

**“Health Maintenance Organizations  
Specifications for the New York State Health Insurance Program”**

**Official Responses to Offerors' Questions**

Question Number	Page #	Section Reference	Question	Response
1	6	1.5 – Overview of the NYSHIP	Please confirm if we should quote an integrated Pharmacy proposal.	HMOs Participating in NYSHIP are required to offer benefit plans with and without prescription drugs for Commercial and Medicare coverage. Medicare coverage can occur as a Medicare Advantage Plan or coordinated care with traditional Medicare.
2	6	1.5 – Overview of the NYSHIP	Please provide clarification on what determines the eligibility to select plans, specifically state plans.	Eligibility to participate in NYSHIP as a HMO is determined by the Offeror meeting the requirements as outlined in the Specifications.
3	8	1.6 – Minimum Offeror Eligibility Requirements	Please confirm if we can provide an HMO-like benefit plan, with in-network only benefits and gatekeeper on a self-insured basis.	These Specifications are seeking Offerors to participate in NYSHIP only as an HMO and on a fully insured basis.
4	8	1.6, item 8 – Minimum Offeror Eligibility Requirements	Please confirm if we are able to provide a quote for only medical or only Medicare or if we must include both in our proposal to be accepted.	Per section 1.6.8 of the Specifications, "The Offeror must provide coverage to both NYSHIP primary and Medicare primary Enrollees and Dependents that comply with the requirements of the Specifications throughout the term of the Contract. If the HMO has an approved Medicare Advantage Plan with Part D coverage in a Commercial Plan Service Area, it MUST offer the Medicare Advantage Plan to Medicare primary enrollees. HMOs cannot offer a Plan that provides coverage to Medicare eligible enrollees only."
5	8	1.6.7	What, if any, additional protocols might be required?	There are no additional protocols other than those outlined in the Specifications.
6	13	6. Submission of Proposal	Please confirm if we may we use electronic signatures, which are considered binding, or if original wet signatures are required	Per Section 2.1.6.a(ii), the original hard copy of each section must contain original signatures of an official(s) authorized to bind the Offeror to its provisions on all forms submitted that require the Offeror's signature. The remaining hard copies of each section may contain a copy of the official's signature on all forms submitted that require the Offeror's signature.
7	13	6. Submission of Proposal	Please confirm that in order to minimize printing, we can provide large attachments and requested samples and brochures on USB.	The Proposal Submission Requirements specified in Section 2.1.6.a(iii)-(iv) must be followed by all Offerors.
8	13	6. Submission of Proposal	Please confirm if it would be acceptable for page numbering to begin at page 1 within each section.	Per Section 2.1.6.a(vii), each page of the Proposal (both the hard copies and the electronic submissions on USB devices), including attachments, must be dated and numbered consecutively. Beyond the Requirements detailed in Section 2.1.6, the Department does not dictate Proposal format.
9	13	5. Submission of Questions	Please provide a working link where an addendum will be posted. The link provided is not valid. "The questions and answers will also be posted to: <a href="https://www.cs.ny.gov/2024HMOSpecifications/">https://www.cs.ny.gov/2024HMOSpecifications/</a> ."	The NYSHIP Specifications and all other relevant information related to the Specifications may be accessed at: <a href="https://www.cs.ny.gov/2025HMOSpecifications/">https://www.cs.ny.gov/2025HMOSpecifications/</a>
10	13	6. Submission of Proposal	Are there additional documents or data that we expect to receive as part of the bid?	The NYSHIP Specifications and all other relevant information related to the Specifications may be accessed at: <a href="https://www.cs.ny.gov/2025HMOSpecifications/">https://www.cs.ny.gov/2025HMOSpecifications/</a>
11	13	2.1.6	Please confirm the contact provided in 2.1.1 (George Powers) is to receive a all proposal submission materials.	Confirmed.

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12	23	2.2.3	"Attachment, 12 New York State Required Certifications" is referenced, but per the website seems to be a placeholder. Is there a document for Attachment 12?	Sections 2.2.2 and 2.2.3 have been amended to reflect Attachment 6, Offerors Certification Form "... Attachment 12 <del>6, New York State Required Certifications</del> <b>Offeror Certifications Form</b> ..."
13	28	Section 1.d – Duties and Responsibilities	What is the process to notify the department within 1 business day of CMS notification of disenrollment. How does this process differ from the current process outlined on page 34 Section xii " An HMO that offers a Medicare Advantage Plan through NYSHIP shall agree to notify the Department on a weekly basis in a specified format when CMS regulations impact enrollment of a NYSHIP Enrollee or Dependent in the Medicare Advantage Plan.	HMOs should notify the Department via email within 1 business day of a member's disenrollment by CMS. Additionally, HMOs are required to send a weekly file of Medicare disenrollments to the Department to ensure all transactions can be confirmed and reconciled for accuracy as outlined in Sections 3.4.1.b.xii and 3.7.1.f. The format for the weekly file is outlined in Exhibit 9 - Medicare Enrollment Report Format and Frequency.
14	30	Section 3: #3.4.1.a.iii	Plan Year an HMO may not utilize coinsurance as a cost sharing mechanism for air ambulance services in their proposed benefit package.  Question – The phrasing of the beginning of this sentence is awkward and it seems like part of the sentence has been deleted. Please clarify this sentence as we feel we are missing language	This section has been amended to read " <b>For the</b> Plan Year an HMO may not utilize coinsurance as a cost sharing mechanism for air ambulance services in their proposed benefit package."
15	32	Section 3: #3.4.1.b.iv.	Plan Year an HMO may not utilize coinsurance as a cost sharing mechanism for air ambulance services in their proposed benefit package.  Question – The phrasing of the beginning of this sentence is awkward and it seems like part of the sentence has been deleted. Please clarify this	This section has been amended to read " <b>For the</b> Plan Year an HMO may not utilize coinsurance as a cost sharing mechanism for air ambulance services in their proposed benefit package."
16	41	3.7.1.e	Does this apply to written surveys only or also post-call surveys conducted by Member Service representatives at the end of an interaction with a NYSHIP enrollee?	Requirement of Section 3.7.1.e applies to any survey your HMO utilizes to measure customer satisfaction.
17	43	3.8 Submission of Premium Rates	Please confirm if there are any budgets/allowances currently in place.	The Department has funding in place for all existing HMO contracts.
18	47	7.a. Coverage and benefit documents, including a) Enrollee Certificate of Coverage	DFS final model language is typically not available until April. If the RFP responses are due by 3/4/25, and it needs to include a copy of the proposed enrollee certificate of coverage, should we be including a copy of the 2025 NYSHIP approved contract as is with only a substitution of the draft eligibility rider?	Offerors should submit proposed benefits for the 2026 plan year in their response which can be in draft form. Any revised final plan submission requirements are to be provided by the HMO after the receipt of the Tentative Award letter.
19	47	7.a. Coverage and benefit documents, including a) Enrollee Certificate of Coverage	Does the copy of the proposed enrollee certificate of coverage for 2026 need to include proposed 2026 benefit changes?	Offerors should submit proposed benefits for the 2026 plan year in their response which can be in draft form. Any revised and final plan submission requirements are to be provided by the HMO after the receipt of the Tentative Award letter.
20	49	4.5.5	Is NYSHIP's expectation that all subcontractors and affiliates complete the Vendor Responsibility Questionnaire?	Per Section 4.6, the Offeror and any Subcontractor or Affiliate receiving more than \$100K over the life of the Contract must complete and certify and submit an executed the New York State Vendor Responsibility Questionnaire.
21	52	Section 5.1	Please clarify if the Geo Access report should be provided by member (employees + dependents) or by employees only.	Geo Access requirements as outlined in Section 5.1.5 should be reported by enrollee, or primary policy holder only.
22	53	3.1	Currently, Independent Health does not have Medicare Crossover set-up so is the expectation that Independent Health will have this process in place for NYSHIP by 2026.	It is unclear based upon the page and section referenced what is being specifically asked.  HMOs are permitted to provide Medicare Advantage Plan to Medicare Primary enrollees in lieu of coordination with traditional Medicare. Coordination with Medicare is not a requirement. If an HMO does offer a Medicare Advantage Plan for a service area, they are required to offer that plan under NYSHIP as stated in Section 1.6.8.
23	55	Technical Proposal Plan Requirements 5.1	Currently, MVP offers such a plan, but there were no members enrolled for the 2024 Contract period nor YTD 2025 contract period.	HMOs participating in NYSHIP are required to offer benefit plans with and without prescription drugs for Commercial and Medicare coverage. Medicare coverage can occur as a Medicare Advantage Plan or coordinated care with traditional Medicare.

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24	55	Technical Proposal Plan Requirements 5.1	Question 30 asks: Confirm their willingness to support automated Medicare disenrollment reporting as mentioned in Section 3.7.1.g. But section g. doesn't reference disenrollment. Was this section reference a typo or misdirected?	Section 5.1.30 has been amended to read "Confirm their willingness to support automated Medicare disenrollment reporting as mentioned in Section 3.7.1.g 3.7.1.f."
25	56	Section 5: #5.2.6	It states we need to print a hard copy of our Choices page information from the database and submit with our proposal. It further states in the "Note" that HMOs will ONLY be granted access to the Department's online data interface with their ePage if they have completed and submitted an affirmative Notice of Intent (Attachment 14) to participate in the 2026 NYSHIP Plan Year. The Notice of Intent (Attachment 14) will only be considered valid if it is sent to both the Department and the JLMC Members (Exhibit 1).	All documentation requiring submission to the JLMC will be forwarded by the designated Department of Civil Service contact for the Specifications. Additionally, HMOs will be granted access to the ePage after they receive the Tentative Award letter.
26	60	Section 8: #1	Under the Work in The Continental United States of America provision, if we have a deviation would it be considered material and substantive, or non-material?	All work performed by Contractor personnel under this Contract must be performed within the Continental United States of America (CONUS). Without seeing the deviation the agency can not make a determination. In general , a material and substantive bid deviation is one that would (i) impair the interests of New York State, (ii) place the successful Offeror in a position of unfair economic advantage, (iii) place other Offerors at a competitive disadvantage, or (iv) which, if it had been included in the original solicitation, could have formed a reasonable basis for an otherwise qualified Offeror to change its determination concerning the Submission of a Proposal.
27	60	Section 8: #3	Under the Audit Authority provision, if we have a deviation to any of this provision, would it be considered material and substantive, or non-material?	Without seeing the deviation the agency can not make a determination. In general, a material and substantive bid deviation is one that would (i) impair the interests of New York State, (ii) place the successful Offeror in a position of unfair economic advantage, (iii) place other Offerors at a competitive disadvantage, or (iv) which, if it had been included in the original solicitation, could have formed a reasonable basis for an otherwise qualified Offeror to change its determination concerning the Submission of a Proposal.
28	60	Section 8: #2	Under the Data Sharing and Ownership provision, if we have a deviation to any of this provision, would it be considered material and substantive, or non-material?	Without seeing the deviation the agency can not make a determination. In general, a material and substantive bid deviation is one that would (i) impair the interests of New York State, (ii) place the successful Offeror in a position of unfair economic advantage, (iii) place other Offerors at a competitive disadvantage, or (iv) which, if it had been included in the original solicitation, could have formed a reasonable basis for an otherwise qualified Offeror to change its determination concerning the Submission of a Proposal.
29	62	Section 8: #4	Under the Use and Disclosure of Protected Health Information, if we have any deviations, would it be considered material and substantive, or non-material?	Without seeing the deviation the agency can not make a determination. In general , a material and substantive bid deviation is one that would (i) impair the interests of New York State, (ii) place the successful Offeror in a position of unfair economic advantage, (iii) place other Offerors at a competitive disadvantage, or (iv) which, if it had been included in the original solicitation, could have formed a reasonable basis for an otherwise qualified Offeror to change its determination concerning the Submission of a Proposal.
30	13-14	6.a - Submission of Proposal	Confirming only two USBs are needed with final submission; 1 Original and 1 copy OR please confirm if each original (1 each) and each copy (4 each) of the Administrative Proposal and Technical Proposal needs their own USB with the printed submissions (12 USBs).	Confirming a total of two USB drives must be submitted with the Offeror's Proposal. One master electronic submission containing all of the Original hard copy sections of the Proposal, and one additional USB drive which contains an electronic copy of the Administrative and Technical Proposal.
31	1-68	Final HMO Specifications	Which existing program is this RFP relevant to?	Specifications intend to solicit responses from qualifying Offerors to participate in NYSHIP as Health Maintenance Organizations (HMOs)
32	30-31	3.4 Plan Requirements	Is it required to provide a plan option without RX coverage?	Yes, Offerors are required to provide a plan option for both Commercial and Medicare primary plan options.
33	39 43 52 55 55-56 56 57 57	3.6.1.I 3.8 5.1.25 5.1.28 5.2.1 5.2.4 5.2.7 5.2.8	CDPHP would normally not provide the HMO Rate Submission Template (Exhibit 19) until September 1st. What, if any, rate information is NYSHIP looking for as part of the RFP? Is Exhibit 19 due with the RFP 2/28/2025?  The bid timeline does not sync with traditional benefit filing and rating timelines. Both our rates and benefits will change post submission. Please confirm that is the expectation.	Offerors who receive a Tentative Award Letter should submit final 2026 rates to the Department no later than September 1, 2025.  Regarding benefit offerings for plan year 2026, Offerors should submit proposed benefits for the 2026 plan year in their response which can be in draft form. Any revised and final plan submission requirements are to be provided by the HMO after the receipt of the Tentative Award letter.

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34	41 55	3.7.1.f 5.1.29	The RFP is asking for weekly reconciliation of members that are no longer eligible. CDPHP receives this information monthly from NYSHIP. Will NYSHIP begin to send the information weekly?	The Department will not be sending Medicare enrollment information on a weekly basis to participating HMOs. The Department will continue to send Medicare Automated and Manual Enrollment files on a monthly basis.  The weekly Medicare file requirement as outlined in Sections 3.4.1.b.xii and 3.7.1.f are to notify the Department of any Medicare Advantage Plan enrollment changes the HMO received directly from CMS.
35	15	Appendix C- Offshore Security Requirement	<p><b>Provision:</b> Confidential Information, including Protected Health Information, is not permitted to be hosted, maintained, stored, processed or otherwise accessed outside CONUS ("offshore").</p> <p><b>Request:</b> Independent Health Association, Inc. (the "Contractor") respectfully requests that the New York State Department of Civil Service (the "Department") reconsider the current limitation on access to Confidential Information and Protected Health Information (PHI) outside the Continental United States (CONUS), specifically regarding offshore access. This restriction has led to significant operational inefficiencies and increased costs, which in turn have impacted our ability to efficiently serve the employee benefit plans and provide services to NYSHIP members. The impact is most acutely felt when we engage with information technology (IT) and cybersecurity support partners who help maintain our direct IT infrastructure, as well as when we seek to purchase third-party Software-as-a-Service (SaaS) solutions.</p> <p>The key scenarios affected by this limitation include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• <b>Offshore Support:</b> It is common for businesses to rely on offshore teams for IT helpdesk support, technical troubleshooting, and back-office operations.</li> <li>• <b>Time Zone Challenges for 24/7 Access:</b> Offshore teams are utilized to leverage global time zones for continuous, round-the-clock support. This enables effective incident management and technical troubleshooting, minimizing downtime.</li> <li>• <b>IT Development:</b> Many companies use offshore teams for software development, including creating scripts, building systems, and executing technology solutions.</li> </ul> <p>In these cases, while these offshore resources do not require continuous access to customer data, there are instances where they may encounter sensitive information during the course of their work (e.g., during an IT incident or system log inspection). For example, a log review might inadvertently include a member's identification number or name. These vendors implement strong safeguards to ensure that customer data is only accessed with explicit consent during these scenarios. They adhere to robust security controls, which prevent the storage, copying, or removal of data from their environments. Importantly, no data is hosted, maintained, stored, or processed in offshore locations.</p> <p>Independent Health Association, Inc. also ensures that strict contractual obligations are in place with these offshore vendors. Each vendor undergoes a comprehensive security due diligence review prior to contracting, as well as annual reviews to validate their cybersecurity measures. Our contracts include stringent provisions for offshore vendors, including requirements for background and drug screening checks, specific logical access and physical security controls, third party audits and certifications (HITRUST CSF, SOC 2 type II, ISO27001), third party penetration testing, audit rights, and termination rights.</p> <p>The Department's current restriction on offshore access to Confidential Information and PHI has become a particular problem over the past five years, as we have observed a marked increase in the number of third-party SaaS providers utilizing offshore resources in the scenarios mentioned above. This shift is driven by the desire to improve customer support, accelerate product development cycles, and reduce costs. The current restriction on offshore access to PHI has created a significant barrier to our ability to modernize and take advantage of these product offerings. We anticipate that this trend will continue, particularly with potential changes in federal immigration and H-1B visa policies.</p> <p>Given these considerations, we urge the Department to reconsider the prohibition on offshore access to Confidential Information and PHI. Specifically, we propose the following options for revision:</p> <ol style="list-style-type: none"> <li>1. Remove the restriction on offshore access altogether;</li> <li>2. Allow a subset of authorized offshore access scenarios (e.g., IT support services);</li> <li>3. Provide a process for attestation or approval from the Department, similar to the formal attestation process used by the Centers for Medicare and Medicaid Services (CMS) for covered entities (Please see attachment "CMS Memo - Sponsor Activities Performed Outside of the United States (Offshore Subcontracting)" for further details).</li> </ol> <p>We believe these changes would significantly enhance our ability to continue serving NYSHIP members effectively while ensuring the protection of sensitive data.</p>	Deviation rejected, Confidential Information, including protected health information, is not permitted to be hosted, maintained, stored, processed or otherwise accessed out side the Continental United States ("offshore").
36	60	8.1 Appendix C, 15	<p>Mentioned in Appendix C, 15 Offshore Security Requirement: "Confidential Information, including Protected Health Information, is not permitted to be hosted, maintained, stored, processed or otherwise accessed outside CONUS ('offshore')."</p> <p>Does "access" include view only access provided by a virtual solution such as VDI?</p>	Access includes view only access provided by a virtual solution such as VDI.
37	11	Appendix D: #13	In which proposal (Admin or Tech) should we include the requested proof of NYS worker's compensation and disability insurance? The Appendix D and the RFP do not indicate.	As noted in Section 4.7, "Although these forms are not required as part of the bid, the State encourages Offerors to include them with their bid to expedite contract execution if the Offeror is awarded the Contract."
38	N/A	Attachments 7, 10, & 12	Please provide Attachments 7, 10, and 12 which are currently posted as blank placeholders.	References to Attachments 7, 10, and 12 in the Specifications, Table of Contents, are placeholders only; there are no Attachments 7, 10, and 12 to the HMO Specifications.
39	1-2	Exhibit 5	Will a census be provided for the HMO population?	No census data will be provided for this Specification. To meet requirements of Section 5.1.5, Offerors who do not currently participate in NYSHIP can provide network access measurements based upon their current enrollment in each of their proposed service areas.
40	N/A	Exhibit 8	Which proposal (Admin or Tech) do you want us to include the completed Exhibit 8- 2024 health Fair and Events? The Exhibit and the RFP do not specify.	Exhibit 8 Health Fair and Events should be included in the Offeror's Technical Proposal.