and Substance Use (MHSU) Disorder Program”

Official Responses to Offerors’ Questions

Question Number	RFP Page #	Section Reference	Question	Response
1	N/A	General Question	Will there be a Shared Communication Expenses in the new five-year contract?	No.
2	N/A	General Question	Will the Offeror share in the expense of Medicare Crossover Claims and NYSHIP Telephone Call transfers from the medical carrier for this new contract term?	No; all expenses related to the Medicare Crossover Claims and NYSHIP Telephone Call transfers from the medical carrier are the responsibility of the Contractor.
3	N/A	General Question	Please describe if the current vendor implemented the New York State Office of Mental Health Best Practices Manual for Utilization Review for Adult and Child Mental Health Services(https://omh.ny.gov/omhweb/bho/docs/best-practices-manual-utilization-review-adult-and-child-mh-services.pdf) and, if yes, could you provide a detailed description on the implementation including utilization management process triggers and applicable levels of care?	The current vendor has implemented InterQual clinical review criteria for adult and child mental health services. Information regarding implementation should be obtained from OMH.
4	12	1.5 Timeline of Key Events	We see that Technical Management interviews are planned for May 30. Does the Department intend to hold these in-person or virtually?	The Department intends to conduct all Technical Management Interviews using a virtual platform.
5	16	2.1.6 Submission of Proposal	May we print our proposal response and Attachments double-sided?	Yes.
6	17	2.1.6(a)(iv) Submission of Proposal	Please confirm the total number of USB drives required that should contain our Administrative and Technical	See Amended RFP Section 2.1.6(a)(iv), in addition to a master electronic submission containing all sections of the

			Proposal (The instructions are conflicting, with reference to fifteen USBs in one spot and sixteen USBs in another.)	Bidder's proposal, the Offeror must submit fifteen USB drives which each contain an electronic copy of the Administrative and Technical Proposal only.
7	17	6 Submission of Proposal, iv	The RFP asks for 15 copies of the USB, then subsequently references 16. Do we need to submit 15 or 16 USBs of the Technical and Administrative Proposals only? Is the 16th copy the redacted USB or the Master Electronic Submission?	See the response to Question 6 above.
8	17	2.1.6(a)(iv) Submission of Proposal	The RFP asks for each of the electronic copies to be "uniquely designated a number." Should that number appear in the file name on the USB, on a label on the outside of the USB, or both?	The uniquely identified number should appear externally on the USB label as well as being part of the electronic file name.
9	17	2.1.6(b) Submission of Proposal	Will the Financial proposal need to be submitted on its own Financial proposal USB(s), separate from the Master Electronic Submission?	The RFP does not require submission of a separate USB storage drive containing the Offeror's Financial Proposal. However, the Master Electronic Submission should be inserted in the Financial Proposal box.
10	26	2.2.1(b) Disclosure of Proposal Contents, Requested Redactions	For our hard copy redacted Proposal, should we bind all three sections (Administrative, Technical, and Financial) in one binder or in three separate binders?	The Offeror must provide a separately bound hardcopy of each of the three proposal sections (Administrative, Technical, and Financial).
11	26	2.2.1(b) Disclosure of Proposal Contents, Requested Redactions	Should we place all three sections (Administrative, Technical, and Financial) of our redacted Proposal on one USB, or would the Department like three separate USBs?	The Offeror must provide the redacted electronic versions of their Administrative, Technical, and Financial Proposal on one separate USB storage drive.
12	26	2.2.1(b) Disclosure of Proposal Contents, Requested Redactions	Should the Redacted hard copies and USB be shipped in a separate box/sealed envelope marked "Requested Redactions" or should the Redacted hard copies and USB be shipped in the Administrative, Technical, or Financial boxes/sealed envelopes?	The USB storage drive and hard copy documents containing the vendors "Requested Redactions" should be packaged together and included in the sealed boxes/envelopes that contain the Administrative and Technical Proposals.

13	27	2.4 New York Subcontractors and Suppliers	In which proposal would the Department like to see the Attachment 12, New York State Subcontractors and Suppliers table? The Administrative Proposal or the Technical?	Attachment 12, New York State Subcontractors and Suppliers form should be submitted with/in the Offeror's Administrative Proposal.
14	58	3.11 Center of Excellence for Substance Use Disorders	Will you provide estimated volume for travel to SUD COE? Can you provide any language governing benefit limitations or restrictions (e.g., dollar amounts, milage, treatment duration, etc.)?	<p>The Department does not have the travel data for the Centers of Excellence Program for Substance Use Disorders. The program is scheduled to go live no later than 7/1/2023. Travel reimbursement for participants is as follows without any lifetime limitations:</p> <ul style="list-style-type: none"> • Travel, lodging, and meal allowances for individuals, including travel to and from in-patient programs, travel from one level of treatment to another level of treatment, and during participation in in-person partial hospitalization or intensive outpatient programs. • Travel expenses for up to two companions to accompany the individual to and from in-patient programs and from one level of treatment to another level of treatment. • Travel expenses for family members to attend family support programs as specified by the COE.
15	72	4.4 New York State Standard Vendor Responsibility Questionnaire	In section 4.4 of the RFP, in regard to the VendRep Responsibility Questionnaire, the RFP states "By submitting a Proposal, the Offeror agrees to fully and accurately complete the Questionnaire. The Offeror acknowledges that the State's execution of the Contract will be contingent upon the State's determination that the Offeror is responsible, and that the State will rely on the Offeror's responses to the Questionnaire when making its responsibility determination." Can you please confirm that the Responsibility Questionnaire needs to be completed	Confirmed.

			and included with submission of our RFP?	
16	74, 76	4.6.1(b)(iv) Insurance Requirements	Are we allowed to make an exception on the additional insured protection and waiver of subrogation for our Professional Liability/Errors and Omissions, Cyber Liability and Worker's Compensation policies?	Insufficient information is provided to respond. The Department has a separate process for the consideration of non-material deviations. If an Offeror wishes to propose a modification to Section 4.6, it should provide the information as part of the justification for the non-material deviation using the Non-Material Deviations Template (Attachment 8).
17	74, 80	4.6.1 Insurance Requirements, General Conditions	Can our Professional Liability/Errors and Omission Insurance and Data Breach/Cyber Liability Insurance be claims-based policies?	<p>With regard to Professional Errors and Omissions Insurance coverage can written on be a claims-based policy subject to the following requirements noted in RFP section 4.6:</p> <p>If coverage is written on a claims-made policy, the Contractor warrants that any applicable retroactive date precedes the start of work; and that continuous coverage will be maintained, or an extended discovery period exercised, throughout the performance of the services and for a period of not less than three years from the time work under this Contract is completed. Written proof of this extended reporting period must be provided to the Department prior to the policy's expiration or cancellation.</p> <p>With regard to Data Breach/Cyber Liability Insurance coverage can be a claims-based policy subject to the following requirements noted in RFP section 4.6:</p> <p>If the policy is written on a claims-made basis, Contractor must submit to the Department an Endorsement providing proof that the policy provides the option to purchase an Extended Reporting Period ("tail coverage") providing coverage for no less than one year after work is completed in the event that coverage is cancelled or not renewed. This requirement applies to both primary and excess liability policies, as applicable.</p>

18	85	5.4 Member Communication Support	What are the Department's requirements for printed directories, including quantity, frequency of printing, distribution requirements, and languages and accessibility requirements needed?	<p>Offerors will not be required to print and mail physical directories. However, on an annual basis the Offeror will provide the Department with a Network file consisting of the following fields:</p> <ul style="list-style-type: none"> • Name • Phone Number • Address • Languages spoken in the office • Affiliated Hospitals • Digital contact (web site or email address)
19	94-95	5.11.1(a) Provider Network	With regard to the Proposed Provider Network Files, we will provide in response to Attachment 23, should the two separate files be placed on separate USBs?	Offerors should submit Attachment 23 <i>Offeror's Proposed Provider Network Files</i> as two separate files on one (1) USB. One file should consist of MHSU Practitioners, and the other file should consist of MHSU Facilities.
20	97-98	5.11.2(e) Provider Network Guarantees	<p>The language here states: "The amount quoted by the Offeror shall be applied only once per quarter if the Offeror fails to maintain required access for any MHSU Provider type in Rural Areas."</p> <p>Please clarify what "any MHSU Provider type" refers to, as it goes on to state that the "quoted standard will be an aggregate of the listed Provider types and shall apply to the combined Provider access in Rural Areas."</p>	<p>The referenced language in Section 5.11.2.e has been amended as follows:</p> <p>"The amount quoted by the Offeror shall be applied only once per quarter if the Offeror fails to maintain required access for <u>any</u> MHSU Providers <u>type</u> in Rural Areas. The Offeror's quoted standard will be an aggregate of the listed Provider types and shall apply to the combined Provider access in Rural Areas."</p>
21	101	5.17.2 Transition and Termination Guarantee	In item 2, please confirm that it should reference the Transition Plan requirements outlined in Section 3.16 of the RFP.	<p>The referenced language in RFP Section 5.17.2 has been amended as follows:</p> <p><u>"Transition and Termination Guarantee:</u> In this part of its Technical Proposal, the Offeror must state its agreement and guarantee <u>that</u> all Transition Plan requirements outlined in Section 3.15 <u>3.16</u> of this RFP will be completed in the required time frames to the satisfaction of the Department."</p>

22	115-121	Section 8: Additional Provisions	<p>Would there be an objection to adding the below language (or similar) to the contract provisions?</p> <p><i>Substance Use Disorder Records. To the extent that PHI exchanged between the parties includes information on an individual's Substance Use Disorder, the parties agree to comply with the applicable requirements of 42 C.F.R. Part 2 ("Confidentiality of Substance Use Disorder Patient Records") including its provisions on disclosure and re-disclosure of said information.</i></p>	The Department has a separate process for the consideration of non-material deviations. If an Offeror wishes to propose a modification to Section 8, it should provide the information as part of the justification for the non-material deviation using the template set forth in Non-Material Deviations Template (Attachment 8).
23	Appendix C	Information Security Requirements April 2022	Appendix C contains an embedded link that is not functioning. Can you please confirm where this information is posted?	The following link provides the State's ITS policies related to Cyber Security: Policies Office of Information Technology Services (ny.gov) .
24	Attachment 6	Performance Guarantees	With regard to the Performance Guarantees for MHSU Facility Network Access, how will the Department differentiate between natural deficiencies (i.e., a facility doesn't exist in an area) vs. an actual deficiency that should have a PG penalty?	The Department will not distinguish between "natural" and "actual" deficiencies as presented in the question. The Performance Guarantee is based upon an aggregate of access to the various facility types: Inpatient Facilities, Alternate Levels of Care (ALOC) and Outpatient Clinic Groups.
25	Attachment 22	Enrollment by Zip Code and Geo Access Network Report File	During the 2022 RFP, membership data was provided to offerors with the following fields: DOB, Benefit Program, Benefit Plan, State, County, Company, and Relationship. Can Empire provide updated member eligibility information?	The Department will provide this data in Excel format titled "Membership Data", upon written request, through a secure transmission, to any Offeror who has previously submitted a completed Attachment 11 Confidentiality and Non-Disclosure Agreement.
26	Attachment 25	Guaranteed Average Unit Cost and Administrative Fee Quote Form	With regard to the Network Pricing Guarantee, is there a list of codes to be considered in the calculation?	There are no lists of codes to be considered in the calculation. As cited in RFP Section 6.1.6, Program Claims, all service codes for Network Services will be taken into consideration. An Amended Attachment 26, Empire Plan Historical Claims File, which provides in-network codes billed under the program from 2019 through 2022, will be provided to all Offers who have submitted a completed Confidentiality and Non-Disclosure Agreement (Attachment 11).

27	Attachment 25	Guaranteed Average Unit Cost and Administrative Fee Quote Form	With regard to the Network Pricing Guarantee: with VBP & Alternate Contract Pricing models, the reimbursement is not a Fee for Service (per unit) model, so how would those be expected to be included in the GAUC calculation?	Value-Based Purchasing and Alternate Contract Pricing arrangements with providers should be considered by Offerors when developing the Guaranteed Average Unit Cost. As outlined in Section 6.1.6, Program Claims, "The Contractor is required to guarantee that the Actual Average Unit Cost (AAUC) for Network Outpatient Services and Network Inpatient/ALOC Services shall not exceed the proposed GAUC. The AAUC is defined as the sum of the allowed amounts for all service codes for Network Services divided by the sum of all service units for all services codes for Network Services."
28	Attachment 25	Guaranteed Average Unit Cost and Administrative Fee Quote Form	Attachment 25 requests a GAUC by Inpatient and Outpatient. In order to price the program accurately, we need the Department to provide definitions for how these Levels of Care should be defined. For example, claims with a revenue code in the range of (0100 – 0289) are Inpatient and all other claims are Outpatient.	The Department will provide this data in Excel format, titled "Levels of Care Crosswalk", upon written request, through a secure transmission, to any Offeror who has previously submitted a completed Attachment 11 Confidentiality and Non-Disclosure Agreement.
29	Attachment 26	Empire Plan Historical Claims Files	Claim status is not included in the data in Attachment 26. Are all claims in the dataset approved/paid (no denied claims are included)?	All claims provided in Amended Attachment 26, Empire Plan Historical Claims File should be deemed paid and no denied claims are included.
30	Attachment 26	Empire Plan Historical Claims Files	Claim Number and Claim Line Number seem to be condensed in the Attachment 26 dataset. It appears the last 3 digits of the field Claim Line Number refer to claim line number while the rest of the characters refer to Claim Number. Can Empire confirm this is accurate or provide alternative logic to determine Claim Line Number?	Correct.
31	Attachment 34	Utilized Provider File	In Attachment 34, there are records which indicate MD (Non- Psychiatrist). Please clarify which services these non-psychiatrists deliver for MH/SA.	These records are almost always services performed in an Emergency Room or Inpatient setting. Facilities will use a Non-Psych MD for Evaluation and Medication management.
32	Attachment 34	Utilized Provider File	In Attachment 34, there are records which indicate Ambulance or Independent Lab. Please clarify which lab services are covered for MH/SA versus the Medical benefit.	The MHSU Program administrator is only financially responsible for patient drug screenings provided by a free-standing treatment facility after discharge from an inpatient

				stay.
33	Attachment 34	Utilized Provider File	Can Empire append a network status indicator in Attachment 34 (In Network vs Non-Network)?	No.
34	Attachment 34	Utilized Provider File	In Network Fee per Service rates will vary by provider and location. In order to accurately complete Attachment 25, the bidder will need to quantify utilization by code, by provider, and provider location to ascertain its In Network Fee on Empire's mix of providers/services. During the 2022 RFP, claims data was provided to bidders with additional details, particularly National Provider Identifier. In order to appropriately underwrite the GUAC as required by the RFP, we request Empire provide utilization data for calendar years 2019, 2020, 2021 and 2022 with the following additional fields: Claim Status, Member Identifier, National Provider Identifier, and Modifier Code.	An Amended Attachment 26, Empire Plan Historical Claims File, will be provided with the following additional fields for years 2019 through 2022: Member Identifier, National Provider Identifier, and Modifier Code. All claims provided are paid, as explained in the answer to Question 29. The file will be provided to all Offerors who have submitted a completed Confidentiality and Non-Disclosure Agreement (Attachment 11).

*Please Note: In consideration of additional information provided, the Proposal Due Date has been extended one week to May 3, 2023. Please refer to Amended Proposal Due Date under Section 1.5 of the RFP.