
SECTION III: ADMINISTRATIVE REQUIREMENTS FOR SUBMISSION

This Section of these Specifications sets forth the administrative requirements of the HMO's proposal, including the Minimum Mandatory Requirements that must be satisfied to qualify an HMO to be considered for selection. The Department in consultation with the JLMC will accept Proposals only from qualified HMOs and will consider for evaluation and selection purposes only those Submissions the Department determines to be in compliance with the requirements set forth in this Section III.

The HMO's Submission must respond to all of the following items as set forth below in the order and format specified and using the forms set forth in these Specifications. Additional details pertaining to the required forms are found in Section II.B, Compliance With Applicable Rules, Laws, Regulations & Executive Orders, and Section III.

The Submission must contain the following information, in the order enumerated below:

A. Formal Offer Letter

The HMO must submit a formal offer in the form of the “**Formal Offer Letter**” as set forth in **Exhibit I.S**. The formal offer must be signed and executed by an individual with the capacity and legal authority to bind the HMO in its offer to the State. Each of the two copies of the HMO's Submission marked “ORIGINAL” requires a letter with an original signature, the remaining copies of the HMO's Submission to all Contact members in **Exhibit II.E.1** may contain photocopies of the signature. HMOs must accept the terms and conditions set forth in **Section VI “Draft Contract,”** of these Specifications and Appendices A, B, C and D and agree to enter into a contractual agreement with the Department containing, at a minimum, the terms and conditions identified in these Specifications and Appendices as cited herein. (**Note:** Appendix A, “Standard Clauses for New York State Contracts” is basically a compilation of statutory requirements applicable to all persons and entities contracting with NYS and therefore has been deemed to be non-negotiable by the Offices of the Attorney General and the NYS Comptroller. Appendix B, “Standard Clauses for All DCS Contracts,” Appendix C, “Third Party Connection and Data Exchange Agreement,” and Appendix D “Participation by Minority Group Members and Women With Respect to State Contracts:

Requirements and Procedures” are compilations of standard clauses/requirements for the contracts and also are non-negotiable.) If an HMO proposes to include the services of a Key Subcontractor(s) or Affiliates(s), the HMO shall be required to assume responsibility for those services as “Prime Contractor.” The Department will consider only the Prime Contractor in regard to contractual matters.

B. Minimum Mandatory Requirements

The Department will only accept Submissions from HMOs that attest and demonstrate through current valid documentation to the satisfaction of the Department that the HMO meets the Specification’s Minimum Mandatory Requirements set forth herein this Section III.B. At this part of its Proposal, the HMO must submit a completed **Exhibit I.T “HMO Attestations Form”** representing and warranting that the HMO:

1. Possesses, as of the Submission Due Date, the legal capacity to enter into a contract with the President of the Civil Service Commission (“Commissioner”);
2. As of the Submission Due Date, is (1) licensed to transact accident and health insurance business in New York State in accordance with Article 44 of the Public Health Law, and/or (2) subject to Article 43 of the New York State Insurance Law, and/or (3) certified/licensed in accordance with the certification and oversight jurisdiction imposed by another state where applicable. In the case of an HMO proposing a Service Area in both New York and New Jersey, the New Jersey benefits must provide the same plan as New York and comply with requirements of the Specifications and federal law;
3. In operation as a going concern, as cited in Section III. B.2 of these Specifications, at least two (2) years prior to the Submission Due Date set forth in Section II.A.1 of these Specifications;
4. as of Submission Due Date, must be accredited by the National Committee on Quality Assurance (NCQA) and/or Utilization Review Accreditation Committee (URAC). Submit current status of the NCQA and/or URAC ranking;
5. Acknowledges and agrees that it must have the required certification for its requested Service Area as cited in Section III B.2 of these Specifications on or before the Notification of Approval/Disapproval Date set forth in Section II.A.1 of these Specifications;

6. Agrees to accept all determinations of eligibility as made by the Department and must provide a rider that is identical to the NYSHIP eligibility criteria presented in Section IV.A and **Exhibit II.C** of the Specifications;
7. Agrees to use the enrollment data transmission protocol and encryption method stipulated by the Department. The current data transmission protocol must be Secure FTP, and the current encryption methodology must be PGP or as otherwise specified by the Department. Secure FTP must be compatible with the Open SSH implementation of Secure FTP. Further, the HMO must agree to execute the Department's Third Party Connection Agreement and Third Party User Agreement and their amendments as required and any other agreement or protocol required by the Department to ensure the security of its data transmissions;
8. will 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 agreement. 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;

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9. ~~will offer a benefit design with essential health benefits that offers the same level of benefits as an allowable benchmark, which is Oxford. If the HMO does not use Oxford as a benchmark it must provide a rider to include the same essential benefits as Oxford. State the benchmark plan that the HMO has selected; and~~
10. Will accept a signed and valid NYSHIP Authorization for Release of Protected Health Information form, or any alternative form developed during the contract term, for the purpose of the release of Protected Health Information to the Department.

Note: Any HMO that fails to satisfy any of the above Minimum Mandatory Requirements shall be eliminated from further consideration.

C. Exhibits

At this part of its Proposal, the HMO must complete and submit the various Exhibits specified in Section II.B and Section III of these Specifications, in satisfaction of the regulatory requirements described therein. A listing of the required Exhibits is set forth below:

Exhibit Name	Exhibit #
Submission Requirement Checklist	Exhibit I.A
MacBride Statement and Non-Collusive Bidding Certification	Exhibit I.D
EEO Staffing Plan (Form EEO-100)	Exhibit I.G
Offeror's Affirmation of Understanding and Agreement	Exhibit I.K*
Compliance with Public Officers Law Requirements	Exhibit I.M
Compliance with Americans with Disabilities Act	Exhibit I.N
MWBE Utilization Plan (form MWBE-100)	Exhibit I.O
Offeror's Certification of Compliance Pursuant to State Finance Law §139-k	Exhibit I.P
MWBE and EEO Policy Statement	Exhibit I.Q
Formal Offer Letter	Exhibit I.S
HMO Attestations Form	Exhibit I.T
Key Subcontractors or Affiliates	Exhibit I.U.1
NYS Supplier & Subcontractor	Exhibit I.U.2
Compliance with NYS Workers' Compensation Law	Exhibit I.W

*Note If not already provided to the Department prior to Proposal submission, the HMO must include a completed Exhibit I.K, Offeror's Affirmation of Understanding and Agreement."

D. Key Subcontractors or Affiliates

At this part of its Submission, the HMO must provide a statement identifying all Key Subcontractors or Affiliates, if any, that the HMO will be contracting with to provide HMO Program services and must, for each such Key Subcontractor or Affiliate identify, complete and submit **Exhibit I.U.1** "Key Subcontractors or Affiliates":

1. Provide a brief description of the services to be provided by the Key Subcontractor or Affiliate; and

2. Provide a description of any current relationships with such Key Subcontractor or Affiliate and the clients/projects that the HMO and Key Subcontractor or Affiliate are currently servicing under a formal legal agreement or arrangement, the date when such services began and the status of the project.

The HMO must indicate whether or not, as of the date of the HMO's Proposal, a subcontract (or shared services agreement) has been executed between the HMO and the Key Subcontractor or Affiliate for services to be provided by the Key Subcontractor or Affiliate relating to these Specifications. If the HMO will not be subcontracting with any Key Subcontractor(s) or Affiliate(s) to provide HMO Program services, the HMO must provide a statement to that effect.

E. Financial Statements

At this part of its Proposal, the HMO must provide a copy of the HMO's last issued GAAP annual audited financial statement. A complete set of statements, not just excerpts, must be provided. Additionally, for each Key Subcontractor or Affiliate, if any, that will provide any of the HMO Program services, provide the most recent GAAP annual audited statement. If the HMO, or a Key Subcontractor or Affiliate, is a privately held business and is unwilling to provide copies of their GAAP annual audited financial statements as part of their Proposal, the HMO/Key Subcontractor/Affiliate must make arrangements for the Procurement evaluation team to review the financial statements. **Note:** If financial statements have not been prepared and/or audited, the HMO/Key Subcontractor/Affiliate must provide the following as part of its Proposal: a letter from a bank reference attesting to the HMO/Key Subcontractor/Affiliate's financial viability and creditworthiness. (Note: For purposes of this reference, the HMO may not give as a reference, a parent or subsidiary company, a partner or an Affiliate organization.) The letter must include the bank's name, address, contact person name and telephone number and it must address, at a minimum, the following items:

1. a brief description of the business relationship between the parties (i.e., the HMO/Key Subcontractor/Affiliate and the bank), including the duration of the relationship and the HMO's current standing with the bank. For example: "*The (HMO/Key Subcontractor/Affiliate's name) is currently and has been for "x" number of years a client in good standing*";

2. a description of any ownership/partner relationship that may exist between the parties, if any. (**Note:** One party cannot be the parent, partner or subsidiary of the other, nor can one party be an affiliate of the other); and,

3. any other facts or conclusions the bank may deem relevant to the State in regard to the bank's assessment of the HMO/Key Subcontractor/Affiliate's financial viability and creditworthiness concerning the nature and scope of the Program Services, and the Parties' (i.e., Department, and the HMO or the HMO and Key Subcontractor or Affiliate) contractual obligations should the HMO be awarded the resultant contract.

HMOs must submit documentation supporting their most recent National Association of Insurance Commissioners (NAIC) Risk Based Capital Ratio including the current capital and desired capital used to calculate this ratio. Additionally, HMOs must submit their Standard & Poors Financial Strength rating or, if not rated by Standard & Poors, any other financial rating such as Moody's, AM Best's Insurance Financial Strength, Fitch Group or Weiss Ratings.