



Department of Health

RFP # C043113

AIDS Intervention Management System (AIMS)

Questions and Answers Posted October 9, 2026

Question #	Corresponding RFP Section	Question	Answer
1.	Section & Title: 3.1 Minimum Qualifications; 4.1.D Quality Improvement and Technical Assistance; 4.1.F. Review Timelines and Deliverables; 6.2.4.1.2 Proposed Approach Paragraph #: All; 1; all; all Page #: 6; 13; 15; 32	Can the state please clarify whether the same providers or healthcare organizations subject to quality-of-care, program, policy, or compliance review by the Contractor may also receive Quality Improvement and Technical Assistance from the Contractor under 4.1.D.?	The Contractor will not be responsible for providing technical assistance to the providers. Refer to Amendment 2.
2.	Section & Title: 4.1.A.ii. Department of Corrections and Community Supervision (DOCCS) Reviews Paragraph #: 2 Page #: 10	Please confirm that the Contractor staff must deploy staff to the assigned DOCCS hub for onsite review for the duration of the contract.	Yes. Per Section 4.1.A.ii, bullet #1, "All DOCCS reviews occur on-site, until an electronic medical record can be established and inclusive of all medical data. The Contractor will be required to deploy staff to the assigned hub each year to review approximately 300 to 1,000 medical charts. The number of records may change from year to year during the RFP period. The

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			Contractor is expected to adapt to meet the needs of this review per updated policy guidelines in collaboration with the Department."
3.	Section & Title: 4.1.A.iii Maternal-Pediatric HIV Prevention and Care Program Reviews Paragraph #: 2 Page #: 10	Please clarify whether each prenatal, intrapartum/postpartum, newborn, and pediatric chart for one 4-tiered maternal-infant dyad is billed as a separate record.	Yes. Each of the four tiers can be billed as separate reviews.
4.	Section & Title: 4.1.A.iv. Focused Clinical Studies Paragraph #: 2 Page #: 10-11	Please describe the number of data points or indicators that define a Complex focused clinical study.	A complex focused clinical study will request information from multiple sources such as a primary care record and a behavioral health record. There is not a predetermined number of data points or indicators.
5.	Section & Title: 4.1.A.iv Focused Clinical Studies; Attachment F Five-Year Projected Allocations Paragraph #: 2; Complex Focused Clinical Studies row Page #: 10-11; 44	Attachment F projects 5,000 Standard and 9,000 Complex Focused Clinical Study units annually. Can the state please clarify the anticipated number of separate standard and complex focused clinical studies to be conducted each year?	Attachment F is intended for guidance when developing an annual budget and workplan. The total units projected in the table are estimates and based on recent AIDS Institute priorities which are determined and negotiated annually with the Contractor.
6.	Section & Title: 4.1.A.iv Focused Clinical Studies; Attachment F Five-Year Projected Allocations Paragraph #: 2; Complex Focused Clinical Studies row Page #: 10-11; 44	Attachment F projects 5,000 Standard and 9,000 Complex Focused Clinical Study units annually. Can the state please clarify the anticipated distribution of records among those studies?	Attachment F is intended for guidance when developing an annual budget and workplan. The distribution of the records to be reviewed is determined by the priorities of the AIDS Institute and negotiated annually with the Contractor.
7.	Section & Title: 4.1.A.iv. Focused Clinical Studies Paragraph #: All bullets Page #: 11-12	For the 11 Focused Clinical Studies listed: Viral Load Suppression, HIV/AIDS and Aging, HIV/AIDS Mortality, Health Homes and Health Homes Serving Children, AIDS Adult Day Health Care (AADHC), Drug User Health, Congenital Syphilis, Sexually Transmitted Infection (STI), Expedited Partner Treatment (EPT), Emerging Health Issues, and	The Contractor and the AIDS Institute will collaborate annually to determine whether the study will be simple focused or complex focused before work begins. Per paragraph 2 in Section 4.1.A.iv., "Simple focused clinical studies require the request and review of records from only one provider or

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		Health Equity, can you assign which would be Simple and which would be Complex focused clinical studies?	organization. Complex focused clinical studies involve a higher quantity of data abstracted, multi-indicator comparison, and complexity of reporting. A complex focused clinical study requires the contractor to request and review records from more than one provider or organization.
8.	Section & Title: 4.1.C Policy and Procedure Documentation Reviews Paragraph #: 1 Page #: 13	Please clarify what is meant by validating up to 20 percent of the sample for policy and procedure reviews.	Refer to Amendment #2
9.	Section & Title: 4.1.C Policy and Procedure Documentation Reviews Paragraph #: 1 Page #: 13	Regarding validating up to 20 percent of the sample for policy and procedure reviews, please clarify whether this work is separately billable for each record.	Refer to Amendment #2
10.	Section & Title: 4.1.C Policy and Procedure Documentation Reviews; Attachment E Cost Proposal, p. 43; Attachment F Five-Year Projected Allocations Paragraph #: 1; Policy and Procedure Documentation Reviews row; Policy and Procedure Documentation Reviews row Page #: 13; 43; 44	Attachment F projects 500 Policy and Procedure Documentation Review units annually, and Attachment E defines one unit as one policy. Can the state please identify the anticipated number and types of providers or organizations from which these policies will be reviewed?	Attachment F is intended for guidance when developing an annual budget and workplan. The anticipated number and types of providers or organizations from which these policies will be reviewed are subject to the AIDS Institute priorities and negotiated annually with the Contractor.
11.	Section & Title: 4.1.C Policy and Procedure Documentation Reviews; Attachment E Cost Proposal, p. 43; Attachment F Five-Year Projected Allocations	Attachment F projects 500 Policy and Procedure Documentation Review units annually, and Attachment E defines one unit as one policy. Can the state please identify the approximate number of policies anticipated per organization?	Attachment F is intended for guidance when developing an annual budget and workplan. The distribution of the policy documents to be reviewed is determined by the priorities of the AIDS Institute and any updated or modified policy standards. These are

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	Paragraph #: 1; Policy and Procedure Documentation Reviews row; Policy and Procedure Documentation Reviews row Page #: 13; 43; 44		outlined as part of the annual planning process with the Contractor.
12.	Section & Title: 4.2.B Staff Experience and Qualifications Paragraph #: Clinical Staff Evaluators bullet Page #: 18	Please confirm that each clinical evaluator and clinical quality assurance reviewer must hold a current New York State professional license.	Yes, per Section 4.2.B Clinical Staff must hold and maintain a current and valid New York license to practice in their profession.
13.	Section & Title: 4.3 Reporting; 4.7 Payment Paragraph #: First bullet on page; 2 Page #: 19; 21	Please confirm that monthly reports and monthly billing are required, rather than completed individual clinical studies reports and billing.	Yes, per Section 4.3 Reporting: Monthly reports as required by the Department, summarizing all core service activities and deliverables completed during the unit of time, as defined within the scope of work. Monthly reports are due to the Department no later than thirty (30) calendar days following the close of the reporting period as agreed to annually during the planning meeting between the Contractor and the Department. Per Section 4.7 Payment: The Contractor shall submit monthly invoices and/or Claim for Payment to the State's designated payment office.
14.	Section & Title: 4.10 Minority & Women-Owned Business Enterprise (M/WBE) Requirements Paragraph #: 2 Page #: 22	The state has established a M/WBE participation goal of 30%. However, Section 4.8 states "bidders may not propose the use of a subcontractor." Please clarify.	Refer to Amendment #1

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15.	Section & Title: 6.2.4.2. Staffing and Qualifications Paragraph: Final bullet in section Page #: 33	The final bullet of Section 6.2.4.2. states, “Description of the experience and special qualifications of consultants to be involved in the contract as well as those of any proposed experienced subcontractor.” However, Section 4.8 states “bidders may not propose the use of a subcontractor.” Would the state remove the prohibition on the use of subcontractors?	Refer to Amendment #1
16.	Section & Title: 8.4 Cost Evaluation Paragraph: 2 Page #: 36	Please replace “XX points” with the correct maximum cost score and confirm that the Cost Proposal evaluation is worth 25 points.	The Cost Proposal is worth 25 points. Refer to Amendment #2.
17.	Section & Title: Attachment E Cost Proposal Paragraph #: Maternal, Pediatric Prevention and Care Reviews row Page #: 43	Regarding Quality of Care Reviews, Maternal, Pediatric Prevention and Care (MPPC) Reviews, please confirm that each tier, 4 total, is billed as a separate record (4 records billed for each case).	Each of the four (4) tiers can be billed as separate reviews.
18.	§4.8, 4.10, p. 22	We would appreciate clarification on one point regarding the M/WBE participation requirements. Section 4.10 references M/WBE participation through subcontracting and invites M/WBE firms to be identified as interested subcontractors, which appears to differ somewhat from the language in Section 4.8. Could you please clarify how bidders should interpret and approach the M/WBE participation requirements across these sections?	Refer to Amendment #1
19.	§2.0, p. 4; §2.2, pp. 5–6; Attachment E, p. 43	The RFP anticipates one State contract and one HRI contract with the selected bidder based on funding streams. Please confirm whether the unit prices submitted in Attachment E will apply identically to work ordered under both the NYSDOH and HRI contracts and whether invoicing/allocation	The total annual funding for each contract is fixed for each contract year and will apply identically to both the NYSDOH and HRI contracts. The workplan incorporates both contracts. The budget and reporting on each contract will vary.

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		between the two contracts will be directed by NYSDOH/HRI through the annual work plan.	
20.	§3.1	The RFP requires an applicant to be a CMS-certified QIO-like Entity approved for New York State at the time of proposal submission. Given that CMS's publicly available list of QIO-like Entities is not current, what documentation or other evidence should an applicant submit with its proposal to demonstrate compliance with this requirement?	Per the website for CMS, an applicant will be required to demonstrate inclusion on the CMS list of QIO-like Entities or acknowledgement from CMS.
21.	§4.1.A.i	The RFP states that “the actual number of review tools required is determined between the Department and the Contractor during the planning period for each review.” Please clarify the anticipated number or range of distinct Ambulatory Care review topics expected to be conducted during each contract year, or other applicable planning period. Please also confirm whether the projected 2,000 records annually represents the aggregate volume across all Ambulatory Care reviews conducted during that year or per distinct topic.	Attachment F is intended for guidance when developing an annual budget and workplan. The total units projected in the table are estimates and based on recent AIDS Institute priorities which are determined and negotiated annually with the Contractor.
22.	§4.1.A.ii	Please clarify whether when reviewing the “hub” of DOCCS facilities if the Contractor should anticipate going to each of the DOCCS facilities or if reviews are completed at a central location.	See Answer #2. Per Section 4.1.A.ii, bullet #1, “All DOCCS reviews occur on-site, until an electronic medical record can be established and inclusive of all medical data. The Contractor will be required to deploy staff to the assigned hub each year to review approximately 300 to 1,000 medical charts. The number of records may change from year to year during the RFP period. The Contractor is expected to adapt to meet the needs of this review per updated policy guidelines in collaboration with the Department.” A DOCCS hub is a designated

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			region where multiple correctional facilities are assigned.
23.	§4.1.A.ii	The RFP states that the Contractor will assess a different DOCCS hub during each year of the five-year contract. Please identify the five hubs currently anticipated for review during the contract term and, if determined, the expected contract year or order for each hub.	Hubs are not predetermined in advance, they are selected, in collaboration with DOCCS Medical Director, prior to each contract year.
24.	§4.1.A.ii	The RFP states that "two jail system reviews occurred during the last five-year contract." Please clarify whether the Department anticipates a similar number or frequency of County/Local Jail Reviews during the resulting five-year contract for planning purposes.	The Department cannot anticipate policy change or legislative directives that would precipitate adding a county/local jail review during the five-year period.
25.	§4.1.A.ii, pp. 9–10; Attachment E, p. 43	DOCCS reviews are described as on-site, and §6.3 states that bid prices include travel. Please confirm that all travel associated with DOCCS reviews must be incorporated into the per-record DOCCS unit price and that no separate travel reimbursement will be available.	All travel associated with DOCCS reviews must be incorporated into the per-record unit price. Separate travel reimbursement will not be available.
26.	§4.1.A.ii; Attachment F	The RFP anticipates approximately 1,000 DOCCS review units annually and indicates that reviews are performed onsite but the operational duration is not specified. For purposes of estimating staffing, travel, and unit pricing, please provide, if available: (1) the typical number of facilities included within an annual hub review; (2) the anticipated duration or number of onsite review days; (3) the approximate distribution of records across facilities; (4) the method by which reviewers will access medical records and whether secure workspace/equipment will be provided onsite; and (5) whether all record abstraction is expected to occur onsite or whether	Hubs are not predetermined in advance. Hubs are selected in collaboration with the DOCCS Medical Director, prior to each contract year. On average a DOCCS review includes, at minimum, three (3) correctional facilities within a hub, over approximately one week, and a distribution of 1,000 units across the facilities within the hub. All record abstraction is expected to occur onsite, and no electronics are permitted on the premises.

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		preparation, quality assurance, data entry, or other portions of the review may be completed remotely.	
27.	§4.1.A.iii	Please clarify how the projected 2,000 annual MPPC records are counted. Does each medical record reviewed at a different level of care count as a separate record unit, and does the 2,000-record estimate represent the total across all MPPC review activities?	Each of the four tiers can be billed as separate reviews. The review is ongoing throughout the contract year, and the sample is submitted quarterly. Attachment F is intended for guidance when developing an annual budget and workplan. The total units projected in the table are estimates and based on recent AIDS Institute priorities.
28.	§4.1.A.iii	For the Maternal, Pediatric Prevention and Care (MPPC) review, which requires linkage of every Department-identified maternal-infant dyad, does the Department have a preferred methodology or existing identifier for matching a mother's record to her infant's?	Yes. The Department has a methodology to match the mother and infant records.
29.	§4.1.A.iv	Please provide the anticipated number of Standard and Complex Focused Clinical Studies expected during each contract year. If that number has not been established, please provide the number of Standard and Complex Focused Clinical Studies conducted during each year of the current contract and indicate if that meets the Department's expectations or if additional or less studies are being requested.	Attachment F is intended for guidance when developing an annual budget and workplan. The distribution of the records to be reviewed is determined by the priorities of the AIDS Institute and negotiated annually with the Contractor. Approximately 3 to 8 reviews may occur during a given contract year.
30.	§4.1.B.i	Attachment F projects 7,000 HIV-SNP Eligibility Verification and Quality of Care records annually, while §4.1.B.i states that up to 100% of HIV SNP enrollee files may be reviewed. Please clarify whether the projected 7,000 annual records represents the anticipated total HIV SNP enrollee	All newly enrolled individuals will be included in the sample with the difference remaining to include selected cohorts not to exceed the 7,000-record total.

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		population subject to review or an anticipated sampled volume. If enrollment exceeds 7,000, please clarify whether the Contractor should expect to review the additional enrollee files or whether sampling would be applied.	
31.	§4.1.B.ii	The RFP states that a 10% sample of enrollee files may be reviewed. Please provide the estimated number of enrollee files from which the 10% sample would be drawn and confirm if this figure is across all MCOs or per MCO.	These are examples of potential reviews that may be selected based on AIDS Institute priorities and clarified in the development of the annual workplan.
32.	§4.1.B.ii	Please clarify whether the Comprehensive Quality of Care Review requires a comprehensive review of the full enrollee administrative and care management/coordination record, or a targeted review limited to the specific requirements identified in §4.1.B.ii. If a comprehensive review is required, please identify the record components and time period expected to be reviewed.	These are examples of potential reviews that may be selected based on AIDS Institute priorities and clarified in the development of the annual workplan.
33.	§4.1.B.iii	Please clarify whether all activities listed under the MCO ETE Quality Assurance and/or Policy Evaluation are expected to be conducted each contract year, or whether specific activities will be selected during the annual planning process. If only selected activities are anticipated each year, please provide the expected number or range of activities.	These are examples of potential reviews that may be selected based on AIDS Institute priorities and clarified in the development of the annual workplan.
34.	§4.1.B.iii	Please provide the anticipated annual sample size, or range, for the MCO ETE Quality Assurance and/or Policy Evaluation.	These are examples of potential reviews that may be selected based on AIDS Institute priorities and clarified in the development of the annual workplan. The amounts listed in Attachment F are based on previous reviews and samples and are the best estimates that can be provided.

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35.	§4.1.B.i–iii; Attachments E/F	Scope contains 3 managed care review types but cost form only contains one corresponding line: §s 4.1.B.i–iii describe three categories of managed-care work: HIV SNP Comprehensive Quality of Care Reviews, MCO Comprehensive Quality of Care Reviews, and MCO Ending the Epidemic Quality Assurance/Policy Evaluation. Attachment E contains a unit-price line only for “HIV-SNP Eligibility Verification and Quality of Care for Enrollees,” while Attachment F projects 7,000 annual units under AIMS Managed Care Responsibilities. Please confirm whether the 7,000 projected units include work performed under all three §s 4.1.B.i–iii. If so, should all three review categories be priced using the HIV-SNP line in Attachment E? If not, please identify the applicable cost-proposal line and unit definition for §s 4.1.B.ii and 4.1.B.iii.	These are examples of potential reviews that may be selected based on AIDS Institute priorities and clarified in the development of the annual workplan. The 7,000 projected units apply only to the HIV-SNP Eligibility Verification and Quality of Care for Enrollees review. In reference to the reviews under 4.1.B.ii and 4.1.B.iii, these are examples of additional reviews that may be selected. There is no recent historical data by which to base a sample. These reviews would be listed under the ‘AIMS Managed Care Responsibilities’ category following the example of the ‘HIV-SNP Eligibility Verification...’ review listed on Attachment F. Attachment F is intended for guidance when developing an annual budget and workplan. The distribution of the records to be reviewed is determined by the priorities of the AIDS Institute and negotiated annually with the Contractor.
36.	§4.1.D; Attachments E/F	Please define the unit of service for “Detailing / Quality Improvement Reviews.” • Attachment E identifies the unit as “one record,” • Attachment F projects 2,000 units annually;	A unit of service is defined as one medical record or one policy. Attachment F is intended for guidance when developing an annual budget and workplan. The distribution of the records to be reviewed is determined by the priorities of

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		• however, the Scope of Work and Technical Proposal requirements describe quality improvement activities that may include provider technical assistance and training. Does one unit represent a patient/medical record review, one provider-level review, one provider engagement/TA encounter, or another defined unit of work? Please also identify the activities expected to be included in completion of one billable unit.	the AIDS Institute and negotiated annually with the Contractor. The Contractor will not be responsible for providing technical assistance to the providers. Refer to Amendment #2 A billable unit of service for a Detailing / Quality Improvement Review is one medical record. A Detailing / Quality Improvement Review involves the facilitation of a secondary review of up to 20% of the original sample charts using the tool(s) that was applied to the original review for the purpose of validating data.
37.	§4.1.E	The RFP states that the Contractor “will be sent finalized tools that are developed by the Department and/or AIMS program review partners” and, once approved, will be responsible for electronically adapting those tools into data collection software. However, the Technical Proposal instructions in §6.2.4.2 ask bidders to describe plans to “develop new data collection tools,” “repurpose and revise existing tools,” and “pilot review tools.” Please clarify the Contractor’s expected role in the development of review tools. Is the Contractor expected to develop, revise, and pilot the substantive content of review tools, subject to Department approval, or will finalized tool content be provided by the Department and/or AIMS program review partners, with the Contractor primarily responsible for electronically adapting and implementing those tools?	The Contractor will collaborate with the AIDS Institute in the development of the review tools. The AIDS Institute will edit and submit final drafts of the tools to the Contractor for programming.

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38.	§4.1.E.ii	Where should the cost of electronically programming/adapting review tools under §4.1.E.ii be included in Attachment E?	The cost should be included under the lines for developing, revising, and/or piloting/implementing review tools depending on the activity being completed to the tool.
39.	§4.1.E.iii	Please provide the anticipated percentage of charts that will require quality assurance validation under §4.1.E.iii.	Refer to Attachment F for planning purposes. The distribution of the records that will require quality assurance validation is determined by the priorities of the AIDS Institute and negotiated annually with the Contractor.
40.	§4.1.E.iii; Attachment E	§4.1.E.iii states that up to 20% of charts will be validated for quality assurance/IRR and that the additional validated charts will be billed under the "quality assurance line within the budget." Attachment E does not include a separate Quality Assurance unit-price line. Please clarify: (1) which Attachment E line item should be used to price and invoice these additional validation reviews; and (2) whether QA validation records are included within the projected review-unit quantities in Attachment F or should be considered additional billable units above those estimates.	The Contractor should use the Detailing/Quality Improvement Reviews line to price and invoice the additional reviews. These units should be considered additional billable units.
41.	§4.1.F	Please confirm the expected format and structure of the raw data file and data dictionary deliverables (§4.1.F), including whether DOH requires a specific schema, file format, or submission portal, beyond the RFP's statement that file format will be "confirmed prior to review start date by the Department."	The Department requires the use of the Health Commerce System for the sharing of data, however it does not require a specific schema or file format. The format must be reviewed and approved prior to the review start date.
42.	§4.2.A	The RFP states "Experience in and knowledge of the continuums of care for HIV/AIDS, HCV, and/or STIs, as well as skills necessary to effectively recognize and record chart components related to health disparities and social determinants of health." Please confirm if this is required of all clinical staff evaluators or that this background just needs to be included within the staff.	The Contractor and all professional staff are required to have the knowledge and the skillset outlined in the RFP. Professional staff should be licensed and/or accredited in accordance with their profession.

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43.	§4.4	Please confirm the required cadence, format, and transport mechanism (API, secure file transfer, batch extract) for Medicaid claims data delivered under the DEAA, and the expected refresh frequency once the sampling universe is established.	The transfer of data will be point-in-time. Each review will include a sample which the Contractor will be required to collect via the Health Commerce System. The Contractor will outreach to the review target for medical records to complete the review. The data summary and analysis will be securely transferred to the Department via the HCS. Technical specifications will be further detailed in the DUA between the Department and the Contractor, post-award and prior to contract execution.
44.	§4.4	§4.4 describes a two-way data relationship in which the Department supplies administrative/claims data and the Contractor's review determinations are expected to feed back to the Department, but does not specify a return interface or format. What interface, file format, or schedule is expected for the Contractor to return review determination results into Department systems?	See response to Question 43.
45.	§4.4, §4.5, Attachment H, Attachment I	Please clarify the anticipated data-access and hosting model for the new contract. Will the Contractor generally be expected to receive, process, and store Medicaid Confidential Data/PHI within a Contractor-hosted environment, access data primarily through DOH-supported systems, or use a combination of both? For any Contractor-hosted environment, please identify the security reviews, approvals, agreements, and controls that must be completed before access to MCD/PHI is permitted, including the anticipated sequence and timing of the DEAA, DUA, BAA, DOH security review, and Security, Privacy and Confidentiality Plan approval. Please also clarify whether the Contractor-hosted environment must be fully implemented and approved within the first 30 days	The Contractor will be expected to receive, process, and store data Medicaid Confidential Data within a Contractor-hosted environment. The Contractor will not have access to DOH-supported systems outside of the Health Commerce System. All security reviews, approvals, agreements, and controls will be outlined in the DUA between the Department and the Contractor, post-award and prior to contract execution. The contractor is expected to be fully functional within 90 days of award. The

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		of the contract, or whether implementation may occur following approval of the Security, Privacy and Confidentiality Plan and prior to receipt of MCD/PHI.	timeline is contingent upon the approval and execution of the Data Use Agreement.
46.	§4.4; §6.10	The RFP prohibits subcontracting while §4.4 requires the Contractor to maintain the computer and data collection systems necessary to support AIMS. Please confirm whether the Contractor may utilize third-party commercial technology products or services - including cloud infrastructure providers (e.g., AWS, Microsoft Azure, Google Cloud), SaaS platforms, electronic data capture (EDC) platforms, or managed hosting services- provided the Contractor retains full responsibility for the system and compliance with all RFP security, privacy, and data requirements. If permitted, please clarify whether such technology providers would be considered subcontractors under the RFP.	Refer to Amendment #1
47.	§4.4; §6.2.4.1.2	Will DOH provide access to a test/sandbox environment (or test data extract) for platform integration and user-acceptance testing prior to go-live, and if so, on what timeline relative to the anticipated March 1, 2027, contract start and the three-month start-up plan required by §6.2.4.1.2?	The contractor will be provided with all necessary specifications for platform integration. The contractor is expected to be fully functional within 90 days of award. Testing will occur prior to go-live. The timeline is contingent upon the approval and execution of the Data Use Agreement.
48.	§4.4; Attachment H §4	§4.4 requires integration consistent with DOH's technology policy index. Please confirm whether integration with DOH's Health Commerce System (HCS) and/or NY.gov ID is mandatory for all Contractor system users, or only for specific user types or workflows.	The Health Commerce System is required for all types of secure file transfer.

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49.	§4.6; §6.2.4.1.2	At contract transition, which existing AIMS assets are owned or controlled by the Department and will be made available to the incoming Contractor? Please identify whether transition materials are expected to include existing review tools and editable source files, data dictionaries, sampling specifications, workflow documentation, training manuals, provider correspondence, reporting templates, historical review data, system configurations or exports, and other operational documentation. Additionally, will there be an overlap or knowledge-transfer period with the incumbent Contractor before or after March 1, 2027, and if so, what level of incumbent transition support should bidders assume?	The Department owns any tools, data dictionaries, sampling specifications, workflow documentation, and templates that are developed by the Contractor to conduct the reviews. The Department will facilitate the handoff of assets between the existing Contractor and newly selected Contractor. There will be no overlap period between contracts or communication with the incumbent Contractor before or after March 1, 2027.
50.	§4.8, p. 22; §4.10, pp. 22–23	§4.8 states that bidders may not propose the use of a subcontractor. §4.10 establishes a 30% M/WBE participation goal and describes M/WBE participation as subcontractors or suppliers. Please clarify how bidders are expected to meet the 30% M/WBE goal when subcontractors may not be proposed, including whether M/WBE suppliers may be used and what types of expenditures may count toward the goal.	Refer to Amendment #1
51.	§4.8, p. 22; §6.2.4.2, p. 33	§4.8 prohibits bidders from proposing subcontractors, while §6.2.4.2 requests the experience and qualifications of consultants and “any proposed experienced subcontractor.” Please confirm that bidders should not propose subcontractors and clarify whether consultants may be used under the contract and, if so, how they should be treated for purposes of §4.8 and the M/WBE requirements.	Refer to Amendment #1
52.	§7.0, p. 34	§7.0 describes each proposal PDF as having “copy/read permissions only,” while item 1 states that the PDFs are to be password protected and	The PDF proposal document(s) must have copy/read permissions. Each proposal document must be password protected. The

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		item 5 states that the email body should include the password to the file. Please clarify whether each proposal PDF must be password protected and, if so, what type of password protection is required.	proposal password should be included in the same email as the proposal attachment.
53.	§7.0, p. 34	If proposal PDFs are required to be password protected, should the password be included in the same email as the proposal attachment, as stated in item 5, or transmitted separately? Please confirm the required process for each of the three proposal packages.	Proposal passwords should be included in the same email as the proposal attachment.
54.	§7.0, p.34	§7.0 instructs bidders to submit the three proposal emails to “[insert BML].” Please provide the complete email address to which the Administrative, Technical, and Cost Proposal submissions must be sent.	Bidders are instructed to submit three (3) separate, searchable, and open and permission password protected, PDF proposals in three (3) separate emails to: AIGPU@health.ny.gov . Refer to Amendment #2.
55.	§8.4, p. 36	§8.4 states that the Cost Proposals will be scored based on a maximum cost score of “XX points,” while the formula and surrounding text state that cost represents 25% and up to 25 points. Please confirm that the maximum Cost Proposal score is 25 points.	The Cost Proposal is worth 25 points. Refer to Amendment #2.
56.	4.1.E.ii; Attachment H §3(d), §3(f); Attachment I	§4.1.E.ii lists eight named data-collection platforms, introduced with “such as” rather than “limited to.” Please confirm whether this list is exhaustive and mandatory, or illustrative, meaning whether a bidder may propose an alternative COTS platform or a custom-built system instead. Separately, for whichever platform(s) are acceptable, please confirm whether a multi-tenant cloud-hosted (SaaS) deployment satisfies the physical-security and access-control provisions of Attachment H	The list is not exhaustive. The list is illustrative, however the system must meet all State and Federal privacy and security requirements as detailed in Section 4.5 Security of the RFP.

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		§3(d)/§3(f) and the CONUS data-residency requirement, or whether only a dedicated/self-hosted CONUS deployment is acceptable. All Contractor infrastructure and staff for this platform will be U.S.-based regardless of the answer.	
57.	Attachment E, p. 43; Attachment F, p. 44	Attachment E states that all administrative costs and data collection should be included in review costs and that data processing costs should be calculated separately. §§ 4.1.E.iii and 4.1.E.iv distinguish data collection from data management/analysis. Please clarify which activities NYSDOH expects bidders to include in the per-record/per-policy review unit prices versus the hourly Data Management unit price, particularly data validation, quality assurance, analysis, transfer, and reporting.	Attachment F is intended for guidance. Data management units include validation, quality assurance, analysis, transfer, and reporting. Data management hours are estimated as part of the annual workplan development with the Contractor and are adjusted as needed.
58.	Attachment E, p. 43; Attachment F, p. 44	Attachment E states that unit prices will be fixed for the entire contract period, while Attachment F identifies estimated annual units based on recent programmatic needs. Please confirm that the unit prices submitted in Attachment E will remain unchanged for all five contract years, with no annual escalation, and that actual quantities may vary from the Attachment F estimates.	Yes. Unit prices submitted in Attachment E will remain fixed throughout the five-year contract period, with no annual escalation. Attachment F is intended for guidance when developing an annual budget and workplan. The total units projected in the table on Attachment F are estimates and based on recent programmatic needs.
59.	Attachment E; §4.1.E	Attachment E states that administrative costs and data collection are to be incorporated into review-unit prices, while data-processing activities are priced separately. §4.1.E.iii further states that evaluator training, chart review and data entry are	Yes. Evaluator training, chart review, and data entry are included in the applicable per-record unit prices. Data processing activities, including sampling methodology development, data reconciliation, analysis,

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		incorporated into the cost of each chart reviewed. Please confirm the intended allocation of the remaining cross-cutting activities, particularly: development of sampling methodologies; provider outreach and follow-up for record retrieval; data reconciliation/cleaning; preparation of narrative reports and presentations; and review-specific project management. For each, should the cost be incorporated into the applicable review-unit price, the Data Management hourly rate, or another Attachment E line item?	and aggregate reporting are billed through the Data Management hourly rate.
60.	Attachment F	Is the incumbent's current AIMS review platform, tool library, or historical review data expected to be migrated to the new Contractor's system, and if so, will DOH facilitate data/tool handoff from the outgoing Contractor?	Yes. The Department will facilitate the handoff of data and review tools to support the transition.
61.	Attachment H §11(c), §12(a); Attachment I §9	Attachment H §11(c) requires material-incident reporting "no later than 24 hours," and Attachment H §12(a) requires data-breach notification on the same 24-hour standard, while the AIMS DUA (Attachment I §9) requires notification "within one hour of discovery" of a possible security event. Please confirm which standard governs incidents involving Medicaid Confidential Data.	Attachment H refers the Contractor to all applicable third-party security requirements. Attachment I (AIMS Data Use Agreement (DUA) Summary is specific to Medicaid Confidential Data.
62.	Attachment H §4	Attachment H §4 references NYS Authentication Token standards for MFA. Please confirm whether a specific token technology or vendor is mandated, or whether any NIST SP 800-63-compliant MFA method is acceptable.	No. A specific token technology is not mandated but must be listed and approved in the Data Use Agreement.
63.	Attachment H §7	Please confirm whether SOC 2 Type 2 (or equivalent independent audit) documentation for the proposed EDC platform vendor and any subcontracted technology vendor must be current as of proposal submission or may be provided post-award prior to go-live.	The SOC 2 Type 2 documentation must be met, or the timeline to meet must be included in the three (3)-month plan.

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64.	Attachment I §4	Attachment I requires organizations that transfer, process, or store Medicaid Confidential Data to comply with the OHIP Moderate-Plus Security Controls Baseline. Please confirm whether NYSDOH will provide the current Moderate-Plus control baseline and associated compliance requirements applicable to the Contractor's environment.	Yes, the Department will provide the compliance requirements.
65.	Attachment I §6	Attachment I §6 requires the Contractor to elect a Data Storage Model, choosing among a Restricted Access Model (air-gapped, single system, no network connection), a Production system, defined DOH-system access, or "Other." Does DOH have a preferred or required model for AIMS specifically, or is the choice fully at the Contractor's discretion?	DOH does not have a preferred or required Data Storage Model for AIMS. The Contractor may propose a Data Storage Model that must be approved and listed in the Data Use Agreement.
66.	Attachments E&F - Cost Proposal	Please confirm if the total contract amount will be determined by taking the "Unit Price" from Attachment E times the "Estimated number of units" in Attachment F and totaling these amounts, or if another methodology will be used.	The total contract amount is predetermined and fixed. Unit prices are utilized to develop annual proposed budgets and workplans.
67.	Sections 3.1 (p. 6), 4.8 (p. 22), 4.10 (pp. 22–23), 6.1.5 (p. 27), 6.1.6 (p. 27), 6.2.4.2 (p. 33), 8.1 (p. 35), 9.0 (p. 37); Attachment A (p. 38)	Section 4.8 states that "Bidders may not propose the use of a subcontractor." However, several other provisions of the RFP appear to contemplate subcontracting. For example, Section 3.1 defines a prime contractor as an entity that may employ and manage subcontractors; Section 4.10 establishes a 30% M/WBE participation goal (15% MBE and 15% WBE) through M/WBE subcontractors or suppliers and requires submission of an M/WBE Utilization Plan; Section 6.1.5 requests information regarding subcontractors; and Section 6.2.4.2 references the qualifications of any proposed experienced subcontractor. Please clarify the following:	Refer to Amendment #1

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		a) Does the prohibition in Section 4.8 apply to all subcontracting, including subcontracting with certified M/WBE firms? If so, should Section 4.8 be understood to supersede the subcontracting references contained in Sections 3.1, 4.10, 6.1.5, and 6.2.4.2? b) If subcontracting is not permitted, may the 15% MBE and 15% WBE participation goals be satisfied through purchases from certified M/WBE suppliers or other allowable non-subcontracting arrangements? If so, please identify the permissible methods. c) If neither subcontracting nor other qualifying arrangements are permitted, how should bidders address the 30% M/WBE participation goal? Please also confirm whether Form #1, the M/WBE Utilization Plan, remains required as part of the Administrative Proposal pursuant to Section 6.1.6 and Attachment A, and how proposed M/WBE participation will be considered under the tiebreaker provisions in Section 8.1.	
68.	Sections 3.1 (p. 6), 4.8 (p. 22), and 6.2.4.2 (p. 33)	Section 4.8 states that bidders may not propose the use of a subcontractor, while Sections 3.1 and 6.2.4.2 appear to contemplate the use of subcontractors. May the prime contractor engage a subcontractor to provide specialized services or expertise, such as clinical, technical, or data-related services? If so, please clarify any applicable requirements or limitations, including whether subcontractors must be disclosed in the proposal, approved by the Department, or limited to a particular portion of the work. If subcontracting is not permitted under any circumstances, please confirm that Section 4.8	Refer to Amendment #1

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		governs and that the references to subcontractors in Sections 3.1 and 6.2.4.2 are not applicable to this procurement.	
69.	Sections 2.0 (Overview), 4.10 (pp. 22–23), 8.1 (p. 35); Attachment 5	Section 4.10 establishes an overall M/WBE participation goal of 30%, consisting of 15% MBE and 15% WBE participation, and states that the goal is based on the current availability of qualified certified M/WBE firms and associated outreach efforts. Section 2.0 further states that the Department intends to award one State contract and one HRI contract through this procurement. Please clarify the following: a) As per NYS procurement laws, are the stated M/WBE participation percentages mandatory requirements for this procurement, or are they established goals that may be modified or waived in accordance with applicable New York State requirements? b) Do the M/WBE participation goals apply to both the State contract and the HRI contract? c) Please clarify how the 30% M/WBE participation goal should be reconciled with the prohibition on subcontracting in Section 4.8, including whether the Department’s availability analysis contemplated participation through suppliers or other permissible arrangements.	Refer to Amendment #1
70.	Section 7.0, Proposal Submission (p. 34), Items 1, 2, 5, and 8	Section 7.0 provides instructions for electronic proposal submission. Item 1 directs bidders to submit the Administrative, Technical, and Cost Proposals as three separate PDF files in three	Bidders are instructed to submit three (3) separate, searchable, and open and permission password protected, PDF proposals in three (3) separate emails to:

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		separate emails to “[insert BML],” which appears to be a placeholder rather than a valid email address. The section also states that the PDF files should have “copy/read permissions only” and, in Item 1, describes them as “open and permission password protected.” Item 5 further requires the password to be included in the body of the submission email. In addition, Item 8 requires handwritten signatures in blue ink and permits a scanned copy of the handwritten signature for electronic submission. Please clarify the following: a) What email address should bidders use to submit the Administrative, Technical, and Cost Proposals? b) Should each PDF be password-protected so that a password is required to open the file, or should the PDF remain openable and be protected only from editing or other modifications? If an opening password is required, please confirm that the password should be included in the body of the same submission email, as stated in Item 5. c) Please confirm that a scanned copy of a handwritten blue-ink signature is acceptable for all forms requiring signature as part of the electronic submission. Please also confirm whether original hard-copy signature pages are required at the time of proposal submission.	AIGPU@health.ny.gov. Refer to Amendment #2. The PDF proposal document(s) must have copy/read permissions. Each proposal document must be password protected. The proposal password should be included in the same email as the proposal attachment. A scanned copy of a handwritten blue-ink signature is acceptable for all forms requiring signature as part of the electronic submission. Hard copies of the signature pages are not required.