

**New York State Department of Civil Service
2016 HMO Specifications
Official Answers to Offeror Questions**

Following are the Department's answers to Offeror questions regarding the 2016 HMO Specifications.

Note: If the HMO's question included their name, the name has been replaced with "HMO."

Questions and Answers as of May 21, 2015

<u>Section</u>	<u>Question & Answer</u>
Q1 General	<p>The request for proposals appears limited to health maintenance organizations ("HMOs") licensed under article 44 of the Public Health Law. Recent changes to federal and State law have largely eliminated the distinctions between HMO and non-HMO products in New York State. For example, due to the federal Affordable Care Act (ACA), both HMOs and non-HMOs must offer only comprehensive health insurance products with no annual or lifetime dollar limitations on a guarantee issue basis. Additionally, New York's recently effective Out-of-Network law, extends consumer protections formerly applicable only to HMO products, as well as new consumer protections to all "managed care products" using a network of participating providers. As a result, both HMOs and non-HMOs must: meet rigorous network adequacy requirements; provide consumers with extensive information about their benefits; provide appeal rights if the network does not include an appropriate provider; and hold consumers harmless for emergency room bills and surprise bills.</p> <p>Both the Department of Financial Services ("DFS") and the Department of Health ("DOH") have issued regulations and guidance recognizing that changes in the law have eliminated meaningful distinctions between HMO and non-HMO products. For example, DFS now allows non-HMOs to issue exclusive provider organization ("EPO") products that rely on an exclusive network of participating providers and include a "gatekeeper" or PCP (subject to all consumer protections applicable to HMOs). Similarly, DOH has eliminated long-standing restrictions on HMO cost sharing in favor of allowing HMOs to impose deductibles, coinsurance and copayments which are consistent with federal law and the structure of non-HMO products.</p> <p>To serve members efficiently, some insurers have responded to these regulatory changes by consolidating their commercial business with their affiliate non-HMO entities. For such insurers, it may not be legally feasible or practical to continue to provide NYSHIP as the only commercial HMO product. To ensure continuity for NYSHIP HMO members, will Civil Service recognize these substantial changes in New York's regulatory landscape and allow non-HMOs to respond to the bid with fully comprehensive products meeting all consumer protections applicable to HMOs?</p> <p>Alternatively, will Civil Service allow HMOs to proceed with the bid with the understanding that a novation may be used to transfer the contract to a non-HMO affiliate, where appropriate?</p>
A1	<p>No. Only a HMO product will be allowed in response to these Specifications. The Department will not consider the transfer of the contract to a non-HMO affiliate</p>

- Q2** General Please provide a census for the entire population.
- A2** The Department will not provide a census for the entire NYSHIP population. See Exhibit II.D entitled 2015 NYSHIP Enrollment by county and state.
- Q3** General May a non-officer individual with the authority to bind Aetna to a contract be sufficient to execute all applicable signature documents for the purpose of this RFP?
- A3** Yes, if the individual is authorized to bind.
- Q4** General Will an offer of an alternative Medicare Advantage PPO ESA plan be accepted?
- A4** No, an alternative Medicare Advantage PPO ESA plan will not be accepted.
- Q5** General As a green environment initiative, we prefer to print our pages double sided. Please confirm that it is a requirement that each page should be printed single-sided?
- A5** There is no single-sided requirement.
- Q6** General Please confirm what naming convention is preferred for required submission documents.
- A6** All documents must be named exactly as they appear in the Specifications and be in a searchable format.
- Q7** Section I
Page 1-4 How are the employee / employer contributions determined? The description included in the RFP implies a straight percentage (based on employee pay grade) being applied to the premium charged for all plans. Is the percentage applied to the base plan and the employee responsible for any balance between the base plan and the HMO?
- A7** The employee/employer contribution percentages as stated in Section I.D of the Specifications are the result of collective bargaining between the State and the unions that represent State Employees. The agreed upon employee contribution percentages for Enrollee coverage and Dependent coverage (if applicable) are applied to the premium rates approved by the Department for the selected NYSHIP HMO. However, the State's dollar contribution for the non-prescription drug components of the HMO premium will not exceed its dollar contribution for the non-prescription drug components of the Empire Plan premium. As a result of this "capping" provision relative to the employer contribution, an Enrollee may effectively contribute a greater share of premium toward their HMO coverage than the contribution percentages indicated. The enrollee is charged the full share premium rate less the amount of the employer contribution.
- Q8** Section II
Page 2-11 It states the official name of the organization must appear on both the CD and its plastic cover case. Independent Health usually places the CD in an adhesive plastic sleeve that is placed on the inside cover of the binder. We do label the CD with our name. Is this acceptable, or are we required to place the CD in a plastic case?

- A9** Labeling the CD with the HMO's name and placing it in an adhesive plastic sleeve is acceptable.
- Q9** Section II
Page 2-11 Is an electronic copy required in each binder, originals and copies? Or just one CD electronic copy as outlined in this section?
- If to be included, please advise that the CD should be included in hard shell case or would it be accepted inserted in back of each binder with attachable CD sleeve?
- A9** Each binder must include one (1) electronic copy (CD). There is no submission requirement regarding the way the CD is enclosed.
- Q10** Section II
Page 2-11 Index Tabs: Can the naming of sections or exhibits be abbreviated to fit on the tabs?
- A10** Yes, the naming of Sections and Exhibits may be abbreviated.
- Q11** Section II
Page 2-11 Pagination: Can the page number and date be included on the bottom of the page?
- A11** Yes, the page number and date may be included on the bottom of the page.
- Q12** Section II
Page 2-21 The RFP states that the Department hereby establishes an overall goal of 30% for MWBE participation: 15% for NYS certified MBE participation and 15% for NYS certified WBE participation. Are the stated percentages the thresholds that a contractor must attempt to meet to demonstrate its good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers?
- A12** Yes; however, the established overall goal of 30% MWBE participation relates only to the administrative component of HMO premiums.
- Q13** Section II
Page 2-24 What are going to be the bidder's EEO participations goals with regards to Exhibit I.Q entitled "Minority and Women-Owned Business Enterprises & Equal Employment Opportunity Policy Statement"?
- A13** As stated in part in Section II.B.3, Business Participation Opportunities for MWBEs, "...the Department hereby establishes an overall goal of 30% for MWBE participation, 15% for New York State certified minority-owned business enterprises ("MBE") participation and 15% for New York State certified women-owned business enterprises ("WBE") participation".
- Q14** Section II
Page 2-25 This section states the vendor must file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. Does this have to be submitted at the same time as the proposal? Or must this be completed upon contract offering?
- A14** The Vendor Responsibility Questionnaire must be completed and submitted upon submission of the HMO's proposal.
- Q15** Section III
Page 3-4 Regarding Exhibit I.K, submitted on 4/30/15, please confirm whether originally executed versions are required in the bound copies.
- A15** No; inclusion of the originally executed version of Exhibit I.K is not required in the submission of the two (2) Original hard copies.

- Q16** Section IV
Page 4-7 Can a bidder propose more than one plan option, e.g., the current offering and an alternate offering, of which one may be selected by the Department?
- A16** No, only one plan option may be submitted.
- Q17** Section IV
Page 4-11 Please confirm whether draft materials are required with proposal submission or as set forth in Exhibit II.A Timeline of Key Events, due October 21, 2015.
- A17** Confirmed, draft copies of all communication materials are to be included with the HMO's submission.
- Q18** Section V
Page 5-1 Please confirm that for Section V, if a question does not specifically request information about the Medicare Advantage Plan, we should provide a response for the Commercial Plan only.
- A18** Confirmed
- Q19** Section V
Page 5-5 Is this section for the Commercial Plan only or should we also complete this section for the Medicare Advantage program?
- A19** The Prescription Drug Benefit Chart should be completed for the Commercial Plan only.
- Q20** Section V
Page 5-8 What are the access standards that the carrier should utilize? Previous RFP's included the following: URBAN – PCPs - 2 providers within 8 miles; Specialists – 2 within 10 miles; SUBURBAN – PCPs – 2 within 10 miles; Specialists within 12 miles; RURAL – PCPs – 2 providers within 15 miles; 2 providers within 20 miles. Should these access standards be utilized in this RFP?
- A20** NYSHIP is not specifying an access standard. The Department requests the access information established by each HMO. See amendment to Section V, "Provider Standards and Access Information," Question 1.
- Q21** Section V
Page 5-8 Please confirm what is required as 'snapshot' of the network and whether a GeoAccess report is required.
- A21** See response to Question 20 above.
- Q22** Section V
Page 5-9 Regarding Provider Standards and Access Information Question #6, "Provide an electronic copy of the most recent Health Plan Network (HPN) report submitted to the Department of Health indicating the HMOs provider network in place at the time of submission. This electronic report must be provided for both the Commercial Plan and Medicare Advantage Plan, if offered through NYSHIP."
- Can you find out from our contact at the State if they are asking us to send them the list of providers that we submitted in January, which is thousands of pages long, or are they just asking for a copy of the cover page showing that we have submitted the providers to HPN?
- A22** The Department is requesting an electronic (CD) copy of the HMOs most recent Health Plan Network submitted to the Department of Health.

- Q23** Section VI
Page 6-41 Will a carrier be allowed to provide a different benefit design for NYSHIP Commercial enrollees (copay changes) by rating region or are they limited to a single offering across all rating regions?
- A23** No, the benefit design is to be the same for all rating regions.
- Q24** Exhibit I.A Vendor Responsibility Questionnaire. As current incumbent, this form is completed online annually. Is a paper copy required with our submission?
- A25** Yes, provide a printout of the HMO's online submission.