NEW YORK STATE DEPARTMENT OF HEALTH

A Request for Proposal for

Office of Health Insurance Programs
RFP # 0802250320

Retrospective Utilization Review Project

Schedule of Key Events

RFP Release	April 30, 2008
Registration for Bidders Conference Required by	<N/A>
Bidder's Conference	May 16, 2008
Letter of Interest Due (optional)	May 23, 2008
Written Questions Due	May 28, 2008
Response to Written Questions	June 20, 2008
Proposal Due Date	August 15, 2008

Contacts Pursuant to State Finance Law § 139-j and 139-k

DESIGNATED CONTACTS:
Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies the following designated contacts to whom all communications attempting to influence this procurement must be made:

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PERMISSABLE SUBJECT MATTER CONTACTS:

Pursuant to State Finance Law § 139-j(3)(a), the Department of Health also identifies the following allowable contacts for communications related to the following subjects:

- RFP Release Date:
- Submission of written proposals or bids:
- Submission of Written Questions:
- Participation in the Pre-Bid Conference:

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- Debriefings:
- Negotiation of Contract Terms after Award:

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For further information regarding these statutory provisions, see the Lobbying Statute summary in Section I, 10 of this solicitation.

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A. INTRODUCTION

The Department of Health (DOH) is modernizing its Medicaid utilization management system to ensure the safety of its enrollees, improve their access to evidence based care, and reduce unnecessary costs by identifying inappropriate resource utilization. DOH's Office of Health Insurance Programs (OHIP) is responsible for overall administration of the Medicaid program.

Accordingly, DOH will procure a contractor through the RFP process to conduct and operate an extensive retrospective utilization review of eligible Medicaid program enrollees, using both evidence based data / disease management analysis and resource utilization review techniques. OHIP recognizes that contractors often specialize in either evidence based or resource utilization reviews. Therefore, it encourages, but does not require, bidders to submit proposals that reflect subcontracted arrangements that will ensure implementation of a comprehensive retrospective utilization review effort.

This scope of work will include the development of utilization profiles for both Medicaid providers and enrollees, and the identification of providers that demonstrate a pattern of inappropriate evidence based utilization or inappropriate resource utilization. The retrospective review contractor would manage utilization on the "back end", including by direct contact with providers, to ensure evidence based care and the appropriate allocation of resources.

The Medicaid enrollee population is comprised of many chronic disease subpopulations such as asthma, diabetes, HIV / AIDS, heart disease, and cancer; those enrollees receiving behavioral health services (mental health and substance abuse), often with comorbidities; and is also ethnically and regionally diverse.

The retrospective utilization review contractor would conduct a review of all fee-for-service claims, including claims for behavioral services; and those fee-for-service claims incurred by managed care enrollees such as pharmacy, mental health, substance abuse and other services not covered by the capitated managed care payments.

Retrospective utilization reviews will <u>not</u> be conducted for personal care claims; and claims for enrollees in Family Health Plus, enrollees who are eligible for both Medicaid and Medicare (dual eligibles), and enrollees residing in nursing homes.

At present, the Medicaid Drug Utilization Review program (RetroDUR) evaluates the use of outpatient drugs (currently 1,000 cases per month, increased during the upcoming year to a goal of 2,000 cases per month) in the Medicaid program to ensure that the prescriptions are appropriate, medically necessary, and not likely to result in adverse medical outcomes. The retrospective utilization review contractor would analyze pharmacy claims within the context of care management to evaluate patterns of both evidence based and resource utilization, and would provide any relevant information to the RetroDUR, Medication Therapy Management, and Academic Detailing programs for further examination. However, DOH will ensure that the retrospective utilization review contractor will not duplicate the work of the RetroDUR contractor.

The contractor will be responsible for operating an effective retrospective utilization review system that ensures that the fee-for-service health care (including behavioral health care) services provided to individual enrollees by physicians, hospitals, home health agencies, clinics, therapists, laboratories, pharmacists, durable medical equipment providers, and other Medicaid providers are medically necessary and appropriate. For Managed Care enrollees the contractor would be limited to services not covered by the health plans (primarily pharmacy and mental health services). Accordingly, the contractor must have the capability of performing timely reviews and contacting providers both by letter and phone when they identify patterns of aberrant utilization (under or over utilization) and providers who are not following evidence based guidelines.

The retrospective utilization review contractor would provide the results of their review to OHIP. The results would, in part, be provided to a modernized prospective utilization threshold override adjudication process under the direction of OHIP (that features individual Medicaid beneficiary thresholds built on evidence based treatment protocols), to make modifications to the "front end" criteria used to evaluate Medicaid providers' utilization threshold override requests and to the Office of Mental Health.

B. BACKGROUND

DOH is the Single State Agency responsible for management of New York State's Medicaid program. Within DOH, the Office of Health Insurance Programs (OHIP), in conjunction with 58 local districts, administers the Medicaid program. Depending on the eligibility of the client, Medicaid program costs are generally shared by the federal, State, and local governments (county governments and New York City). Local Departments of Social Services are responsible for the collection of information and documentation necessary to support an eligibility determination and the assignment of recipients to federal participating categories, thereby reducing costs to the State and local governments.

New York's Medicaid program is one of the largest in the nation, with over 4 million enrollees. State Medicaid spending is estimated to be $47 billion in State Fiscal Year 2007-08 comprising over 30% of the State budget, with 25% of the spending for behavioral health services.

The need for ensuring the best possible care management for Medicaid beneficiaries in the most efficient manner has required a reevaluation of the program's key utilization management controls. The current Utilization Threshold Program (UTP) has gone more than a decade without any significant updating or reform and has thresholds that are not based on patient health risk status or clinical criteria.

Accordingly, DOH is proposing to modernize its utilization management with the development of both prospective and retrospective utilization review initiatives. This modernization is closely aligned with DOH's Medicaid reform goals of improving patient safety, the quality of care, and the efficiency of resource utilization; while bringing the Medicaid program closer to the modern operational utilization review norms of most private health insurance plans.

The prospective utilization review initiative will feature an evidence based, data driven,

expert system to adjudicate Medicaid program utilization threshold override requests that provides ongoing data analytics concerning the most appropriate health care treatment. Medicaid utilization thresholds would be based on the disease status of individual beneficiaries. To improve provider accountability and care management, approved utilization threshold overrides will only be used by the provider who requested the new override services.

This RFP is for procurement of a contractor to perform the retrospective utilization review initiative. The retrospective utilization review contractor will perform an extensive review of Medicaid claims using evidence based data and disease management analysis techniques. Information gained through this process will, in part, be used to make important modifications to the prospective utilization review process managed by Stony Brook University Medical Center under the direction of OHIP. The contractor will also assist OHIP and the Office of Mental Health in achieving appropriate utilization and better outcomes with respect to mental health services.

C. DETAILED SPECIFICATIONS

1. Eligible Bidders

Eligible bidders must have a minimum total of **five (5) years** successful work experience performing health care utilization reviews, retrospective and /or concurrent, and be licensed to do business in New York State. Eligible bidders need to be able to provide the data analytics capable of aggregating health care data across a broad Medicaid beneficiary population, and provide updated utilization review criteria derived from nationally recognized evidence based medical information sources.

2. Performance Requirements

DOH will award a contract through the RFP process to an organization qualified to perform retrospective utilization reviews of claims for Medicaid beneficiaries being served fee-for-service, including those receiving behavioral health services (mental health and substance abuse), and those enrolled in managed care that receive fee-for-service services (e.g. pharmacy, mental health, substance abuse). Retrospective utilization reviews will not be conducted for personal care claims; and claims for enrollees in Family Health Plus, enrollees who are eligible for both Medicaid and Medicare (dual eligibles), and enrollees residing in nursing homes.

The retrospective contractor procured through this RFP must be able to provide reviews that evaluate enrollee utilization based on both the quality of care provided according to evidence based standards and the appropriate level of resources expended.

The contractor must be able to incorporate new evidence based rules or to modify their existing rules at the request of OHIP.

The contractor chosen as a result of this RFP process must agree to the following Performance Requirements:

1. Provide data analytics that aggregate multiple sources of evidence based medical information pertinent to the review of beneficiary utilization of services as

directed by OHIP (e.g. laboratory, pharmacy, clinical, physician office, mental health and other selected high cost services) and provide analysis of resource utilization.

The contractor must be able to:

a. Identify patterns of inappropriate health care using evidence based rules and by assessing resource utilization, including for high-cost and high-risk Medicaid beneficiaries;

b. Perform in-depth analysis of the utilization of high-cost and high-risk Medicaid beneficiaries, many with co-morbidities and receiving mental health and substance abuse services;

c. Build individual provider and beneficiary utilization history files / profiles reflecting evidence based rules and resource utilization;

d. Identify deficiencies in the level of care or quality of service by providers and their treatment protocols;

e. Provide documentation of excessive Medicaid program payments due to inappropriate utilization;

f. Identify providers who may benefit from education or other intervention concerning more appropriate service utilization.

2. Maintain a health care utilization review system specific to the disease / risk status of individual Medicaid enrollees, including those receiving behavioral health services, that is based on updated guidelines and nationally recognized evidence based medical sources and accepted quality metrics. OHIP requires that the contractor's full set of utilization rules be updated at least annually. The contractor, at the direction of OHIP, must be able to work in collaboration with the Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, and the Office of Alcoholism and Substance Abuse Services in determining the guidelines for behavioral health services.

3. Develop Medicaid utilization / service delivery performance measures based on standards that are transparent to OHIP, Medicaid providers, and enrollees; that can be linked to indicators of improved clinical outcomes for individual enrollees.

4. Employ (or subcontract) appropriately experienced New York State licensed staff sufficient to support effective, direct contact with health care professionals in the Medicaid provider community concerning issues related to beneficiary utilization of health care services.

5. Conduct utilization analysis of Medicaid claims **within 30 days** of receipt of an accurate data file to allow for: (1) improving the quality of care of individual enrollees, (2) the timely identification of inappropriate provider practices, and (3) the timely modification of treatment protocols. The contractor must notify OHIP within 10 days of the receipt of an unusable data file.

6. Communicate by letters and phone calls to Medicaid providers when patterns of utilization of resources or practice that are not supported by clinical evidence (and the concomitant health care risks) have been identified. In addition, at the direction of OHIP the contractor may be asked to contact Medicaid enrollees concerning potential health care outcomes.

7. Develop quarterly and annual data reports; and specific reports at the request of OHIP concerning the utilization patterns of individual providers and enrollees (including high-cost and special populations), select categories of services (e.g. lab, radiology, pharmacy), Medicaid cost savings analysis, geographic region profiles, and other areas of inquiry. Specific reports requested by OHIP must be completed **within 45 days,** unless a different timeframe is agreed to by OHIP.

3. Implementation and Administration

The contractor is expected to begin implementation of the retrospective utilization review activities prescribed in this RFP no later than **February 2, 2009**, unless a later date is formally approved by DOH. **The contract resulting from this RFP will be for an initial three (3) - year period. DOH has the option to extend the contract for two consecutive one-year periods.**

a. Database Development and Maintenance

The Contractor agrees to enter into a Data Exchange agreement with DOH. Pursuant to that agreement, DOH will extract claims data appropriate to conduct the analysis in a format determined by DOH. The contractor's database must be capable of accepting Medicaid program beneficiary data including hospital inpatient, clinic, pharmacy, laboratory, and eligibility data. The contractor will be responsible for performing necessary data transformation, loading and quality assurance activities to load the data into its system(s), and to follow up with DOH to correct any identified data errors.

The eMedNY Medicaid data warehouse contains a rolling five years of claims history. The OHIP Data Mart contains 11 years of claims history and is not a rolling file. DOH will decide whether to extract the data from the eMedNY Data Warehouse or the OHIP Data Mart, depending on the dates of service and the data elements requested by the contractor.

b. Reporting

The contractor is responsible for establishing and maintaining a system to produce quarterly, annual and / or other reports as may be required by OHIP; including reports related to beneficiary, provider, and Medicaid service profiles; and reports identifying cost savings through appropriate utilization management.

Quarterly data reports are due thirty (30) days after the end of each quarter. Annual data reports are due thirty (30) days after the end of the contract year with content and a format prescribed by OHIP.

Specific Reports: The contractor must provide specific reports on retrospective utilization review activities and determinations with the content and format prescribed by OHIP. Specific reports requested by OHIP must be completed within 45 days, unless a different timeframe is agreed to by OHIP. Such information may be used by OHIP to make modifications to the prospective utilization threshold application review

process managed by the Stony Brook University Medical Center, Pharmacy Drug Utilization Review (DUR) Board, Retro-DUR contractor (University of Massachusetts Medical School), and other projects.

c. Quality Assurance

The contractor must have a utilization review decision making process that is supported by a team of health care processionals capable of analyzing and updating the retrospective utilization review criteria. It is expected that criteria revisions and systems updates would occur throughout the contract year. OHIP requires contractors to review their evidence based rules at least annually.

d. Staffing Requirements

The contractor must assign to the project a full-time medical director who is physician board certified in at least one specialty and licensed in New York State. Professional medical staff that directly contact provider clinicians as a result of utilization review activities must possess a valid New York state license.

The contractor must also make peer consultants available to the project. "Peer consultants" are defined as persons with the same or equivalent professional degree as the health care professional that provided the justification for the medical necessity and/or the appropriateness of the setting, care, diagnosis and coding. A peer consultant may be the contractor's medical director or any physician peer consultant, specialist or generalist, designated by the contractor's medical director licensed in their state of practice and board certified in at least one specialty area.

The bidder's proposal must contain an updated list of peer consultants that would be used for the Retrospective Utilization Review Project.

The contractor shall ensure that all staff assigned to the project possess sufficient current knowledge of the requirements of this RFP and maintain a level of performance consistent with the highest professional standards.

e. HIPAA Compliance

The contractor is required to be HIPAA compliant in transmissions and coding procedures, and use only HIPAA compliant data systems and comply with all aspects of HIPAA security, confidentiality and transactions requirements.

f. Encryption

Any Medicaid data sent over a public network must be encrypted according to Federal Information Processing Standards (NIST-FIPS) featuring Triple-DES encryption or the Advanced Encryption Standard (AES).

4. Contractor Payment

The target population for the retrospective utilization review will be Medicaid enrollees being served fee-for-service, including those receiving behavioral health services (mental health and substance abuse), and those enrolled in managed care that receive fee-for-service services (e.g. pharmacy, mental health, substance abuse).

Retrospective utilization reviews will <u>not</u> be conducted for personal care claims; and claims for enrollees in Family Health Plus, enrollees who are eligible for both Medicaid and Medicare (dual eligibles), and enrollees residing

in nursing homes.

The following table indicates the number of Medicaid fee-for-service enrollees and managed care enrollees per month for the period January through May 2007 (excluding nursing home residents, dual eligibles, and Family Health Plus) and the corresponding fee-for-service claims and managed care encounter data counts:

	Enrollee Counts			Fee-for-Service Claim Counts			
MONTH (2007)	Total Medicaid Enrollees	Number of People Enrolled in Managed Care (w/o Family Health Plus)	Fee-for-Service Medicaid Enrollees	Total Medicaid Fee-for-Service Claims	Fee-for-Service Claim Counts for Managed Care Enrollees (Excl. FHP)	Fee-for-Service Claim Counts for FFS Enrollees	Managed Care Encounter Counts
	(A) = (B + C)	(B)	(C)	(D) = (E + F)	(E)	(F)	(G)
January	3,007,179	1,992,745	1,014,434	7,479,287	2,957,968	4,521,319	3,392,123
February	2,994,571	1,979,430	1,015,141	6,561,973	2,619,417	3,942,556	2,472,218
March	2,996,406	1,986,946	1,009,460	7,464,948	2,998,795	4,466,153	2,905,112
April	2,969,173	1,990,953	978,220	6,880,684	2,799,906	4,080,778	2,674,411
May	2,972,891	1,990,378	982,513	7,416,452	3,074,497	4,341,955	2,860,902

The retrospective utilization review contractor will be paid according to a monthly per enrollee fee determined through the competitive bid process for this RFP. This payment will be the only compensation received by the contractor for performing the requirements of this RFP.

Retrospective utilization review work will be paid according to the Utilization Review Volume Payment Scale prescribed in this RFP (see: Section D. Part-2. a. [Financial Proposal]) in an amount determined by the Financial Proposal bids (price) submitted by the successful bidder.

DOH anticipates that there will be a maximum of $7,000,000 available for the Retrospective Utilization Review Project in any 12-month period of the contract, including federal matching funds. DOH estimates there will be approximately 3,000,000 Medicaid enrollees per month covered by the Project. This number of enrollees could increase or decrease during the three-year contract period due to economic or other factors.

DOH reserves the right to remove or add Medicaid enrollee populations from the project and /or modify the range of Medicaid services subject to the utilization review.

DOH may limit the number of enrollees reviewed by the contractor in any month or 12-month period for any reason, including contractor performance and State fiscal considerations.

5. Conflict of Interest

Bidders (or any subcontractor) must disclose all business relationships with or ownership interest in entities including, but not limited to health plans; providers of medical services, medical devices, pharmaceutical products, or any other medical products that may be ordered or prescribed by a medical practitioner; or organizations or trade associations representing such health plans or providers in New York State. In cases where such relationship(s) exist, bidders must describe how the potential conflict of interest and/or disclosure of confidential information relating to this contract will be avoided.

The Department reserves the right to reject bids, at its sole discretion, based on any perceived conflict of interest.

D. PROPOSAL REQUIREMENTS

The requirements established by this RFP for proposal content and format will be used to evaluate the bidder's proposal. The bidder's compliance to the format prescribed herein, as well as the bidder's response to each specific requirement and question stated in the RFP, will be considered during the evaluation process.

Proposals should provide a concise but complete description of the bidder's ability to meet the requirements of the RFP. Proposals must be submitted on paper (no electronic submissions) in two distinct parts, **Part 1 – Technical Proposal, and Part 2 – Financial Proposal,** separately sealed and identified with the name of the bidder and Retrospective Utilization Review Project – RFP.

No financial bid or pricing information should be included in a bidder's Technical Proposal.

Each page of the proposal should be numbered consecutively from the beginning of the proposal through all appended material. Narrative should be double spaced, using a 12 pitch font or larger, with minimum one (1) inch margins all around, and adhere to the maximum page limits.

Part 1 - Technical Proposal

The bidder's response must include a **transmittal letter** signed by an official authorized to bind the bidder to the provisions of the RFP and the bidder's response attesting that the bidder: **(1) has a minimum total of five years successful experience performing retrospective and /or concurrent health care utilization review determinations; (2) is currently authorized to operate in New York State (see: Section C. 1. Eligible Bidders criteria); and (3) disclosing any business relationships and / or ownership interest that may represent a conflict of interest for the bidder as required by the Conflict of Interest specifications of Section C. 5, or stating that no conflict of interest relationship exists. In cases where such a relationship exists, describe how the potential conflict of interest and / or disclosure of confidential information relating to this contract will be avoided.**

Responses must address all Technical Proposal requirements. The Technical Proposal consists of narrative descriptions of how the bidder will manage all aspects of the Retrospective Utilization Review Project described in **Section C- Detailed**

Specifications of this RFP as outlined below. Bidders may provide additional information or recommendations relevant for consideration in the State's determination of award of this contract. Each bidder's Technical Proposal must include separate responses to the following requirements pertaining to format and content:

a. Cover Page

The bidder must submit a cover page tilted Retrospective Utilization Review Project RFP: Technical Proposal, signed by an official authorized to bind the bidder to the provisions of the RFP and the bidder's response, with the following information: (1) Organization Name, (2) Address, (3) Contact Person, (4) Telephone #, (5) FAX #, (6) email Address.

b. Executive Summary (2 page limit)

The bidder's Technical Proposal must contain an Executive Summary which describes the bidder's understanding of the performance requirements outlined in Section C of the RFP, and how the bidder can assist DOH in accomplishing its retrospective utilization review objectives. Include affirmative statements that the bidder is currently licensed to operate in New York State; has a minimum total of five (5) years experience performing retrospective and / or concurrent health care utilization reviews; and can begin implementing the project according to the date prescribed in the RFP.

c. Organizational Background and Experience (15 page limit)

1. Provide a description of the bidder's organization and its business mission, headquarters and branch office locations, parent and subsidiary organizations, and the relationship between the bidder's organization and any parent or subsidiary. The bidder must include the number of years the organization has been in the business of health care utilization review activity. The bidder must describe the overall ability of the organization to perform the Retrospective Utilization Review Project including the technologies, special techniques, skills or abilities of the organization necessary to accomplish the project requirements, data processing and analysis capabilities.

   The same organizational background and experience description prescribed in D. c. 1. (above) must be provided for all subcontractors itemized in D. c. 3..

2. Describe in detail the bidder's prior health care (including Medicaid) utilization review experience / projects. The experience / projects referenced should substantiate the bidder's qualifications and capabilities to perform the RFP's specifications described in Section C. **Describe the work experience and other relevant background of up to five (5) key individuals who will be assigned to work under the contract resulting from this RFP, and provide references for verification that may be contacted by DOH.**

   The projects referenced in the descriptions above must be specifically identified and the name of the customer shown, including the name, address and telephone number of the responsible official of the customer, company or agency who may be contacted by the State.

   In addition, the bidder must provide the following information:

List the **three (3) largest utilization review projects** the bidder has performed that are most similar to those required by the RFP. For each of these projects:

a. Reference names and telephone numbers of the customer to contact for confirmation of the project performed by the bidder, its scope and the bidder quality of work.

b. Describe the project(s) and the project goals, summarize the project results, and describe the resources expended on the project. The bidder must include quantitative data, such as the claims reviewed, utilization review determinations, and any achieved savings.

The same organizational background and experience description prescribed in D. c. 2. (above) must be provided for all subcontractors itemized in D. c. 3..

3. Provide the full name and address of any organization with which the bidder will subcontract for any services provided in the Retrospective Utilization Review Project and the mechanisms for assuring its effective and efficient operations. List responsible officers of each subcontractor, including those individuals authorized to negotiate for the subcontractor. List any financial interest the bidder has in the proposed subcontractors. **Evidence of a potential subcontractor's willingness to participate in Retrospective Utilization Review Project and enter into sub contractual arrangements must be included.**

d. Implementation and Administration (25 page limit)

The contractor will be responsible for implementing and administering the Retrospective Utilization Review Project. **Provide a detailed description of the bidder's ability to perform each of the seven (7) Performance Requirement items (C. 2. 1. through C. 2. 7.) specified in Section C of the RFP.**

The bidder's responses must include (but not be exclusive of) the following information for each of the seven Performance Requirement items:

C. 2 .1.

1. Include a detailed description of the bidder's ability to tailor its algorithms (including proprietary) and systems protocols to the specific requirements of OHIP and the Retrospective Utilization Review Project.

2. Include a detailed description of the capabilities of bidder's data analytics to implement Performance Requirement item C. 2. 1. and items C. 2. 1. a. through C. 2. 1. f..

3. Include a detailed description of the bidder's ability to work with the large New York State Medicaid database described in Section C. 3. a..

C. 2. 2.

1. Include a detailed description of how the bidder will provide a utilization review system specific to the disease / risk status of individual Medicaid enrollees, including those beneficiaries receiving behavioral health services.

2. Include a detailed description of: (a) what nationally recognized sources of medical information the bidder would use to update the utilization review criteria; and (b) the frequency of the updates provided by the bidder.

3. Include a detailed description of the bidder's internal oversight process for ensuring that utilization review policies and procedures are kept accurate and up to date.

C. 2. 3.

1. Include a detailed description of how the bidder will be able to measure the health outcomes of individual Medicaid enrollees and how the bidder's standards will be selected.

2. Include a detailed description of how the bidder will inform Medicaid providers of relevant changes to utilization review criteria.

3. Include a flow chart of how the utilization reviews and notifications to Medicaid providers would be conducted.

C. 2. 4.

1. Include a detailed description of the qualifications of permanent staff that would be used by the bidder to contact medical professionals in the Medicaid provider community concerning utilization-related issues.

2. Include a detailed description of the process the bidder would use to implement contact with Medicaid providers to discuss utilization-related issues.

C. 2. 5.

1. Include the specific projected timeframes for retrospective utilization reviews of Medicaid claims and the identification of inappropriate utilization practices for individual enrollees.

2. Include a detailed description of the bidder's systems capabilities or aspects of the bidder's projected work plan that would ensure achieving the three utilization review timeframes for the purposes cited in Performance Requirement item C.2.5.

C. 2. 6.

1. Include a description of the bidder's capabilities (may include previous experience) to generate automated letters to Medicaid providers concerning inappropriate utilization.

2. Include a detailed description of the bidder's process for determining under what circumstances a provider would receive a letter concerning a utilization review-related issue, and under what circumstances a Medicaid provider would be contacted directly by phone.

C. 2. 7.

1. Include a detailed description of the bidder's capability to produce monthly and annual aggregate reports as required by OHIP that contain a summary of utilization review decisions (include possible data base formats).

2. Include a detailed description of the bidder's capabilities to produce specific reports as required by OHIP on the following: (1) the utilization patterns of individual providers; (2) enrollees (including high-cost and special populations); (3) select categories of services; (4) Medicaid cost savings analysis, and (5) geographic region profiles.

Part 2 - Financial Proposal

The bidder must submit a cover page tilted Retrospective Utilization Review Project RFP: Financial Proposal, signed by an official authorized to bind the bidder to the provisions of the RFP and the bidder's response, with the following information: (1) organization Name, (2) Address, (3) Contact Person, (4) Telephone #, (5) FAX #, (6) email Address.

A letter must be enclosed containing a statement signed by an official authorized to bind the bidder to the provisions of the RFP and the bidder's response attesting that the bidder's Financial proposal will remain valid for a minimum of 365 days from the Retrospective Utilization Review Project RFP proposal Due Date.

a. Financial Bid Form

The Financial Proposal (complete the Bid Form [Attachment G. 1.]) must contain monthly per Medicaid enrollee utilization review bids (price) for both utilization review Work Volume Levels A and B for the three-year contract period. Fiscal Proposal bids must compute the monthly per enrollee bids to the **$0.XXXs** decimal point.

It is expected that the Retrospective Utilization Review contractor will provide a work volume level discount for Level B. Therefore, the Per Enrollee per Month Bid for Work Volume Level B for the Three-Year Contract Period must be lower than the bid for Work Volume Level A (i.e. A > B).

The pricing for contract extension years four (4) and five (5) will be subject to an annual monthly per Medicaid enrollee utilization review fee increase of the lesser of three percent (3%) or the percent increase in the National Consumer Price Index for All Urban Consumers (CPI-U) as published by the United States Bureau of Labor Statistics, Washington, D.C., 20212 for the 12 month period ending ninety (90) days prior to the renewal date for contract years four and five.

The Level A and Level B bids will become part of the successful bidder's Retrospective Utilization Review Project contract and must be guaranteed by the contractor for the three-year contract period and the two-year contract extension period.

Utilization Review Volume Payment Scale

Work Volume Level	Enrollees per Month Work Volume	Per Enrollee per Month Bid for the Three-Year Contract Period
A	Up to 3,000,000	$ X.XXX fee per enrollee per month
B	3,000,001 and Over	$ X.XXX fee per enrollee per month

3. METHOD OF AWARD

The bidder with the highest total combined Technical Proposal score and Financial Proposal score will be selected. There is a maximum achievable total combined score of 100 (Technical Proposal score 75 plus Financial Proposal score 25). Bidders will be ranked from high to low based on their total combined score. A bidder may be asked to make a presentation on all or part of their technical proposal.

Proposals deemed by DOH to be responsive to the Submission Requirements set forth in this RFP will be evaluated by DOH staff, assisted by other persons as DOH deems appropriate. In order to award a contract, DOH will select the bidder that submits the proposal that offers the best value as determined by the combined Technical Proposal and Financial Proposal score.

Vendor Selection

This is a competitive procurement that will result in a contract to implement the Retrospective Utilization Review Project. At the discretion of DOH, any and all proposals may be rejected.

Evaluation Committees

The RFP proposals will be evaluated by the Technical Evaluation Committee and Financial Evaluation Committee made up of State government staff experienced in Medicaid policy, utilization review, and data analysis. The Procurement Office will combine the scores of both Committees and then provide the combined scores to the Selection Committee.

Selection Committee

The Selection Committee, comprised of State government managers, will select the vendor based on its review of the recommendations of the Technical Evaluation and Financial Evaluation committees.

a. Compliance Evaluation

All responses to the RFP will be subject to an Initial Compliance Evaluation. All responses that pass the Initial Compliance Evaluation will be submitted to both the Technical Evaluation Committee and the Financial Evaluation Committee. Bidders that fail the Compliance Evaluation will be eliminated from the procurement process for this RFP.

In completing the Compliance Evaluation, DOH has the right to request additional information or request information that is necessary to satisfy the requirements of the Compliance Evaluation.

All proposals will have an initial pass/fail screening that includes the following requirements:

1. The bidder has a minimum total of five years successful experience providing retrospective and / or concurrent health care utilization review determinations.

2. The bidder is currently licensed to operate in New York State.

3. The bidder and its subcontractors do not market a medical device, pharmaceutical product, or any other medical product that may be ordered or prescribed by a medical practitioner.

4. Responsiveness to RFP – meets delivery due date and contains a signed transmittal letter.

b. Technical Proposal Score (total - 75 points)
DOH will evaluate and score proposals based on each bidder's ability to perform the Retrospective Utilization Review Project as described in this RFP. The evaluation will be based on the bidder's written technical proposal; any responses to clarifying questions; information obtained through reference checks; DOH's and other State agencies' experience with the bidder or its proposed subcontractors; and, as is deemed necessary, presentations and data analysis demonstrations to clarify the bidder's technical proposal.

1. Organizational Background and Experience
The bidder will be evaluated on how well the response demonstrates the ability of the organization to successfully implement the Retrospective Utilization Review Project as described in the RFP, based on previous work experience and the organization's mission and technical capabilities.

2. Implementation and Administration
The bidder will be evaluated on how well the response demonstrates the ability to successfully meet the Implementation and Administration Performance Requirements for the Retrospective Utilization Review Project as described in the RFP.

The following formula will be used to determine each bidder's final technical proposal score:

$t = (x / y) * 75$ where:

x = technical score of proposal being scored,
y = technical score of highest technical scoring proposal,
75 = total technical points available, and
t = normalized technical score for bidder being scored

For example, the score of the three highest scoring Technical Proposals would be calculated as follows:

Technical Proposal Ranking	Raw Technical Evaluation Score	% of Score to Highest Score	Score (x) / Highest Score (Y) x 70	Final Score (t)
Highest score	70 (y)	70/70 =100%	1.000 x 75 = 75.0	**75.0**
Second highest score	65 (x)	65/70 = 92.8%	.928 x 75 = 69.6	**69.6**
Third highest score	60 (x)	60/70 = 85.7%	.857 x 75 = 64.3	**64.3**

c. Financial Proposal Score (Total – 25 points)
The Financial Proposal maximum score of 25 will be awarded to the bidder with the lowest per enrollee per month utilization review bid (price) for the three-year contract period as calculated by the Financial Evaluation Committee**. When calculating the bids that will be used to determine the Financial Proposal score, the Financial Evaluation Committee will score the bids for both Work Volume Level A and Work Volume Level B.** To achieve a work volume discount, the Per Enrollee per Month Bid

for Work Volume Level B for the Three-Year Contract Period must be lower than the bid for Work Volume Level A (i.e. A > B).

Scores ranging up to 25 will be awarded to bidders by calculating the percentage that the lowest monthly bid (price) is of the other bidders' monthly bid, and then multiplying that percentage times the maximum score of 25.

The following formula will be used to determine each bidder's final financial proposal score:

$t = (y / x) * 25$ where:

x = monthly cost of bid being scored,
y = monthly cost of lowest bid,
25 = Maximum total Financial Proposal score, and
t = Final normalized Financial Proposal score for bidder being scored

For example:

Financial Proposal Rankings	Monthly bid	% of Lowest Monthly Bid to Other Monthly Bids (y/x)	% of Lowest Monthly Bid to Other Monthly Bid times 25 [(y/x) x 25]	Final Score (t)
Lowest Monthly bid	(y)	100.0%	1.000 x 25 = 25.0	**25.0**
Second lowest Monthly bid	(x)	88.0%	.880 x 25 = 22.0	**22.0**
Third lowest Monthly bid	(x)	81.5%	.815 x 25 = 20.4	**20.4**

There is a maximum achievable total score of 100 (Technical Proposal score 75 plus Financial Proposal score 25). Bidders will be ranked from high to low according to their total combined Technical Proposal and Financial Proposal score. **The bidder with the highest total combined Technical Proposal score and Financial Proposal score will be selected.**

E. ADMINISTRATIVE

1. Issuing Agency

This Request for Proposal (RFP) is a solicitation issued by the NYS Department of Health. The Department is responsible for the requirements specified herein and for the evaluation of all proposals.

2. Inquiries

All substantive questions must be submitted in writing to:

Mark Bertozzi, Ph.D.
NYS. Department of Health
Office of Health Insurance Programs
One Commerce Plaza
Room 720
Albany, New York 12210
Telephone (518) 474-8458

To the degree possible, each inquiry should cite the RFP section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFP.

Questions of a technical nature can be addressed in writing or via telephone by calling Mr. Bertozzi at the phone number above. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

Prospective applicants should note that all clarification and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

This RFP has been posted on the Department of Health's public website at: **http://www.nyhealth.gov/funding/**. Questions and answers, as well as any updates and/or modifications, will also be posted on the Department of Health's website. All such updates will be posted by the date identified on the cover sheet of this RFP.

a. Letter of Interest

A Letter of Interest indicating the prospective bidder's interest in submitting a proposal is requested to be received in the Department no later than 5:00 p.m. on **May 23, 2008**. Submission of the Letter of Interest is **not** a condition or prerequisite for submission of a proposal by a prospective bidder.

b. Bidder's Conference

A non-mandatory bidder's conference will be held on **May 16, 2008** in Albany New York, at **11:00 AM**. Interested bidders are encouraged to register for this conference by completing and returning the **Bidder's Conference Registration Form** (see: Section G Attachment List #11).

c. Responses

Questions and answers will be posted on the Department of Health website at ***www.Health.State.NY.US*** by **June 20, 2008.** Bidders wishing to receive these documents by mail must send a request, in writing, to the Department at the address cited above.

d. Notification of Award

After evaluation and selection of the vendor, all bidders will be notified in writing of the selection or non selection of their proposals. The name of the successful bidder may be disclosed. Press releases pertaining to this project shall not be made without prior written approval by the State and then only in conjunction with the issuing office.

3. Submission of Proposals

Interested vendors should submit **one original and six signed copies** (no

electronic submissions) of their Proposal. The copies must be received by the Department of Health not later than **5:00 PM on August 15, 2008.**

Responses to this solicitation should be clearly marked **Retrospective Utilization Review Project Request for Proposal Submission** and directed to:

Mark Bertozzi, Ph.D.
NYS. Department of Health
Office of Health Insurance Programs
One Commerce Plaza
Room 720
Albany, New York 12210

It is the bidders' responsibility to see that bids are delivered to **Room 720** prior to the date and time of the bid due date. Late bids due to delay by the carrier or not received in the Department's mail room in time for transmission to Room 720 will not be considered.

1. The Bid Form must be filled out in its entirety.

2. The responsible corporate officer for contract negotiation must be listed. This document must be signed by the responsible corporate officer.

3. All evidence and documentation requested under Section D, Proposal Requirements must be provided at the time the proposal is submitted.

4. THE DEPARTMENT OF HEALTH RESERVES THE RIGHT TO

a. Reject any or all proposals received in response to this RFP.

b. Waive or modify minor irregularities in proposals received after prior notification to the bidder.

c. Adjust or correct cost or cost figures with the concurrence of bidder if errors exist and can be documented to the satisfaction of DOH and the State Comptroller.

d. Negotiate with vendors responding to this RFP within the requirements to serve the best interests of the State.

e. Eliminate mandatory requirements unmet by <u>all</u> offerers.

f. If the Department of Health is unsuccessful in negotiating a contract with the selected vendor within an acceptable time frame, the Department of Health may begin contract negotiations with the next qualified vendor(s) in order to serve and realize the best interests of the State.

5. Payment

If awarded a contract, the contractor shall submit invoices to the State's designated payment office:

NYS Department of Health
Division of Financial Planning and Policy
One Commerce Plaza
Room 720
Albany, NY 12210

Payment of such invoices by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

The retrospective utilization review contractor will be paid on a monthly basis for the total number of Medicaid enrollees for which the contractor performs utilization reviews of Medicaid claims during the month according to the monthly per enrollee fee determined through the competitive bid process for this RFP.

This payment will be the only compensation received by the contractor for performing the requirements of this RFP and includes compensation for meeting all the Retrospective Utilization Review Project contractor performance requirements, including reporting requirements, itemized in RFP Section C. 2.

6. Term of Contract

This agreement shall be effective upon approval of the NYS office of the State Comptroller.

The contract resulting from this RFP will be for an initial three (3) - year period. DOH has the option to extend the contract for two consecutive one-year periods.

This agreement may be canceled at any time by the Department of Health giving to the contractor not less than thirty (30) days written notice that on or after a date therein specified this agreement shall be deemed terminated and canceled.

7. Debriefing

Once an award has been made, bidders may request a debriefing of their proposal. Please note the debriefing will be limited only to the strengths and weaknesses of the bidder's proposal, and will not include any discussion of other proposals. Requests must be received no later than three months from date of award announcement.

8. Vendor Responsibility Questionnaire

New York State Procurement Law requires that state agencies award contracts only to responsible vendors. Vendors are invited to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System or may choose to complete and submit a paper questionnaire. To enroll in and use

the New York State VendRep System, see the VendRep System Instructions available at www.osc.state.ny.us/vendrep or go directly to the VendRep system online at https://portal.osc.state.ny.us. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at helpdesk@osc.state.ny.us. Vendors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website www.osc.state.ny.us/vendrep or may contact the Department of Health or the Office of the State Comptroller for a copy of the paper form. Bidders must also complete and submit the Vendor Responsibility Attestation (Attachment10).

9. State Consultant Services Reporting

Chapter 10 of the Laws of 2006 amended certain sections of State Finance Law and Civil Service Law to require disclosure of information regarding contracts for consulting services in New York State.

The winning bidders for procurements involving consultant services must complete a "State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term" in order to be eligible for a contract.

Winning bidders must also agree to complete a "State Consultant Services Form B, Contractor's Annual Employment Report" for each state fiscal year included in the resulting contract. This report must be submitted annually to the Department of Health, the Office of the State Comptroller, and Department of Civil Service.

Both of these forms are included as attachments to this document.

10. Lobbying Statute

Chapter 1 of the Laws of 2005, as amended by Chapter 596 of the Laws of 2005, provides, among other things, the following as pertains to development of procurement contracts with governmental entities:

a. makes the lobbying law applicable to attempts to influence procurement contracts once the procurement process has been commenced by a state agency, unified court system, state legislature, public authority, certain industrial development agencies and local benefit corporations;

b. requires the above mentioned governmental entities to record all contacts made by lobbyists and contractors about a governmental procurement so that the public knows who is contacting governmental entities about procurements;

c. requires governmental entities to designate persons who generally may be the only staff contacted relative to the governmental procurement by that entity in a restricted period;

d. authorizes the Temporary State Commission on Lobbying to impose fines and penalties against persons/organizations engaging in impermissible contacts about a governmental procurement and provides for the debarment of repeat violators;

e. directs the Office of General Services to disclose and maintain a list of non-responsible bidders pursuant to this new law and those who have been debarred and publish such list on its website;

f. requires the timely disclosure of accurate and complete information from offerers with respect to determinations of non-responsibility and debarment;

g. expands the definition of lobbying to include attempts to influence gubernatorial or local Executive Orders, Tribal–State Agreements, and procurement contracts;

h. modifies the governance of the Temporary State Commission on lobbying;

i. provides that opinions of the Commission shall be binding only on the person to whom such opinion is rendered;

j. increases the monetary threshold which triggers a lobbyists obligations under the Lobbying Act from $2,000 to $5,000; and

k. establishes the Advisory Council on Procurement Lobbying.

Generally speaking, two related aspects of procurements were amended: (i) activities by the business and lobbying community seeking procurement contracts (through amendments to the Legislative Law) and (ii) activities involving governmental agencies establishing procurement contracts (through amendments to the State Finance Law).

Additionally, a new section 1-t was added to the Legislative Law establishing an Advisory Council on Procurement Lobbying (Advisory Council). This Advisory Council is authorized to establish the following model guidelines regarding the restrictions on contacts during the procurement process for use by governmental entities (see Legislative Law §1-t (e) and State Finance Law §139-j). In an effort to facilitate compliance by governmental entities, the Advisory Council has prepared model forms and language that can be used to meet the obligations imposed by State Finance Law §139-k, Disclosure of Contacts and Responsibility of Offerers. Sections 139-j and 139-k are collectively referred to as "new State Finance Law."

It should be noted that while this Advisory Council is charged with the responsibility of providing advice to the New York Temporary State Commission on Lobbying (Lobbying Commission) regarding procurement lobbying, the Lobbying Commission retains full responsibility for the interpretation, administration and enforcement of the Lobbying Act established by Article 1-A of the Legislative Law (see Legislative Law §1-t (c) and §1-d). Accordingly, questions regarding the registration and operation of the Lobbying Act should be directed to the Lobbying Commission.

11. Accessibility of State Agency Web-based Intranet and Internet Information and Applications

Any web-based intranet and internet information and applications development, or programming delivered pursuant to the contract or procurement will comply with NYS Office for Technology Policy P04-002, "Accessibility of New York State Web-based Intranet and Internet Information and Applications", and NYS Mandatory

Technology Standard S04-001, as such policy or standard may be amended, modified or superseded, which requires that state agency web-based intranet and internet information and applications are accessible to persons with disabilities. Web content must conform to NYS Mandatory Technology Standard S04-00, as determined by quality assurance testing. Such quality assurance testing will be conducted by Department of Health, contractor or other, and the results of such testing must be satisfactory to the Department of Health before web content will be considered a qualified deliverable under the contract or procurement.

12. Information Security Breach and Notification Act

Section 208 of the State Technology Law (STL) and Section 899-aa of the General Business Law (GBL) require that State entities and persons or businesses conducting business in New York who own or license computerized data which includes private information including an individual's unencrypted personal information plus one or more of the following: social security number, driver's license number or non-driver ID, account number, credit or debit card number plus security code, access code or password which permits access to an individual's financial account, must disclose to a New York resident when their private information was, or is reasonably believed to have been, acquired by a person without valid authorization. Notification of breach of that private information to all individuals affected or potentially affected must occur in the most expedient time possible without unreasonable delay, after measures are taken to determine the scope of the breach and to restore integrity; provided, however, that notification may be delayed if law enforcement determines that expedient notification would impede a criminal investigation. When notification is necessary, the State entity or person or business conducting business in New York must also notify the following New York State agencies: the Attorney General, the Office of Cyber Security & Critical Infrastructure Coordination (CSCIC) and the Consumer Protection Board (CPB). Information relative to the law and the notification process is available at: http://www.cscic.state.ny.us/security/securitybreach/

13. New York State Tax Law Section 5-a

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain contractors awarded state contracts for commodities, services and technology valued at more than $100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such contractors' sales delivered into New York State are in excess of $300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded $300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain contractors the obligation to certify whether or not the contractor, its affiliates, and its subcontractors are required to register to collect state sales and compensating use tax and contractors must certify to DTF that each affiliate and subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agencies, from approving a contract awarded to an offerer meeting the registration requirements but who is not so registered in

accordance with the law.

Contractor must complete and submit directly to the New York State Taxation and Finance, Contractor Certification Form ST-220-TD attached hereto. Unless the information upon which the ST-220-TD is based changes, this form only needs to be filed once with DTF. If the information changes for the contractor, its affiliate(s), or its subcontractor(s), a new form (ST-220-TD) must be filed with DTF.

Contractor must complete and submit to the Department of Health the form ST-220-CA attached hereto, certifying that the contractor filed the ST-220-TD with DTF. Failure to make either of these filings may render an offerer non-responsive and non-responsible. Offerers shall take the necessary steps to provide properly certified forms within a timely manner to ensure compliance with the law.

F. APPENDICES (Listed)

The following will be incorporated as appendices into any contract resulting from this Request for Proposal. This Request for Proposal will, itself, be referenced as an appendix of the contract.

- APPENDIX A - Standard Clauses for All New York State Contracts

- APPENDIX B - Request for Proposal

- APPENDIX C - Proposal
  The bidder's proposal (if selected for award), including any Bid Forms and all proposal requirements.

- APPENDIX D - General Specifications

- APPENDIX E
  Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:

  - Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

    - **WC/DB-100**, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR

    - **C-105.2** – Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR

    - **SI-12** – Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** – Certificate of Participation in Workers' Compensation Group Self-

Insurance.

- Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:

  - **WC/DB-100**, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR

  - **DB-120.1** – Certificate of Disability Benefits Insurance

  - **DB-155** – Certificate of Disability Benefits Self-Insurance

- Appendix H - Health Insurance Portability and Accountability Act (HIPAA)

G. ATTACHMENTS (Listed)

1. **Bid Form**
2. **No Bid Form**
3. **Appendix A – Standard Clauses for All New York State Contracts**
4. **Appendix D – General Specifications**
5. **Appendix H – Health Insurance Portability and Accountability Act (HIPAA)**
6. **N.Y.S. Taxation and Finance Contractor Certification Form ST-220-TD**
7. **N.Y.S. Taxation and Finance Contractor Certification Form ST-220-CA**
8. **State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term**
9. **State Consultant Services Form B, Contractor's Annual Employment Report**
10. **Vendor Responsibility Attestation**
11. **Bidder's Conference Registration Form**

NEW YORK STATE
DEPARTMENT OF HEALTH

BID FORM (Attachment G. 1.)

PROCUREMENT TITLE: _**Retrospective Utilization Review Project** FAU #_____

Bidder Name:
Bidder Address:

Bidder Fed ID No:

A. _____
(Name of Offerer/Bidder)

Responders to this RFP must enter bid amounts computed to the $0.XXXs decimal point for both enrollee per month Work Volume Level categories A and B in the chart below. The Per Enrollee per Month Bid for the Three-Year Contract Period for Work Volume Level B must be lower than the bid for Work Volume Level A (i.e. A > B).

Work Volume Level	Enrollees per Month Work Volume	Per Enrollee per Month Bid for the Three-Year Contract Period
A	**Up to 3,000,000**	**$_____ fee per enrollee per month**
B	**3,000,001 and Over**	**$_____ fee per enrollee per month**

B. Affirmations & Disclosures related to State Finance Law §§ 139-j & 139-k:

Offerer/Bidder affirms that it understands and agrees to comply with the procedures of the Department of Health relative to permissible contacts (provided below) as required by State Finance Law §139-j (3) and §139-j (6) (b).

Pursuant to State Finance Law §§139-j and 139-k, this *Invitation for Bid or Request for Proposal* includes and imposes certain restrictions on communications between the Department of Health (DOH) and an Offerer during the procurement process. An Offerer/bidder is restricted from making contacts from the earliest notice of intent to solicit *bids/proposals* through final award and approval of the Procurement Contract by the DOH and, if applicable, Office of the State Comptroller ("restricted period") to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j(3)(a). Designated staff, as of the date hereof, is/are identified on the first page of this *Invitation for Bid, Request for Proposal, or other solicitation document.* DOH employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the Offerer/bidder pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two findings within a 4 year period, the Offerer/bidder is debarred from obtaining governmental Procurement Contracts. Further information about these requirements can be found on the Office of General Services Website at: http://www.ogs.state.ny.us/aboutOgs/regulations/defaultAdvisoryCouncil.html

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please circle):
   No Yes
   If yes, please answer the next questions:

   1a. Was the basis for the finding of non-responsibility due to a violation of State Finance Law

§139-j (Please circle):
No Yes

1b. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please circle):

No Yes

1c. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity:_____

Date of Finding of Non-responsibility: _____

Basis of Finding of Non-Responsibility:

_____
_____
_____
_____
_____

___
(Add additional pages as necessary)

2a. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle):
No Yes

2b. If yes, please provide details below.

Governmental Entity: _____

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding:

_____
_____
_____
_____
_____

___
(Add additional pages as necessary)

C. Offerer/Bidder certifies that all information provided to the Department of Health with respect to State Finance Law §139-k is complete, true and accurate.

D. Offerer/Bidder agrees to provide the following documentation either *with their submitted*

bid/proposal or upon award as indicated below:

With Bid	Upon Award	
☐	☐	1. A completed N.Y.S Taxation and Finance Contractor Certification Form ST-220.
☐	☐	2. A completed N.Y.S. Office of the State Comptroller Vendor Responsibility Questionnaire (for procurements greater than or equal to $100,000)
☐	☐	3. A completed State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term

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_____ _____

(Officer Signature) (Date)

_____ _____

(Officer Title) (Telephone)

_____

(e-mail Address)

NEW YORK STATE
DEPARTMENT OF HEALTH

NO-BID FORM

PROCUREMENT TITLE: _____FAU #_____

Bidders choosing not to bid are requested to complete the portion of the form below:

- ☐ We do not provide the requested services. Please remove our firm from your mailing list
- ☐ We are unable to bid at this time because:

_____

_____

_____

_____

- ☐ Please retain our firm on your mailing list.

_____
(Firm Name)

_____ _____
(Officer Signature) (Date)

_____ _____
(Officer Title) (Telephone)

_____
(e-mail Address)

FAILURE TO RESPOND TO BID INVITATIONS MAY RESULT IN YOUR FIRM BEING REMOVED FROM OUR MAILING LIST FOR THIS SERVICE.