



Department of Health

RFP #C043113

AIDS Intervention Management System (AIMS)

Amendment #2

Issued 10/9/2026

The following are official modifications, which are hereby incorporated into RFP #C043113 AIDS Intervention Management System (AIMS). The information contained in this amendment prevails over the original RFP language. For all amendments below, deleted language appears in strikethrough ("~~xxx~~") and added language appears in red underline ("xxx").

4.1.A Quality of Care Reviews

At the direction of the Department, the Contractor will conduct quality of care reviews, program evaluations, focused clinical studies, and quality improvement activities for health-related services provided to individuals enrolled in the NYS Medicaid program within the purview of the AIMS program, including persons living with or at risk of acquiring HIV, HCV, and/or other STIs at sites of care designated by the Department, including, but not limited to: acute, long term, ambulatory, and correctional settings throughout NYS. Ambulatory care, commonly known as outpatient care, refers to medical services that do not require an overnight hospital stay. Such activities will assist the Department in ensuring health-related services provided to individuals enrolled in the state's Medicaid program and all people living with HIV/AIDS, within the purview of the AIMS program, are appropriate, necessary, and equitable.

The Contractor will perform record reviews, conducted in accordance with [clinical practice guidelines](#) established by the Department. They will identify and summarize issues and concerns related to the care and treatment provided to populations under the purview of the AIMS program. The Contractor's work will involve services provided to the Medicaid population, whereas at least 55% of the individual records reviewed must involve a Medicaid recipient. The Department will be responsible for follow-up with providers regarding review results and summaries that indicate a need for improvement.

The Contractor will be required to obtain and review related documents including but not limited to medical charts, case management records and/or policy and procedure documents., and ~~(when necessary) provide technical assistance on the document submission process.~~ It is standard that documentation be provided or submitted through electronic secure file transfer protocols, or through the provision of remote access to electronic records. Some review sites include primary care provider sites, which may require the applicant to invest additional support staff time and administrative activities to collect data/records. For each quality-of-care review, the Department will work with the Contractor to identify a list of sites of care that will be required to provide medical charts for review.

Quality of care review activities are conducted remotely, unless otherwise specified, and must meet Health Insurance Portability and Accountability Act (HIPAA) requirements and comply with the laws and regulations of the United States Codified in 42 CFR Part 2 (the Federal Confidentiality Law), Chapter 584 of the laws of the State of New York (the New York State HIV Confidentiality Law), and the applicable portions of the New York State Department of Health Regulation Part 63 (AIDS Testing and the Confidentiality of HIV Related Information).

The AIMS program will work with the Contractor to develop an annual work plan to specify medical charts, case management charts and/or policy documentation for reviews. The Contractor will be responsible for outreach to identified health care providers per specified contact information provided by the Department and will relay any conflicts or concerns in obtaining records to the AIMS program.

4.1.C. Policy and Procedure Documentation Reviews

~~At the discretion of the Department, the Contractor will be required to validate up to 20% of the sample, to confirm accurate and sufficient data response.~~ Policies need to meet current NYS program-specific guidance which includes but is not limited to clinical guideline standards, public health law, and regulatory requirements. It is preferred that policy documentation be sent to the Contractor via electronic system, with PDF uploads accepted in the event electronic system is not accessible. Review topics may include but are not limited to any of the topics outlined in the scope of work of the program evaluation reviews and focused clinical studies sections in this RFP.

4.1.D Quality Improvement Reviews and ~~Technical Assistance~~

The Contractor will validate up to 20% of the review sample to confirm accurate and sufficient data response. Quality assurance measures to verify a representative sample include:

- Ensuring documentation of any data gaps through detailed written description(s);
- Tracking, monitoring, and ensuring consistency of tool interpretation and data input between at least two evaluators; and
- Verification that sample demographics accurately reflect broader study population trends.

4.1.E. Review Tools and Data Management

The Contractor will be sent finalized tools that are developed by the Department and/or AIMS program review partners. The Contractor must ensure all electronic data collection tools and supporting documentation (~~including submission of guidance documents~~) accurately include review tool content approved by the Department. It is anticipated that the Contractor will receive a (1) Clinically Focused tool, (2) Demographics tool, and a (3) Social Determinants of Health tool as relevant for each review. Once the tools are approved by the Department, the Contractor is responsible for electronically adapting review tools into a data collection software and/or program to be referenced during each review period by evaluators.

4.1.F. Review Timelines and Deliverables

Each review type defined in Sections 4.1.A. and 4.1.B. will have a pre-review period, review period, and post-review period as outlined below:

Pre-Review Period (Sections 4.1.A., 4.1.B., and 4.1.E.i – ii.):

- The Department shares the defined review scope and design with the Contractor through a review summary which includes the definition of the study aim, measurement indicators, methodology (including definition of the study population and sampling techniques), data collection, and data analysis and interpretation).

- The Contractor shares digitized tools with the Department and the associated review teams based on the defined review scope.
- The Department and the associated review teams approve the tool format to be utilized by the contractor during the review period in training evaluators and collecting review data.
- The Contractor programs the review tools into their electronic data collection software.
- The Contracted evaluators are trained on the finalized review tool and instructions via established training manuals as reviewed with and agreed to by the Department.
- The Department shares approved electronic letter correspondence to providers and/or healthcare organizations requesting data or medical records with the Contractor.
- The Contractor sends electronic letter correspondence to providers and/or healthcare organizations requesting data or medical records, formally beginning review period.

Review Period (Sections 4.1.A., 4.1.B., 4.1.C., 4.1.D., 4.1.E.iii.):

- The Contractor monitors all documentation associated with the review (i.e. data, medical records and/or policy-related documents) as it is submitted to ensure data compliance and completeness as defined by the Department. If discrepancies are found, the Contractor will work with providers and/or healthcare organizations to coordinate with the respective providers on overcoming barriers to chart/data access for the purpose of conducting the review. ~~by providing technical assistance regarding reconciling files, submission process, and data formats.~~
- A mid-point review meeting between the Contractor and the Department will be scheduled to address any questions or data gaps identified by evaluators at the review mid-point.
- An end-point review meeting between the Contractor and the Department will be scheduled, to discuss data trends and notes identified by evaluators at the conclusion of the review.
- Additional meetings will be added as needed.

Post-Review Period (Sections 4.1.A., 4.1.B., 4.1.E.iv., and 4.5):

- The Contractor will finalize data management and editing as outlined via specific deliverables requested by the Department contract management and review teams for each review.
- The Contractor will prepare reports as requested by the Department within the timeframe established in the initial contract year workplan with the Contractor and approved by the Department. If reports, data, and/or other deliverables are expected to be sent to the Department after the established timeframe, the Contractor will notify the Department immediately.
- At the request of the Department, the Contractor will transfer the data files to the Department or to a designated organization per approved Data Use Agreement.
- A post-review meeting takes place across the Department and review teams to discuss content of final deliverables upon request.
- The Contractor will comply with any data destruction procedures and processes as required by the Department.

Review Deliverables:

Every review will provide standard deliverables to the Department. These standard deliverables include:

- Sampling Methodology for each review will be provided to the Department with any additional deliverables.
- Narrative summaries/reports of quality assurance methods. Raw Data File (file format confirmed prior to review start date by the Department)
- Comprehensive Data Dictionary, including terms referenced by Contractor and common vocabulary agreed upon by the Contractor and the Department prior to the start of all reviews
- Data Review Summary

Deadlines for reviews will be determined at the start of each contract year when review activities are finalized within the workplan. The specific timeframe for the submission of deliverables will be determined in collaboration with the review partner prior to the initiation of each review. Deliverable data and reports will be submitted to the Department by the deadline determined in that workplan. All review deliverables are expected to be completed by the end of the contract year in which they are scheduled. The Department may request modification, updates, clarification, and/or additional information on the deliverables based on the needs of the review.

6.2.4.1.2 Proposed Approach - Performing Tasks/ Deliverables (see Scope of Work Section 4.1)

The approaches described in the Bidder's proposed approach need to meet HIPAA requirements and comply with the NYS HIV Confidentiality Law, Article 27F of the Public Health Law. Bidders should be mindful of HIPAA requirements and the laws and regulations of the United States Codified in 42 CFR Part 2 (the Federal Confidentiality Law), Chapter 584 of the laws of the State of New York (the New York State HIV Confidentiality Law), and the applicable portions of the New York State Department of Health Regulation Part 63 (AIDS Testing and the Confidentiality of HIV Related Information) when describing their approaches.

The bidder should describe an approach to ensure timely completion of the work described in Section 4.0 Scope of work and reporting of reviews. This description should include:

- **A detailed three-month start-up plan describing all activities the Bidder would undertake to implement the review system. This should include how they plan to notify providers, hiring staff, and establishing an office in New York State, where necessary.**
- **Interventions proposed to engage providers in data timely submission, techniques for following up on delinquent submission of data/medical charts, methods to simultaneously process multiple reviews, and systems for delivering review results efficiently and;**
- **A detailed work plan for the first year of the contract.**

The New York State Department of Health AIDS Institute may modify workload and funding levels based upon review findings, changes in New York State Department of Health AIDS Institute priorities, and/or changes in the health care system. The bidder should describe how their systems and employees will adapt to such changes by detailing their ability to meet changing analytical and clinical support, as well as how they plan to allocate resources for potential changes in review types, locations, and volumes should changes occur.

Other Elements of the technical proposal are listed below. Please provide your organization's proposed approach for each element listed. You may also refer to Section 4.1.F for more information.

Quality of Care Reviews (4.1.A)

Ambulatory Care Reviews (4.1.A.i)

- A plan to develop a quality review process to assess care provided to persons with HIV/AIDS at hospital outpatient departments and at primary care provider sites.
- A plan to develop data submission tools ~~and guidance documents~~;
- A description of how the bidder will ensure compliance with data specifications and how discrepancies will be reconciled; and
- A plan to develop a database to store data, share data, and prepare reports.

Department of Corrections and Community Supervision (DOCCS) Reviews (4.1.A.ii.)

- A plan to develop a quality review process to assess the standards of HIV/AIDS and HCV care provided to persons in DOCCS and jail systems.
- A plan to develop data submission tools ~~and guidance documents~~;
- A description of how the bidder will ensure compliance with data specifications and how discrepancies will be reconciled; and
- A plan to develop a database to store data, share data, and prepare reports.

Maternal-Pediatric HIV Prevention and Care Program (MPPC) Reviews (4.1.A.iii.)

- A plan to develop a quality review process to conduct program reviews of care rendered to HIV-positive mothers and their HIV-exposed newborns. Additionally, describe the process to conduct chart reviews to validate the NYS third trimester HIV testing rate against the Department data collected from the Newborn Screening program.
- A plan to develop data submission tools ~~and guidance documents~~;
- A description of how the bidder will ensure compliance with data specifications and how discrepancies will be reconciled; and
- A plan to develop a database to store data, share data, and prepare reports.

Focused Clinical Studies (4.1.A.iv.)

- Include examples of how focused clinical studies could be conducted.
- A plan to prepare study designs for the topic selected by the Department. Study designs will include definitions of study aim, measurement indicators, methodology (including definition of study population and sampling techniques), data collection, and data analysis and interpretation.
- A plan to develop data submission tools ~~and guidance documents~~;
- A description of how the bidder will ensure compliance with data specifications and how discrepancies will be reconciled;
- A plan to develop a database to store data, share data, and prepare reports; and
- Describe the difference in how standard and complex focused clinical studies are conducted.

AIMS Managed Care Responsibilities (4.1.B)

HIV SNP (Special Needs Plans) Comprehensive Quality of Care Review (4.1.B.i.)

Medicaid Managed Care Organizations (MCOs) Comprehensive Quality of Care (4.1.B.ii.)

Managed Care Organization (MCO) Ending the Epidemic (ETE) Quality Assurance and/or Policy Evaluation (4.1.B.iii.)

For each section, 4.1.B.i - 4.1.B.iii, please provide:

- A plan to develop a review process that satisfies the requirements of each review;
- A plan to develop data submission tools ~~and guidance documents~~;
- A description of how the bidder will ensure compliance with data specifications and how discrepancies will be reconciled; and
- A plan to develop a database to store data, share data, and prepare reports

Policy and Procedure Documentation Reviews (4.1.C.)

- Include examples of how policy and procedure documentation reviews could be conducted to assess provider policy documentation for compliance with clinical guideline standards, public health law and regulatory requirements

Quality Improvement Reviews ~~and Technical Assistance~~ (4.1.D.)

- Include methodologies or approaches for how quality improvement reviews could be conducted to ensure

that the contractor will validate up to 20% of the review sample and confirm accurate and sufficient data response. ~~examples of how technical assistance and trainings could be conducted to enable providers to develop approaches to improve the quality of their care, as well as utilize data and data systems to drive quality improvement~~

Review Tools and Data Management (4.1.E.)

- A plan to develop new data collection tools and supporting documentation necessary to meet the objectives of sections 4.1.A, 4.1.B, and 4.1.C of the RFP;
- A plan to repurpose and revise existing tools, when feasible, to meet the objectives of sections 4.1.A, 4.1.B, and 4.1.C of the RFP;
- A plan to pilot review tools to ensure accuracy with data extraction (including a process for tool adjustments); and
- A plan to train reviewers on the data collection tools and instructions.

7.0 PROPOSAL SUBMISSION

A proposal consists of three distinct parts: (1) the Administrative Proposal, (2) the Technical Proposal, and (3) the Cost Proposal. The table below outlines the requested format and volume for submission of each part.

Proposals should be submitted in all formats as prescribed below.

	Electronic Submission
Administrative Proposal	Email labeled "Administrative Proposal Submission, Bidder's Name, RFP# C043113 containing a standard searchable PDF file with copy/read permissions only.
Technical Proposal	Email labeled "Technical Proposal Submission, Bidder's Name, RFP# C043113 containing a standard searchable PDF file with copy/read permissions only.
Cost Proposal	Email labeled "Cost Proposal Submission, Bidder's Name, RFP# C043113 containing a standard searchable PDF file with copy/read permissions only.

1. Submit three (3) separate, searchable, and open and permission password protected, PDF proposals in three (3) separate emails to: AIGPU@health.ny.gov ~~[insert BML]~~. Use this naming convention for the subject line of each email: <Type of Proposal Submission, Bidder Name, RFP#C043113>.
2. Include, as attachment to each email, the distinct PDF file labeled "Administrative Proposal", "Technical Proposal", or "Cost Proposal" followed by Company name and RFP number. Example: "Technical Proposal Submission, ABC Company, RFP#C043113".
3. All electronic bid submissions should be clear and include page numbers at the bottom of each page.
4. All electronic bid submissions should be in PDF Optical Character Recognition (OCR) searchable format.

5. The body of the email should also include the password to the file, contact information, and indicate the total number of pages intended, and, where indicated, each subset of pages listed. **Example: Administrative Proposal 14 pages total, Attachment 3 – 1 page.**
6. A font size of eleven (11) points or larger should be used. All submitted documents should contain appropriate header and footer information.
7. In the event an electronic submission cannot be read by the Department, the Department reserves the right to request a hard copy and/or electronic resubmission of any unreadable files. Offeror shall have 2 business days to respond to such requests and must certify the resubmission is identical to the original submission.
8. Where signatures are required, the proposals should have a handwritten signature (wet ink) and be signed in blue ink. A scan of the handwritten (wet ink) signature can be used for electronic submission in the PDF. The Department reserves the right to request hard copy originals of all signature pages at any time.
9. The Department discourages overly lengthy Bids. Therefore, marketing brochures, user manuals or other materials beyond that sufficient to present a complete Bid, are not desired and will not be reviewed or evaluated. Elaborate artwork or expensive paper is not necessary or desired. In order for the Department to evaluate bids fairly and completely, all Bids should follow the format described in this RFP and provide all requested information and no extraneous or additional information or material.
10. Audio and/or videotapes are not allowed. Any submitted audio or videotapes will be ignored by the evaluation teams.

Submission of proposals in a manner other than as described in these instructions (e.g., fax) will not be accepted.

The proposal must be received by the Department, no later than the Deadline for Submission of Proposals specified in Section 1.0, (Calendar of Events). Late bids will not be considered.

8.4 Cost Evaluation

The Cost Evaluation Committee will examine the Cost Proposal documents. The Cost Proposals will be opened and reviewed for responsiveness to cost requirements. If a cost proposal is found to be non-responsive, that proposal may not receive a cost score and may be eliminated from consideration.

The Cost Proposals will be scored based on a maximum cost score of ~~25~~ points. The maximum cost score will be allocated to the Cost Proposal with the lowest all-inclusive not-to-exceed maximum price. All other responsive proposals will receive a proportionate score based on the relation of their Cost Proposal to the Cost Proposal(s) offered at the lowest final cost, using this formula:

$$C = (A/B) * 25\%$$

A is Total price of lowest Cost Proposal;

B is Total price of Cost Proposal being scored; and

C is the Cost score.

The Cost Proposal evaluation is 25% (up to 25 points) of the final score.