



Department of Health

Request for Proposals

RFP # 20020

Independent Evaluation of the New York State Medicaid Redesign Team, Section 1115 Demonstration

Issued: November 5, 2019

DESIGNATED CONTACT:

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies the following designated contact to whom all communications attempting to influence the Department of Health's conduct or decision regarding this procurement must be made.

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1.0 CALENDAR OF EVENTS

RFP #20020 - INDEPENDENT EVALUATION OF THE NEW YORK STATE MEDICAID REDESIGN TEAM, SECTION 1115 DEMONSTRATION	
<u>EVENT</u>	<u>DATE</u>
Issuance of Request for Proposals	November 5, 2019
Deadline for Submission of Written Questions	November 20, 2018 5:00 p.m. ET
Responses to Written Questions Posted by DOH	On or About December 5, 2018
Letter of Intent to Bid (Optional, See Section 5.3)	December 7, 2018
Deadline for Submission of Proposals	December 21, 2018 5:00 p.m. ET
<u>Anticipated</u> Contract Start Date	August 1, 2019

2.0 OVERVIEW

Through this Request for Proposals (“RFP”), the New York State (“State”) Department of Health (“DOH”) is seeking competitive proposals from an independent evaluator to provide services as further detailed in [Section 4.0](#) (Scope of Work). It is the Department’s intent to award one (1) contract from this procurement.

2.1 Introductory Background

In July 1997, New York State received approval from the Centers for Medicare and Medicaid Services (CMS), through an 1115 Waiver, to implement a mandatory Medicaid managed care (MMC) program. The program, entitled the Partnership Plan Demonstration, set out to improve the health status of low-income New Yorkers by: 1) improving access to health care for the Medicaid population; 2) improving the quality of health services delivered; 3) expanding access to family planning services; and 4) expanding coverage to additional low-income New Yorkers with resources generated through managed care efficiencies. The primary purpose of the Demonstration was to enroll a majority of the State’s Medicaid population into managed care, and to use a managed care delivery system to deliver benefits to Medicaid recipients, create efficiencies in the Medicaid program, and enable the extension of coverage to certain individuals who would otherwise be without health insurance. Initially, mandatory enrollment was limited to the Temporary Assistance for Needy Families (TANF) and Safety Net Populations. Over the past 20 years, more Medicaid populations were included in the Partnership Plan Demonstration, including those living with HIV/AIDS, supplemental security income, and certain populations in need of long-term care services and supports (LTSS). The Partnership Plan Demonstration was originally authorized for a five-year period and has been extended with amendments several times.

2.2 Important Information

The bidder is required to review, and is requested to have legal counsel review, [Attachment 8](#), the DOH Agreement as the Bidder must be willing to enter into an Agreement substantially in accordance with the terms of [Attachment 8](#) should the bidder be selected for contract award. Please note that this RFP and the awarded bidder’s proposal will become part of the contract as Appendix B and C, respectively.

It should be noted that Appendix A of [Attachment 8](#), “Standard Clauses for New York State Contracts”, contains important information related to the contract to be entered into as a result of this RFP and will be incorporated,

without change or amendment, into the contract entered into between DOH and the successful Bidder. By submitting a response to the RFP, the Bidder agrees to comply with all the provisions of Appendix A.

Note, [Attachment 7](#), the Bidder's Certifications/Acknowledgements, should be submitted and includes a statement that the bidder accepts, without any added conditions, qualifications or exceptions, the contract terms and conditions contained in this RFP including any exhibits and attachments. It also includes a statement that the bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by the DOH.

Any qualifications or exceptions proposed by a bidder to this RFP should be submitted in writing using the process set forth in [Section 5.2](#) (Questions) prior to the deadline for submission of written questions indicated in [Section 1.0](#) (Calendar of Events). Any amendments DOH makes to the RFP as a result of questions and answers will be publicized on the DOH web site.

2.3 Term of the Agreement

The term of the agreement will be for a period of 14 months commencing on the date shown on the Calendar of Events in [Section 1.0](#). After the initial contract term expires, at the discretion of DOH, the contract may be extended, at the same rates, for up to one (1) additional 12-month period by amendment signed by both parties with all required approvals.

3.0 BIDDERS QUALIFICATIONS TO PROPOSE

3.1 Minimum Qualifications

NYSDOH will accept proposals from organizations with the following types and levels of experience as a prime contractor.

- A minimum of three (3) years' experience conducting large-scale (at least one million lives), multi-year program evaluations, including completion of at least one such evaluation;
- A minimum of three (3) years of experience performing statistical analyses using claims and encounter data;
- A minimum of three (3) years of experience performing each of the following:
 - statewide or CMS designated Medicaid region comparisons,
 - longitudinal evaluations, and
 - collecting and analyzing qualitative and quantitative data.
- At the time of bid, the bidder and any proposed subcontractors must attest to not having any direct business relationship with any of the MMC plans or their network providers. The prime contractor and any subcontractors utilized must continue to refrain from any direct business relationship with the MMC plans or their network providers for the duration of the contract. The Managed Care Organization Directory by Plan can be found at: https://www.health.ny.gov/health_care/managed_care/plans/mcp_dir_by_plan.htm and the Managed Long-Term Care Plan Directory can be found at: https://www.health.ny.gov/health_care/managed_care/mltc/mltcplans.htm.

Experience acquired concurrently is considered acceptable.

For the purposes of this RFP, a prime contractor is defined as one who has the contract with the owner of a project or job and has full responsibility for its completion. A prime contractor undertakes to perform a complete contract and may employ (and manage) one or more subcontractors to carry out specific parts of the contract.

Failure to meet these Minimum Qualifications will result in a proposal being found non-responsive and eliminated from consideration.

4.0 SCOPE OF WORK

This Section describes the independent evaluation services that are required to be provided by the selected bidder. The selected bidder must be able to provide all of these services throughout the contract term.

PLEASE NOTE: Bidders will be requested to provide responses that address all of the requirements of this RFP as part of its Technical Proposal.

The terms “bidders”, “vendors” and “proposers” are also used interchangeably. For purposes of this RFP, the use of the terms “shall”, “must” and “will” are used interchangeably when describing the Contractor’s/Bidder’s duties.

The purpose of this RFP is to seek proposals from responsible and qualified contractors to conduct a comprehensive, statewide interim independent evaluation (evaluation) in accordance with the Medicaid Redesign Section 1115 Demonstration, Special Terms and Conditions (STC). The evaluation will determine the effectiveness of the Demonstration in achieving the goals stated above. The Demonstration includes several key activities including enrollment of new populations, quality improvement, and coverage expansions. The evaluation will assess the degree to which the goals of the Demonstration have been achieved and/or activities of the Demonstration have been implemented. The evaluation plan must adhere to the evaluation standards set forth in Section XI (2) of the STC (https://www.health.ny.gov/health_care/managed_care/appextension/docs/2017-01-19_renewal_stc.pdf) and in 42 CFR 431.424.

4.1 Tasks/Deliverables

The evaluation will include pre-post analyses and comparisons to national benchmarks focusing on the following domains of the 1115 Demonstration:

1. Individuals Receiving Long Term Supports and Services (LTSS)
 - Managed Long -Term Care (MLTC)
 - Individuals moved from institutional settings to community settings for LTSS
2. Mainstream Medicaid Managed Care (MMMC) and Temporary Assistance to Needy Families (TANF).

Each component of the comprehensive evaluation design within this RFP was written by the New York State Department of Health with consideration for the scientific rigor of the analysis, how the analysis will support the determination of cost effectiveness, and how the activities and reporting will be maintained. While the Demonstration seeks to generate cost savings and promote quality care, observed changes may be attributed to not only the Demonstration itself, but also external factors, including other State- or national-level policy initiatives and overall market changes and trends. For each Demonstration activity, a conceptual framework was developed depicting how specific Demonstration goals, tasks, activities, and outcomes are causally connected to serve as the basis for the evaluation methodology. These methods were chosen by the New York State Department of Health to account for any known or possible external influences described above and their potential interactions with the Demonstration’s goals and activities.

Evaluation Design

The Contractor will gather credible contextual information in an attempt to isolate the Demonstration’s contribution to any observed effects, as well as describe the relative contributions of other factors that may influence the observed effects. This will include documenting any relevant legal, regulatory, or policy changes or other trends – including the sequence, scope, and duration of such changes – at both a State and national level that are likely to influence the observed outcomes.

The evaluation will incorporate baseline measures, and account for secular trends, for each of the selected variables included in the evaluation. Data for each of the targeted variables and measures will be collected by the Contractor so that changes in outcome measures and variables can be observed on a longitudinal basis. The evaluation will compare rates of performance and measures with State and national benchmarks, where relevant and feasible. Incorporating benchmark measures will allow for external comparisons of Demonstration measures to State and national trends, further isolating the impacts of the Demonstration by controlling for external factors influencing the observed effects.

The evaluation components described above (analysis of qualitative contextual information, the use of baseline measures, data collection, and benchmarking) represent quasi-experimental means by which the Contractor will determine the effects of the Demonstration.

Evaluation conclusions will include key findings associated with individual research questions addressed, as well as integrated information combining the results of individual evaluation questions to make broad conclusions about the effects of the Demonstration. In addition, the evaluation will include specific recommendations of best practices and lessons learned that can be useful for the DOH, other States, and CMS.

The evaluation design for each domain, and details regarding each evaluation study design, including data collection plans, statistical methods for measuring effects, and level of analysis, are outlined below.

[Attachment C](#) contains general logic models for the interventions specific to each of the domains and programs within the 1115 Demonstration. [Attachments D, E, and F](#) describe the goals, research questions, and hypotheses for each of the domains contained within the evaluation. Applicable measures and data sources for each of the research questions are also described within these attachments. The following is a description of the evaluation design including relevant sources of data.

Domain 1. Individuals Receiving Long Term Supports and Services

Study Population

New York's Medicaid Redesign Team Section 1115 Demonstration contains two (2) components related to Long Term Supports and Services (LTSS) delivery. First, it requires individuals in need of more than 120 days of community-based long-term care to enroll in a MLTC plan to receive LTSS as well as other ancillary services. Second, the demonstration allows MLTC-eligible individuals who are discharged from a nursing home or adult home into the community to qualify for enrollment into a MLTC plan using a special income standard. For this evaluation, the second group, the Home and Community Based Services (HCBS) expansion group, will be considered a subset of the larger population.

1. Managed Long-Term Care (MLTC)

The MLTC plans are required to collect and report to the New York State Department of Health information on enrollees' levels of functional and cognitive impairment, behaviors, and clinical diagnoses. This information is collected at enrollment and then semi-annually thereafter. From 2005 through September 2013, these data were collected using the Semi-Annual Assessment of Members (SAAM) instrument, a modified version of the federal (Medicare) Outcome and Assessment Information Set (OASIS-B). The SAAM was used to establish clinical eligibility for the MLTC program and assist health providers in care planning and outcome monitoring.

Beginning on October 1, 2013, the SAAM instrument was replaced by the Uniform Assessment System New York (UAS-NY) Community Health Assessment instrument which may include a Functional Supplement and/or Mental Health Supplement. The UAS-NY is an electronic system based on a uniform data set, which standardizes and automates needs assessments for home and community based programs in New York. Whether using the SAAM instrument or the UAS-NY, functional status data remain critical to inform eligibility for the MLTC program, provide the basis for the MLTC plans' care management planning processes, and facilitate a plan's identification of areas where the patient's status differs from optimal health or functional status.

Submission of assessment data occurred twice a year with the SAAM instrument. Now, assessment data are submitted by plans to the UAS-NY electronically as assessments are conducted, and are added to the database upon submission. Each year, the Department concatenates the MLTC UAS-NY submissions to create two (2) static assessment files. One file contains the most recent assessment for enrollees in each plan from January through June. The second contains the most recent assessment for enrollees in each plan from July through December. These two (2) files are used by the Department to describe and evaluate the MLTC plan performance.

Given the change of assessment instrument and mandatory nature of the MLTC program, the Contractor will evaluate post-intervention trends by examining New York State Department of Health calculated performance

metrics overtime. Because New York has two (2) static files from which quality measures are derived, January through June and July through December, rates from both datasets will be utilized by the Contractor in their trend analysis.

The broad goals of the New York MLTC program evaluation are to assess the impact of the Demonstration on outcomes measured through: 1) Expanded access for MLTC for Medicaid enrollees in need of long-term care services and supports; 2) Stability or Improvement in Patient Safety; 3) Stability or Improvement in Quality of Care; 4) Stability or Reduction in preventable acute hospital admissions; and 5) Stability or Improvement in consumer satisfaction. Toward these goals, the following evaluation questions will be addressed:

Goal 1: To expand access to MLTC for Medicaid enrollees in need of long-term services and supports.

Question: Enrollment into MLTC will continue to grow and then stabilize as the program is mandatory across the State. At what point in the demonstration did the population stabilize in size?

Hypothesis: The MLTC program experienced rapid growth but stabilized over the course of the demonstration.

Methods: Using New York State Department of Health enrollment numbers, the Contractor will quantitatively assess the growth of the program over the Demonstration.

Data Sources:

- NYS DOH Enrollment data

Goal 2: Demonstrate stability or improvement in patient safety

Question 1: Is the percent of the MLTC population having an emergency room visit in the last 90 days since assessment stable or improving over the course of the demonstration?

Question 2: Is the percent of the MLTC population having a fall, as defined by the Department's fall measure, stable or improving over the course of the demonstration?

Hypothesis: The MLTC performance on patient safety measures has remained stable or improved over the course of the demonstration.

Methods: Using New York State Department of Health computed six-month rates, the Contractor will qualitatively assess if the percent of the MLTC population having an emergency room visit or a fall is stable or improving over the course of the Demonstration.

Data Sources:

- UAS-NY Community Health data

Goal 3: Demonstrate stability or improvement in quality of care

Question 1: Are enrollees' perceived timely access to personal, home care and other services such as dental care, optometry and audiology stable over time or improving?

Questions 2: Is the percent of the MLTC population accessing preventive care services such as the flu shot and dental care consistent or improving?

Hypothesis: The MLTC performance on quality of care and satisfaction measures has remained stable or improved over the course of the demonstration

Methods: The New York State Department of Health sponsors a satisfaction survey of the MLTC membership every other year. Using Department calculated satisfaction rates, the Contractor will qualitatively assess if the percent of the MLTC population is stable or improving in their perceived timeliness to access to services such as dental care, optometry and audiology over the course of the Demonstration. The Contractor will also qualitatively assess, using Department computed six-month rates of access, if enrollees are stable or improved on accessing preventative services such as flu shots and dental care.

Data Sources:

- UAS-NY Community Health data
- MLTC Satisfaction data

Goal 4: To stabilize or reduce preventable acute hospital admissions

Question: Is the MLTC population experiencing stable or reduced rates of potentially avoidable hospitalization?

Hypothesis: Rates of potential avoidable hospitalizations will remain stable or be reduced over the Demonstration.

Methods: Using rates calculated annually by the DOH, the Contractor will qualitatively assess if the rate of potentially avoidable hospitalizations are remaining stable or improving over the Demonstration. These results will show the effectiveness of the Waiver in reducing avoidable hospitalizations.

Data Sources:

- UAS-NY Community Health data
- SPARCS data

Goal 5: Demonstrate stability or improvement in consumer satisfaction

Question 1: What is the percent of members who rated their MLTC plan within the last six months as good or excellent? And, has this percentage remained stable or improved over the Demonstration?

Question 2: What is the percent of members who rated the quality of care manager/case manager services within the last six months as good or excellent? And, has this percentage remained stable or improved over the Demonstration?

Question 3: What is the percent of members who, in the last six months, rated their home health aide/personal care aide/personal assistant, care manager/case manager, regular visiting nurse or covering/on call nurse services as usually or always on time? And, has this percentage remained stable or improved over the Demonstration?

Question 4: What is the percent of members who, in the last six months, rated the quality of home health aide/personal care aide/personal assistant services as good or excellent? And, has this percentage remained stable or improved over the Demonstration?

Hypothesis: Rates of satisfaction will remain stable or improve over the Demonstration.

Methods: New York State Department of Health sponsors a satisfaction survey of the MLTC membership every other year. Using NYSDOH calculated satisfaction rates, the Contractor will qualitatively assess if the rating of satisfaction with the member's plan, care manager, and home health aide, has remained stable or improved over the Demonstration.

Data Sources:

- MLTC Satisfaction data

The research questions, measures, and data sources for each of these goals for the MLTC program are described in [Attachment D](#).

2. Individuals Moved from Institutional Settings to Community Settings for Long-Term Services and Supports

The broad goals of New York's HCBS expansion program are to assess the impact of the Demonstration on: 1) Improve Access to MLTC for those that transitioned from an institutional setting to the community; 2) Stability or Improvement in Patient Safety; 3) Stability or Improvement in Quality of Care. Toward these goals, the following evaluation questions will be addressed:

Goal 1: Improve Access to MLTC for those who transitioned from an institutional setting to the community

Question 1: For those who transition from an institutional setting to the community, did the percent enrolling in MLTC increase over the Demonstration?

Hypothesis: The percent of institutional discharges to the community enrolling in MLTC will increase over the course of the Demonstration.

Methods: Using NYSDOH calculated rates, the Contractor will quantitatively assess the growth of the transition population over the Demonstration.

Data Sources:

- UAS-NY Community Health data
- MFP data
- MDS 3.0

Goal 2: Stability or Improvement in Patient Safety

Question 1: Is the percent of the HCBS expansion population having an emergency room visit in the last 90 days since assessment stable or improving over the course of the Demonstration?

Question 2: Is the percent of the HCBS expansion population having a fall, as defined by the Department's fall measure, stable or improving over the course of the Demonstration?

Hypothesis: The performance on these patient safety measures for the HCBS expansion population will remain stable or improved over the course of the Demonstration

Methods: Using NYSDOH computed six-month rates, the Contractor will qualitatively assess if the percent of the HCBS expansion population having an emergency room visit or a fall is stable or improving over the course of the Demonstration.

Data Sources:

- UAS-NY Community Health data
- MFP data

Goal 3: Stability or Improvement in Quality of Care

Question 1: For the HCBS expansion population that entered MLTC after transitioning from an institutional setting, what percent return to the nursing home within a year of discharge, what was their average level of care need and for those that return within a year, how long on average did they reside in the community?

Question 2: Is the percent of the HCBS expansion population accessing preventive care services such as the flu shot and dental care consistent or improving?

Hypothesis: For the HCBS expansion population, performance on these quality of care measures will remain stable or improved over the course of the demonstration

Methods: Using NYSDOH calculated rates stratified by level of care on the UAS assessment, the Contractor will qualitatively assess if the annual HCBS expansion population rate of remaining in the community remained stable or improved over the course of demonstration. The Contractor will also qualitatively assess, using Department computed six-month rates, access to preventive care services is stable or improved for the HCBS population.

Data Sources:

- UAS-NY Community Health data
- MFP data
- MDS 3.0

The research questions, measures, and data sources for each of these goals for the community transitions program are described in [Attachment E](#).

Domain 2. Mainstream Medicaid Managed Care and TANF

Goal 1: To increase access to health insurance through Medicaid enrollment

Express Lane-like Eligibility refers to a Medicaid process through which individuals applying for Temporary Assistance (TA) are automatically considered for Medicaid enrollment without having to file a separate application. The underlying rationale is that Medicaid eligibility determination and enrollment can be facilitated given that, in most cases, applicants for TA are also eligible for Medicaid given the lower income threshold for the former. While Express Lane Eligibility does not represent a newly implemented Medicaid enrollment procedure, its authority under the 1115 Waiver, applied to adults, is a recent change.

Given the program objective of increasing access to health insurance through Medicaid by streamlining the application and enrollment process, the following questions will be addressed in the evaluation:

Question 1: How many recipients are enrolled through Express Lane-like Eligibility?

Question 2: Are there differences in the demographic and clinical characteristics of Medicaid beneficiaries enrolled through Express Lane-like Eligibility as compared to those not enrolled through this mechanism?

Question 3: What portion of the beneficiaries enrolled through Express Lane-like Eligibility were later deemed to be ineligible for coverage?

Hypotheses:

1. The number of recipients enrolled through this mechanism will remain steady through the Waiver period.
2. Differences in demographic and clinical characteristics of Medicaid beneficiaries should be similar in patterns seen for other types of Medicaid aid category.
3. Because the eligibility levels for receiving TA are lower than for Medicaid only, it is unlikely that many beneficiaries will be retroactively ineligible.

Methods: While Express Lane-like Eligibility is not a new Medicaid enrollment procedure, there has not been a mechanism available within the Medicaid enrollment system to identify if recipients were enrolled with this procedure. Tracking of the number of recipients enrolled into Medicaid under Express Lane-like initiatives is now done through an identifier which is created for all new enrollment records. The number and percentage of recipients enrolled through the Express Lane-like Eligibility mechanism will be determined monthly and annually over the duration of the Demonstration.

Medicaid claims and enrollment data will be used to compare recipients enrolled through the Express Lane-like mechanism to those enrollees who did not, on demographic and clinical factors. A list of enrollees enrolled through this mechanism over a selected two-year period during the Demonstration will be used to identify those individuals in the database. It is anticipated that a two-year period will be a sufficient time frame to identify enough enrollees to allow comparisons to be made. From the claims and enrollment data, demographic (age, sex, race/ethnicity, New York State region) and clinical information (presence or absence of chronic diseases, such as mental illness and diabetes, and maternal/delivery) will be extracted, with comparisons to be made between Express Lane-like enrollment vs. non-Express Lane-like enrollment using analytic procedures such as chi-square analysis.

Data Sources:

- Medicaid Data Warehouse
- NYSoH Enrollment Files

Goal 2: To limit gaps in Medicaid eligibility due to fluctuations in recipient income – Twelve-Month Continuous Eligibility Period Initiative

The Twelve-Month Continuous Eligibility initiative, initiated in 2014 with the Affordable Care Act Marketplace, is to prevent lapses in Medicaid coverage due to fluctuations in recipient income, and applies to Medicaid recipients eligible under Modified Adjusted Gross Income (MAGI) guidelines. MAGI eligibility groups include the following:

- Pregnant women;
- Infants and children under the age of 19;
- Childless adults who are: not pregnant, age 19-64, not on Medicare, or could be certified as disabled but not on Medicare;
- Parents/Caretaker relatives;
- Family Planning Benefit Program; and
- Children in foster care.

MAGI recipients remain eligible for Medicaid until renewal after a 12-month period, during which time recipients are not required to report changes in income, and such changes are not considered even if they are reported by the recipient. Changes in eligibility would be made in cases such as of death, moving out of state, or voluntary disenrollment in Medicaid.

Evaluation of the Twelve-Month Continuous Eligibility for MAGI Individuals program is to provide information to program managers on how effectively continuous enrollment is being implemented, the potential health care benefits associated with 12-month continuous eligibility, as well as possible effects on health care costs. Such information could potentially be used to make program modifications toward increasing effectiveness in preventing lapses in coverage to ensure greater inclusion of subgroups that may be underserved with this initiative and to encourage use of preventive services resulting from increased Medicaid coverage to prevent more severe disease preventing potentially higher costs.

The broad goal of the Twelve-Month Continuous Eligibility initiative is to limit gaps in Medicaid coverage due to fluctuations in recipient income. Toward this goal, the following questions will be addressed:

Question 1: What is the distribution of enrollees within select continuous enrollment cohorts (i.e., 12 months, 24 months, etc.)?

Question 2: Does continuous enrollment differ by demographic or clinical characteristics?

Question 3: Did Medicaid's average months of continuous enrollment increase following the implementation of continuous eligibility as compared to pre-implementation?

Question 4: Was there an increase in the percentage of Medicaid beneficiaries continuously enrolled for 12 months following implementation of continuous eligibility as compared to pre-implementation?

Question 5: How do outpatient, inpatient, and emergency department visits compare pre- and post-implementation of this policy? How have costs been impacted because of the change in utilization?

Question 6: How many of the beneficiaries covered under continuous eligibility would have been ineligible for coverage if not for the waiver?

Hypotheses:

1. Given the mechanism of 12-month continuous eligibility to prevent lapses in Medicaid coverage, months of enrollment per member will show an increase over the five (5) years following the implementation of 12-month continuous eligibility as compared to the five (5) years preceding its implementation. Similarly, the number of enrollees with 12 months continuous enrollment will show an increase over the five (5) years preceding implementation.
2. The use of primary care and other preventive services will increase following the implementation of 12-month continuous eligibility. This is expected due to the anticipated continuity of coverage resulting from the initiative.
3. Health care costs for primary care and selected preventive care services will increase following the implementation of 12-month continuous eligibility, given the expected increase in utilization of these services.

Methods: MAGI Medicaid enrollees will be identified, based on aid category codes, in the enrollment data from January 1, 2014 through December 31, 2018. Medicaid enrollment history for these recipients will be used to determine the number and proportion of recipients who had at least one 12-month period of continuous enrollment during this period.

To understand the characteristics of MAGI recipients who receive 12-month enrollment, those with 12-month enrollment over the five-year period will be compared to MAGI recipients not showing 12-month enrollment in their enrollment histories. Demographic variables on which comparisons will be made include sex, race, and age. Additionally, the presence or absence of chronic diseases will be compared between these two (2) groups as of the recipients' first month of enrollment in Medicaid occurring on or after January 1, 2014. Comparisons will be made, using chi-square analysis, on the presence or absence of conditions such as HIV/AIDS, diabetes, serious mental illness, asthma, cardiovascular disease and kidney disease. Clinical Risk Group (CRG) categories and/or diagnosis codes on claims will be used to determine the presence of these conditions.

Medicaid enrollment data will be used to determine months of enrollment per recipient. This will be determined for each of the five (5) years prior to implementation of 12-month continuous eligibility (January 1, 2011 – December 31, 2013) and each of the five (5) years following implementation (January 1, 2014 – December 31, 2018).

An interrupted time series design¹ will test hypotheses assessing the effect of the 12-month continuous eligibility initiative on Medicaid enrollment. This is a quasi-experimental design in which summary measures of the outcome variable (annual months of enrollment per member, in this case) are taken at equal time intervals over a period prior to program implementation, followed by a series of measurements at the same intervals over a period following program implementation. This design was chosen in consideration of the fact that a control group is unlikely to be available, limiting the ability to separate the effects of this initiative from other statewide health care reform initiatives that are ongoing (e.g., DSRIP, the Affordable Care Act). Given the limitation resulting from the likely absence of a comparison group, this design is advantageous in that potential confounders (i.e., other health care reform initiatives) are minimized in that they would have to occur contemporaneously with the introduction of 12-month continuous eligibility to exert a confounding effect, which is unlikely, but is recognized as possible nonetheless. This design also has the advantage of accounting for secular trends in the enrollment months per member, to which other health care reform initiatives may contribute.

¹ Cook TD, Campbell DT (1979). Quasi-experimentation: Design and analysis for field settings. Boston, MA: Houghton Mifflin Company.

Segmented regression² will be used as the primary analytic strategy in the analysis of data under the interrupted time series design in testing hypotheses. This analysis enables the evaluation of changes in the level and trend in the outcome variable, while controlling, as necessary, for such biases as secular trend, serial autocorrelation, and seasonal fluctuation in the outcome variable. A potential issue to address over the study period is change in characteristics of the Medicaid population over time. This could occur through increased enrollment of younger and healthier people into Medicaid, and/or increased movement of older and sicker people from Medicaid fee-for-service to managed care, either of which could confound the effects of the 12-month continuous eligibility initiative on member months of Medicaid enrollment. This will be addressed through adjustment of the outcome variable by standardizing on factors such as age, sex, and health status (e.g., Clinical Risk Grouping³, Charlson Comorbidity Index⁴), or inclusion of population-level measures of these variables as covariates in the model. Additionally, stratification will be used to assess differential program effects on months of Medicaid enrollment by recipient subgroups (e.g., sex, race, age, NYS region, mental health status). Results will be stratified by demographic and clinical recipient subgroups to assess differential program effects.

To test the hypothesis that the percentage of recipients continuously enrolled for 12 months will increase in the years following the implementation of this initiative, the dependent variable will be the proportion of enrollees continuously enrolled over a 12-month period, in each of the five (5) years prior to implementation of 12-month continuous eligibility, and the five (5) years after.

Again, potential confounding due to changes in the Medicaid population will be controlled through standardizing the outcome variable on factors such as age, sex, and health status, or inclusion of such variables in the model, with stratification on various recipient subgroups to assess differential program effects.

The interrupted time series design will also be used to evaluate cost and utilization of primary and preventive care before and after program implementation. To control for the effect of year to year fluctuation in Medicaid enrollment on service utilization and cost, per member per year rates will be computed as the dependent variable in each analysis, for each of the five (5) years prior to, and five (5) years after, the start of the 12-month continuous eligibility initiative.

Medicaid claims data will be used to identify primary care and selected preventive services, including well-care, screening for cancer and management of chronic disease. Costs associated with these services, as well as total care costs, will also be determined from Medicaid claims, to be used in computing the outcome variables for the second and third hypotheses, respectively. To compute per member per year rates for each of these services, the total number of services of each type paid by Medicaid each year will be determined, and divided by the total number of months of enrollment over all recipients for that year and the resulting quotient multiplied by 12. Cost per member per year associated with primary care and preventive services, and for total health care costs, will be computed in the same manner.

Prior to implementation of the 12-Month Continuous Eligibility Initiative, Medicaid enrollees were subject to loss of coverage if their incomes rose above the eligibility threshold. Given that Medicaid enrollees are not required to provide information on changes in income until time of eligibility renewal after 12 months, individuals who would otherwise have lost coverage will likely be undercounted. Since the implementation of the New York State of Health (NYSoH) enrollment system, these types of changes are automatically captured. However, enrollees who apply through the local district offices will not have these records available. While increased numbers of enrollees

² Gillings, D, Makuc, D, Siegel, E. Analysis of interrupted time series mortality trends: An example to evaluate regionalized perinatal care. *American Journal of Public Health* 1981; 71; 38-46.

³ Averill RF, Goldfield NI, Eisenhandler J, et al. Development and Evaluation of Clinical Risk Groups (CRGs). Wallingford, Conn: 3M Health Information Systems. Final Report to the National Institutes of Standards and Technology, US Department of Commerce; 1999.

⁴ Charlson ME, Pompei P, Ales KL, and Mackenzie CR (1987). A new method of classifying prognostic comorbidity in longitudinal studies: Development and validation. *Journal of Chronic Diseases*, 40(5): 373-383.

come into the system through NYSoH, a large portion have not yet enrolled through NYSoH. Records of changes in eligibility will not be available for this cohort.

Data Sources:

- Medicaid Data Warehouse
-
- NYSoH Enrollment Files

The research questions, measures, and data sources for each of these goals for the MMMC program are described in [Attachment F](#).

Expanded Evaluation Plan

Although the Contractor will present their evaluation plan in their Technical Proposal in accordance with the scope of work above, an Expanded Evaluation Plan will be due from the Contractor within two (2) months of the contract start date. The Expanded Evaluation Plan will be one comprehensive document that includes the evaluation requirements from this RFP, the evaluation plan from the Contractor's Technical Proposal, and any additional details determined after an orientation is provided by the New York State Department of Health and in accordance with the STC. The Expanded Evaluation Plan will be submitted by the New York State Department of Health to CMS, any questions will be answered and edits made by the Contractor, and then the Expanded Evaluation Plan will be posted on the New York State Department of Health website upon CMS approval.

Cooperation with Federal Evaluators

As per the STC, should the US Department of Health and Human Services (HHS) undertake an evaluation of any component of the Demonstration, the Contractor is expected to cooperate, to the greatest extent possible, fully with CMS or the evaluator selected by HHS. Requests for information and data shall be made in a timely manner.

Data sources to be used in the evaluation, to be made available to the selected Contractor upon request, include:

Medicaid Data Warehouse

This robust dataset includes enrollment and eligibility data, as well as claims and managed care encounters. Several 3M products are used to evaluate members' clinical risk (Clinical Risk Groups) and preventable event measures, such as Prevention Quality Indicators. These data will be used to evaluate patterns of care for the sub-populations of interest.

Minimum Data Set (MDS 3.0)

MDS 3.0 is a federally required standardized assessment and the basis of the comprehensive assessment for all residents of long-term care facilities. The Department will compute aggregate rates from these data, these rates will basis of the qualitative evaluation.

MLTC Satisfaction Data

In 2007, the New York State Department of Health, in consultation with the MLTC Plans, developed a satisfaction survey of MLTC enrollees. The survey was field tested and is now administered by the Department's external quality review organization, Island Peer Review Organization (IPRO). New York sponsors the biennial MLTC satisfaction survey, which contains three (3) sections: health plan satisfaction; satisfaction with select providers and services, including timeliness of care and access; and self-reported demographic information. The Department will compute aggregate rates from these data, these rates will basis of the qualitative evaluation.

Money Follows the Person (MFP) Data

In January 2007, CMS approved New York's application to participate in the MFP Rebalancing Demonstration Program. The MFP Demonstration, authorized under the Deficit Reduction Act and extended through the Affordable Care Act, involves transitioning eligible individuals from long-term institutions, such as nursing facilities and intermediate care facilities, into qualified community-based settings. The cohort for this evaluation will be defined by participation in the MFP program and the Department will compute aggregate rates from these data, these rates will basis of the qualitative evaluation.

New York State of Health (NYSoH) Enrollment

Since the inception of the Affordable Care Act, Medicaid enrollees who are not eligible for cash assistance enroll through NYSoH rather than through local Departments of Social Services (LDSS). These data enrollment data will be used, in addition to enrollment data from the LDSS, to obtain a complete picture of Medicaid enrollees.

Uniform Assessment System-NY (UAS-NY) Community Health Data

The MLTC plans are required to collect and report to the New York State Department of Health information on enrollees' levels of functional and cognitive impairment, behaviors, and clinical diagnoses. This information is collected at enrollment and then semi-annually thereafter. The UAS-NY is an electronic system based on a uniform data set, which standardizes and automates needs assessments for home and community based programs in New York. The UAS-NY is based on the interRAI suite of assessment instruments. The interRAI is a collaborative network of researchers in over 30 countries committed to improving health care for persons who are elderly, frail, or disabled. With the UAS-NY, functional status data demonstrate its importance to inform eligibility for the MLTC program, provide the basis for the MLTC plans' care management planning processes, and facilitate a plan's identification of areas where the patient's status differs from optimal health or functional status. Assessment data are submitted by plans to the UAS-NY electronically as assessments are conducted, and are added to the database upon submission. The UAS-NY submissions are stored as two (2) static assessment files. One file contains the most recent assessment for enrollees in each plan from January through June. The second contains the most recent assessment for enrollees in each plan from July through December. These two (2) files will be used to describe and evaluate the MLTC plan performance. The Department will compute aggregate rates from these data, these rates will basis of the qualitative evaluation.

Statewide Planning and Research Cooperative System (SPARCS)

SPARCS is an all-payer hospital database in New York State. UAS-NY records that are matched to SPARCS data and had a SPARCS primary diagnosis of respiratory infection, urinary tract infection, congestive heart failure, anemia, sepsis or electrolyte imbalance were included in the numerator for the Potentially Avoidable Hospitalizations measure. The Department will compute aggregate rates from these data, these rates will basis of the qualitative evaluation.

Data Access and Security

For those data sources identified above that are not housed on intranet network drives (i.e., Medicaid Data Warehouse and NYSoH Enrollment data), the Contractor will be granted user rights to access the systems for this evaluation. Because the periodicity of data refresh varies across sources/systems, the most recently available data cycles may be inconsistent and adjustments will be made to ensure evaluation periods are consistent and thoroughly explained.

The Department will provide the Contractor with a Virtual Private Network (VPN) connection, privileges, and login ID(s) that provide secure access to the appropriate NYS Medicaid systems and data, to perform the scope of work under this agreement. The Contractor will need information technology staffing (e.g., a programmer) to facilitate data access. The Contractor shall provide a signed copy of a Data Use Agreement (DUA), specifying the data scope, including but not limited to, data elements and date range of the data needed. The Contractor shall be provisioned accounts for authorized users to access the required data in the NYS provided environment in accordance with the terms and conditions of the contract and for the duration of the DUA. Upon award, the Contractor will provide the Department, and maintain on an ongoing basis, the list of those users, including name, position, responsibility, and time period, who will require access to the data. The Contractor must review, update, and submit a list of current authorized users to the Department quarterly. Additionally, the winning bidder must notify the Department immediately, in accordance with the DUA, when an authorized user joins or separates from the project. The Department will authorize users and provision accounts within 30 calendar days of request.

Given public health law and/or data use agreements that govern access to these data, bidders for the Independent Evaluation should be aware that obtaining access will require substantial time and effort, which should be considered when developing the evaluation timeline.

4.2 Staffing Requirements

A successful evaluation project will rely on an effective organizational structure and highly productive, motivated, and qualified staff. Overall project staffing must adequately meet the project activities and deliverables. Staff are expected to have appropriate training and experience in program evaluation, quantitative data collection and analysis using large and complex data systems, statistical programming and analysis, survey and interview development, qualitative data analysis, data programming and software (to facilitate data access), and report preparation.

The Contractor is required to have a full-time (30 hours per week or greater) project manager who will assure effective communication and coordination of the Independent Evaluation project, including integrity of all products and integrating information from all aspects of the evaluation throughout the course of the contract period. The Contractor is also required to have a technical writer who will assure that all written products are professionally prepared, clear, accurate, and meaningful.

Within 30 calendar days of notice of award, the Selected Bidder will submit resumes of the staff proposed in the staffing plan (see Section D5.) for review and approval of the New York State Department of Health. In the event that a staff member becomes unavailable during the contract period, the Contractor will submit resumes within 10 business days of notification of the staff unavailability to the New York State Department of Health for review and approval prior to engaging work from the replacement on this contract.

4.3 Reporting Requirement

The Contractor is responsible for the following reports, which are expected to be written professionally, accurately, and by staff who are proficient with technical writing:

Evaluation Report. Per agreement between the New York State Department of Health and CMS, this report must contain evaluation results by the following due dates:

Activity	Due Date
Draft Due to New York State Department of Health for review	June 1, 2020
Draft Due for Posting to the New York State Department of Health Website	July 1, 2020
Revised Draft Due to New York State Department of Health for review	August 1, 2020
Final Due to New York State Department of Health for CMS	September 1, 2020

Upon CMS approval of the Evaluation Report, the final report will be posted on the New York State Department of Health website.

Monthly Progress Report. The Contractor will provide written updates to the New York State Department of Health on data access, collection, analysis, and the status of other activities completed during the month, and any difficulties encountered. These reports are due by the seventh (7th) business day following the end of the month that is being reported on.

Weekly Project Meetings. The Contractor will participate in weekly conference call meetings with the New York State Department of Health (Office of Health Insurance Programs and Office of Quality and Patient Safety) to communicate updates regarding the Independent Evaluation project, including progress made, challenges encountered, technical questions, presentation of individual analysis findings for technical feedback, and troubleshooting (e.g., data access). Frequency of meetings may be greater than weekly during the initial project start and some meetings (estimated at three (3) times during the contract) may be in person at the Department's Albany offices to better facilitate outcomes (e.g., orientations, initial data access).

Presentations for CMS. Additionally, in accordance with the STC, the Contractor will be expected to present to and participate in a discussion with CMS on the Expanded Evaluation Plan and the Evaluation Report. These meetings are expected to be conference calls lasting no more than two (2) hours in length.

4.4 Information Technology

The application and all systems and components supporting it, including but not limited to any forms and databases that include Personal Health, Personal Identification or other New York State information, must comply with all NYS security policies and standards listed at <http://its.ny.gov/tables/technologypolicyindex.htm>.

4.5 Security

The Contractor shall comply with all privacy and security policies and procedures of the Department (<https://its.ny.gov/eiso/policies/security>) and applicable state and federal law and administrative guidance with respect to the performance of this contract. The Contractor is required, if applicable, to execute a number of security and privacy agreements with the Department including a Business Associate Agreement (Appendix H) and a Data Use Agreement (DUA) at contract signing.

The Contractor is expected to provide secure and confidential backup, storage and transmission for hard copy and electronically stored information. Under no circumstances will any records be released to any person, agency, or organization without specific written permission of the DOH. The Contractor is obligated to ensure any Subcontractor hired by Contractor who stores, processes, analyzes or transmits MCD on behalf of Contractor has the appropriate Security requirements in place. Contractor is required to include in all contracts and Business Associate Agreements with their Subcontractors language surrounding the security and privacy requirements as well as the language contained in the Confidentiality Language for Third Parties section of the DUA. If any breach or suspected breach of the data or confidentiality occurs, whether the breach occurred with the Contractor or Subcontractor, DOH must be notified immediately.

The Contractor is required to maintain and provide to the Department upon request their data confidentiality plans and procedures for meeting security requirements as they relate to the deliverables and services within this RFP, including all plans as they relate to Subcontractor work where applicable.

The Contractor will develop and maintain adequate fully trained staff to respond to all stakeholder inquiries while protecting confidentiality and maintaining the security and integrity of all systems. Staff must be trained to understand and observe requirements related to confidentiality and operating guidelines for functions included in this RFP.

The Contractor will comply fully with all current and future updates of the security procedures of the DOH/HRI, as well as with all applicable State and federal requirements, in performance of this contract.

4.6 Transition

The Contractor is required to develop a plan to securely and smoothly transfer any records referenced in this section to the Department or another Department agent should that be required during or upon expiration of its contract. The plan and documentation must be submitted to the Department no later than four (4) months after contract execution.

The Contractor shall provide technical and business process support as necessary and required by the Department to transition and assume contract requirements to the Department or another Department agent should that be required during or at the end of the contract.

5.0 ADMINISTRATIVE INFORMATION

The following administrative information will apply to this RFP. Failure to comply fully with this information may result in disqualification of your proposal.

5.1 Restricted Period

“Restricted period” means the period of time commencing with the earliest written notice, advertisement, or solicitation of a Request for Proposals (“RFP”), Invitation for Bids (“IFB”), or solicitation of proposals, or any other

method for soliciting a response from Bidders intending to result in a procurement contract with DOH and ending with the final contract award and approval by DOH and, where applicable, final contract approval by the Office of the State Comptroller.

This prohibition applies to any oral, written, or electronic communication under circumstances where a reasonable person would infer that the communication was intended to influence this procurement. Violation of any of the requirements described in this Section may be grounds for a determination that the bidder is non-responsible and therefore ineligible for this contract award. Two (2) violations within four (4) years of the rules against impermissible contacts during the "restricted period" may result in the violator being debarred from participating in DOH procurements for a period of four (4) years.

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies a designated contact on face page of this RFP to whom all communications attempting to influence this procurement must be made.

5.2 Questions

There will be an opportunity available for submission of written questions and requests for clarification with regard to this RFP. All questions and requests for clarification of this RFP should cite the particular RFP Section and paragraph number where applicable and must be submitted via email to OQPS.ASU@health.ny.gov. It is the bidder's responsibility to ensure that email containing written questions and/or requests for clarification is received at the above address no later than the Deadline for Submission of Written Questions as specified in [Section 1.0](#) (Calendar of Events). Questions received after the deadline may **not** be answered.

5.3 Letter of Intent to Bid

Although not mandatory, the New York State Department of Health requests submission of a Letter of Intent to Bid to assist the Department in better managing the procurement process. Please submit a Letter of Intent to Bid to the Permissible Subject Matter Contact listed on the cover page of this RFP by the date indicated in Section 1.0, Calendar of Events. The Letter of Intent can be submitted via email or mailed hard copy. The Letter of Intent should include the name and number of the RFP, and contact information (name, title, address, telephone, and email address) of the Bidder's official representative.

5.4 Right to Modify RFP

DOH reserves the right to modify any part of this RFP, including but not limited to, the date and time by which proposals must be submitted and received by DOH, at any time prior to the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events). Modifications to this RFP shall be made by issuance of amendments and/or addenda.

Prior to the Deadline for Submission of Proposals, any such clarifications or modifications as deemed necessary by DOH will be posted to the DOH website.

If the bidder discovers any ambiguity, conflict, discrepancy, omission, or other error in this RFP, the Bidder shall immediately notify DOH of such error in writing at OQPS.ASU@health.ny.gov and request clarification or modification of the document.

If, prior to the Deadline for Submission of Proposals, a bidder fails to notify DOH of a known error or an error that reasonably should have been known, the bidder shall assume the risk of proposing. If awarded the contract, the bidder shall not be entitled to additional compensation by reason of the error or its correction.

5.5 Payment

The contractor shall submit invoices and/or vouchers to the State's designated payment office:

Preferred Method: Email a .pdf copy of your signed voucher to the BSC at: AccountsPayable@ogs.ny.gov with a subject field as follows:

Subject: Unit ID: 3450449 Contract #: (to be determined)

Alternate Method: Mail vouchers to BSC at the following U.S. postal address:

**NYS Department of Health
Unit ID 3450449
c/o NYS OGS BSC Accounts Payable
Building 5, 5th Floor
1220 Washington Ave.
Albany, NY 12226-1900**

Payment for invoices and/or vouchers submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at www.osc.state.ny.us/epay/index.htm, by email at epayments@osc.state.ny.us or by telephone at 518-474-6019. CONTRACTOR acknowledges that it will not receive payment on any invoices and/or vouchers submitted under this Contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9 must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.state.ny.us/epay>.

Completed W-9 forms should be submitted to the following address:

NYS Office of the State Comptroller
Bureau of Accounting Operations
Warrant & Payment Control Unit
110 State Street, 9th Floor
Albany, NY 12236

Payment of such invoices and/or vouchers by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Vouchers should be submitted on a monthly basis and payment will be based on completion and approval of milestones in accordance with the Attachment B, Cost Proposal.

5.6 Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health ("DOH") recognizes its obligation to promote opportunities for maximum feasible participation of certified minority-and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority-and women-owned business enterprises in state procurement contracting versus the number of minority-and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and

women – owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.
Business Participation Opportunities for MWBEs

For purposes of this solicitation, DOH hereby establishes an overall goal of **30%** for MWBE participation, **15%** for Minority-Owned Business Enterprises (“MBE”) participation and **15%** for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting a bid, a bidder agrees to complete an MWBE Utilization Plan ([Attachment 5](#), Form #1) of this RFP. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Bidder as being non-responsive under the following circumstances:

- a) If a Bidder fails to submit a MWBE Utilization Plan;
- b) If a Bidder fails to submit a written remedy to a notice of deficiency;
- c) If a Bidder fails to submit a request for waiver (if applicable); or
- d) If DOH determines that the Bidder has failed to document good-faith efforts;

The Contractor will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to DOH, but must be made no later than prior to the submission of a request for final payment on the Contract.

The Contractor will be required to submit a Contractor’s Quarterly M/WBE Contractor Compliance & Payment Report to the DOH, by the 10th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

If the Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding will constitute a breach of Contract and DOH may withhold payment from the Contractor as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

New York State certified Minority- and Women-Owned Businesses (M/WBE) may request that their firm’s contact information be included on a list of M/WBE firms interested in serving as a subcontractor for this procurement. The listing will be publicly posted on the Department’s website for reference by the bidding community. A firm requesting inclusion on this list should send contact information and a copy of its NYS M/WBE certification to OQPS.ASU@health.ny.gov before the Deadline for Questions as specified in [Section 1.0](#) (Calendar of Events). Nothing prohibits an M/WBE Vendor from proposing as a prime contractor.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

5.7 Equal Employment Opportunity (EEO) Reporting

By submission of a bid in response to this solicitation, the Bidder agrees with all of the terms and conditions of [Attachment 8](#) Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women. Additionally, the successful bidder will be required to certify they have an acceptable EEO (Equal Employment Opportunity) policy statement in accordance with Section III of Appendix M in [Attachment 8](#).

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

To ensure compliance with this Section, the Bidder should submit with the bid or proposal an Equal Employment Opportunity Staffing Plan ([Attachment 5](#), Form #4) identifying the anticipated work force to be utilized on the Contract. Additionally, the Bidder should submit a Minority and Women-Owned Business Enterprises and Equal Employment Opportunity Policy Statement ([Attachment 5](#), Form # 5), to DOH with their bid or proposal.

5.8 Sales and Compensating Use Tax Certification (Tax Law, § 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 (4) 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.

The successful Bidder must file a properly completed Form ST-220-CA with the Department of Health and Form ST-220-TD with the DTF. These requirements must be met before a contract may take effect. Further information can be found at the New York State Department of Taxation and Finance's website, available through this link: <http://www.tax.ny.gov/pdf/publications/sales/pub223.pdf>.

Forms are available through these links:

- ST-220 CA: http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf
- ST-220 TD: http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf

5.9 Contract Insurance Requirements

Prior to the start of work under this Contract, the CONTRACTOR shall procure, at its sole cost and expense, and shall maintain in force at all times during the term of this Contract, insurance of the types and in the amounts set forth in [Attachment 8](#), the New York State Department of Health Contract, Section IV. Contract Insurance Requirements.

5.10 Subcontracting

Bidder's may propose the use of a subcontractor. The Contractor shall obtain prior written approval from NYSDOH before entering into an agreement for services to be provided by a subcontractor. The Contractor is solely responsible for assuring that the requirements of the RFP are met. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of the prime contract, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the agreement between the DOH and the Contractor. The subcontractor (s) must attest to not having any direct business relationship with any of the MMC plans or their network providers prior to commencing work on this project. DOH reserves the right to request removal of any bidder's staff or subcontractor's staff if, in DOH's discretion, such staff is not performing in accordance with the Agreement. Subcontractors whose contracts are valued at or above \$100,000 will be required to submit the Vendor Responsibility Questionnaire upon selection of the prime contractor.

5.11 DOH's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all proposals received in response to the RFP;
2. Withdraw the RFP at any time, at the agency's sole discretion;
3. Make an award under the RFP in whole or in part;
4. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
5. Seek clarifications and revisions of proposals;
6. Use proposal information obtained through site visits, management interviews and the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
7. Prior to the bid opening, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available;
8. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
9. Change any of the scheduled dates;
10. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
11. Waive any requirements that are not material;
12. Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;
13. Conduct contract negotiations with the next responsible bidder, should the Department be unsuccessful in negotiating with the selected bidder;
14. Utilize any and all ideas submitted in the proposals received;
15. Every offer shall be firm and not revocable for a period of three hundred and sixty-five (365) days from the bid opening, to the extent not inconsistent with section 2-205 of the uniform commercial code. Subsequent to such three hundred and sixty-five (365) days, any offer is subject to withdrawal communicated in a writing signed by the offerer; and,
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's proposal and/or to determine an offerer's compliance with the requirements of the solicitation.

5.12 Freedom of Information Law ("FOIL")

All proposals may be disclosed or used by DOH to the extent permitted by law. DOH may disclose a proposal to any person for the purpose of assisting in evaluating the proposal or for any other lawful purpose. All proposals

will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the proposal that a Bidder believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the proposal as directed in [Section 6.1 \(B\)](#) of the RFP.** If DOH agrees with the proprietary claim, the designated portion of the proposal will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

5.13 Lobbying

Chapter 1 of the Laws of 2005, as amended by Chapter 596 of the Laws of 2005, made significant changes as it pertains to development of procurement contracts with governmental entities. The changes included:

- a) made 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) required 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) required 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) authorized the New York State Commission on Public Integrity, (now New York State Joint Commission on Public Ethics), 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) directed 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) required the timely disclosure of accurate and complete information from offerers with respect to determinations of non-responsibility and debarment; (Bidders responding to this RFP should submit a completed and signed [Attachment 1](#), "Prior Non-Responsibility Determination".)
- g) increased the monetary threshold which triggers a lobbyist's obligations under the Lobbying Act from \$2,000 to \$5,000; and
- h) established the Advisory Council on Procurement Lobbying.

Subsequently, Chapter 14 of the Laws of 2007 amended the Lobbying Act of the Legislative Law, particularly as it related to specific aspects of procurements as follows: (i) prohibiting lobbyists from entering into retainer agreements on the outcome of government grant making or other agreement involving public funding; and (ii) reporting lobbying efforts for grants, loans and other disbursements of public funds over \$15,000.

The most notable, however, was the increased penalties provided under Section 20 of Chapter 14 of the Laws of 2007, which replaced old penalty provisions and the addition of a suspension option for lobbyists engaged in repeated violations. Further amendments to the Lobbying Act were made in Chapter 4 of the Laws of 2010.

Questions regarding the registration and operation of the Lobbying Act should be directed to the New York State Joint Commission on Public Ethics.

5.14 State Finance Law Consultant Disclosure Provisions

In accordance with New York State Finance Law Section 163(4)(g), State agencies must require all contractors, including subcontractors, that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract.

The successful bidder 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.

The successful bidder 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.

State Consultant Services Form A: Contractor's Planned Employment and Form B: Contractor's Annual Employment Report may be accessed electronically at: <http://www.osc.state.ny.us/agencies/forms/ac3271s.doc> and <http://www.osc.state.ny.us/agencies/forms/ac3272s.doc>.

5.15 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 fifteen (15) calendar days from date of award or non-award announcement.

5.16 Protest Procedures

In the event unsuccessful bidders wish to protest the award resulting from this RFP, bidders should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found in Chapter XI Section 17 of the Guide to Financial Operations (GFO). Available on-line at: <http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>

5.17 Iran Divestment Act

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that it is not on the "Entities Determined To Be Non-Responsive Bidders/Offerers Pursuant to The New York State Iran Divestment Act of 2012" list ("Prohibited Entities List") posted on the OGS website (currently found at this address: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>) and further certifies that it will not utilize on such Contract any subcontractor that is identified on the Prohibited Entities List. Additionally, Bidder/Contractor is advised that should it seek to renew or extend a Contract awarded in response to the solicitation, it must provide the same certification at the time the Contract is renewed or extended.

During the term of the Contract, should DOH receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, DOH will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then DOH shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Contractor in default. DOH reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

5.18 Piggybacking

New York State Finance Law section 163(10)(e) (see also <http://www.ogs.ny.gov/purchase/snt/sflxi.asp>) allows the Commissioner of the NYS Office of General Services to consent to the use of this contract by other New York State Agencies, and other authorized purchasers, subject to conditions and the Contractor's consent.

5.19 Encouraging Use of New York Businesses in Contract Performance

Public procurements can drive and improve the State's economic engine through promotion of the use of New York businesses by its contractors. New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. All bidders should complete [Attachment 6](#), Encouraging Use of New York Businesses in Contract Performance, to indicate their intent to use/not use New York Businesses in the performance of this contract.

5.20 Diversity Practices Questionnaire

Diversity practices are the efforts of contractors to include New York State-certified Minority and Women-owned Business Enterprises ("MWBES") in their business practices. Diversity practices may include past, present, or future actions and policies, and include activities of contractors on contracts with private entities and governmental units other than the State of New York. Assessing the diversity practices of contractors enables contractors to engage in meaningful, capacity-building collaborations with MWBES.

5.21 Participation Opportunities for NYS Certified Service-Disabled Veteran-Owned Businesses

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses ("SDVOBs"), thereby further integrating such businesses into New York State's economy. DOH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of DOH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders/Contractors are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For purposes of this procurement, DOH conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by SDVOBs as subcontractors, service providers, and suppliers to Contractor. Nevertheless, Bidder/Contractor is encouraged to make good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/>

Bidders are encouraged to contact the Office of General Services' Division of Service-Disabled Veteran's Business Development at 518-474-2015 or VeteransDevelopment@ogs.ny.gov to discuss methods of maximizing participation by SDVOBs on the Contract.

5.22 Intellectual Property

Any work product created pursuant to this agreement and any subcontract shall become the sole and exclusive property of the New York State Department of Health, which shall have all rights of ownership and authorship in such work product.

5.23 Vendor Assurance of No Conflict of Interest or Detrimental Effect

All bidders responding to this solicitation should submit [Attachment 4](#) to attest that their performance of the services outlined in this IFB does not create a conflict of interest and that the bidder will not act in any manner that is detrimental to any other State project on which they are rendering services.

5.24 Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics. In accordance with Executive Order No. 177, the Offeror certifies that they do not have institutional policies or practices that fail to address those protected status under the Human Rights Law.

6.0 PROPOSAL CONTENT

The following includes the format and information to be provided by each Bidder. Bidders responding to this RFP must satisfy all requirements stated in this RFP. All Bidders are requested to submit complete Administrative and Technical Proposals, and are required to submit a complete Cost Proposal. A proposal that is incomplete in any material respect may be rejected.

To expedite review of the proposals, Bidders are requested to submit proposals in separate Administrative, Technical, and Cost packages inclusive of all materials as summarized in [Attachment A](#), Proposal Documents. This separation of information will facilitate the review of the material requested. No information beyond that specifically requested is required, and Bidders are requested to keep their submissions to the shortest length consistent with making a complete presentation of qualifications. Evaluations of the Administrative, Technical, and Cost Proposals received in response to this RFP will be conducted separately. Bidders are therefore cautioned not to include any Cost Proposal information in the Technical Proposal documents.

DOH will not be responsible for expenses incurred in preparing and submitting the Administrative, Technical, or Cost Proposals.

6.1 Administrative Proposal

The Administrative Proposal should contain all items listed below. A proposal that is incomplete in any material respect may be eliminated from consideration. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy. Please provide the forms in the same order in which they are requested.

A. Bidder's Disclosure of Prior Non-Responsibility Determinations

Submit a completed and signed [Attachment 1](#), "Prior Non-Responsibility Determination."

B. Freedom of Information Law – Proposal Redactions

Bidders must clearly and specifically identify any portion of the proposal that a Bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law. See [Section 5.12](#), (Freedom of Information Law)

C. Vendor Responsibility Questionnaire

Complete, certify, and file a New York State Vendor Responsibility Questionnaire. DOH recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions at <http://www.osc.state.ny.us/vendrep/index.htm> or go directly to the VendRep System online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the OSC Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form. Bidder's should complete and submit the Vendor Responsibility Attestation, [Attachment 3](#).

D. Vendors Assurance of No Conflict of Interest or Detrimental Effect

Submit [Attachment 4](#), Vendor's Assurance of No Conflict of Interest or Detrimental Effect, which includes information regarding the Bidder, members, shareholders, parents, affiliates or subcontractors. [Attachment 4](#) must be signed by an individual authorized to bind the Bidder contractually.

E. M/WBE Forms

Submit completed Form #1 and/or Form #2, Form #4 and Form #5 as directed in [Attachment 5](#), "Guide to New York State DOH M/WBE RFP Required Forms."

F. Encouraging Use of New York Businesses in Contract Performance

Submit [Attachment 6](#), "Encouraging Use of New York State Businesses" in Contract Performance to indicate which New York Businesses you will use in the performance of the contract.

G. Bidder's Certified Statements

Submit [Attachment 7](#), "Bidder's Certified Statements", which includes information regarding the Bidder. Attachment A must be signed by an individual authorized to bind the Bidder contractually. Please indicate the title or position that the signer holds with the Bidder. DOH reserves the right to reject a proposal that contains an incomplete or unsigned [Attachment 7](#) or no [Attachment 7](#).

H. References

Provide references using [Attachment 9](#), (References) for three (3) clients that you have provided program evaluations for that are of similar scope or size. Provide firm names, addresses, contact names, telephone numbers, and email addresses.

I. Diversity Practices Questionnaire

The Department has determined, pursuant to New York State Executive Law Article 15-A, that the assessment of the diversity practices of respondents of this procurement is practical, feasible, and appropriate. Accordingly, respondents to this procurement should include as part of their response to this procurement, [Attachment 10](#) "Diversity Practices Questionnaire". Responses will be formally evaluated and scored.

J. Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

Submit [Attachment 11](#) certifying that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

6.2 Technical Proposal

The purpose of the Technical Proposal is to demonstrate the qualifications, competence, and capacity of the Bidder to perform the services contained in this RFP. The Technical Proposal should demonstrate the qualifications of the Bidder and the staff to be assigned to provide services related to the services included in this RFP.

A Technical Proposal that is incomplete in any material respect may be eliminated from consideration. The following outlines the information requested to be provided by Bidders. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy.

While additional data may be presented, the following should be included. Please provide the information in the same order in which it is requested. Your proposal should contain sufficient information to assure DOH of its accuracy. Failure to follow these instructions may result in disqualification.

Pricing information contained in the Cost Proposal cannot be included in the Technical Proposal documents.

A. Title Page

Submit a Title Page providing the RFP subject and number; the Bidder's name and address, the name, address, telephone number, and email address of the Bidder's contact person; and the date of the Proposal.

B. Table of Contents

The Table of Contents should clearly identify all material (by section and page number) included in the proposal.

C. Documentation of Bidder's Eligibility Responsive to [Section 3.0](#) of RFP

Bidders must be able to meet all the requirements stated in Section 3.1 of the RFP. The Bidder must submit documentation that provides sufficient evidence of meeting the criterion. This documentation may be in any format needed to demonstrate how they meet the minimum qualifications to propose.

NYSDOH will accept proposals from organizations with the following types and levels of experience as a prime contractor:

- A minimum of three (3) years' experience conducting large-scale (at least one million lives), multi-year program evaluations, including completion of at least one such evaluation;
- A minimum of three (3) years of experience performing statistical analyses using claims and encounter data;
- A minimum of three (3) years of experience performing each of the following:
 - statewide or CMS designated Medicaid region comparisons,
 - longitudinal evaluations, and
 - collecting and analyzing qualitative and quantitative data.
- The Bidder and any of their proposed subcontractors must attest to not having any direct business relationship with any of the MMC plans or their network providers.

Experience acquired concurrently is considered acceptable.

Failure to meet these Minimum Qualifications will result in a proposal being found non-responsive and eliminated from consideration.

D. Technical Proposal Narrative

Bidders' should provide the following:

D1. Executive Summary

The Bidder's executive summary should provide a collective understanding of the contents of the proposal, briefly summarize the strengths of the Bidder; key features of the proposed approach to meet the requirements of the RFP; and the major benefits offered by the proposal.

D2. Organizational Capacity

The Bidder should describe:

- a. its organizational resources for collection and analysis of quantitative data, including expertise, equipment, and software.
- b. its organizational resources for analysis of survey and interview data, including expertise, equipment, and software.

D3. Experience

The Bidder should describe its prior experience, as follows:

- a. Quantitative Data Analysis:
 1. Analysis of Medicaid claims data and data from other large data systems, including the goals of such analyses, manner of data access and data extraction.
 2. Statistical analysis related to Medicaid demonstrations or waivers, including the types of analyses and software used.
 3. Experience in ensuring data quality and integrity of results.
- b. Qualitative Data Analysis:
 1. Qualitative data analysis, including the methodology employed and any software used.
- c. Report Preparation:
 1. Preparation of reports including results of both quantitative and qualitative analysis.
 2. Summative reporting of findings of large scale program evaluations or research projects.

NOTE: Bidders should clearly indicate those areas where a proposed subcontractor is providing the experience.

D4. Proposed Approach – Evaluation

The Bidder should provide a plan to evaluate New York State's Medicaid Redesign Section 1115 Demonstration Program that meets the prevailing standards of scientific and academic rigor, as appropriate and feasible to address the questions outlined in RFP Section 4.0, Scope of Work. The plan should address the following:

- a. Evaluation questions, including research design and plans for statistical analysis.
- b. Measures they are proposing to use for each research question/outcome of interest.
- c. Data access, security, and collection techniques being proposed, including how they plan to adhere to all applicable New York State policies.
- d. Anticipated challenges to the implementation of the evaluation and proposed strategies to mitigate those challenges.
- e. A detailed timeline, by month, for evaluation activities, specifying the timeframe for planning (including obtaining Institutional Review Board [IRB] approval, as needed), timeframe for obtaining required data use agreements, start-up and data collection and analysis including due dates for deliverables.
- f. Coordinating and incorporating all research and findings from this Scope of Work into professionally written reports that detail all pertinent information and findings.
- g. Collaborating with all stakeholders and partners, including but not limited to CMS.

D5. Proposed Approach – Staffing

The Bidder should describe its staffing plan. The plan should provide:

- a. The staffing and organizational structure proposed to meet the project activities and deliverables. The proposed staffing plan should demonstrate how project staff will have appropriate training and experience in program evaluation, quantitative data collection and analysis using large and complex data systems, statistical programming and analysis, qualitative data analysis, data programming and software (to facilitate data access), project oversight/coordination, and report preparation. Include a description of the roles for each proposed staff person, including the lead evaluator.
- b. A job description for each position proposed, detailing the qualifications for the position. Include projected hours per week and estimated hours to be dedicated to each major task of this project. For the designated lead evaluator, include the level of training (e.g., doctoral, master's) and experience in public health, epidemiology, biostatistics, health services research, statistics, social sciences, or related field you propose that position would need.
- c. Describe how internal management will be conducted for this project. Management oversight should be adequate to ensure integrity of products throughout the course of the contract period.
- d. Written acknowledgment that, within 30 calendar days of notice of award, if selected, the Bidder will submit resumes of the staff proposed in its staffing plan for review and approval of the New York State Department of Health, and that, in the event that a staff member becomes unavailable during the contract period, the Contractor will submit resumes within ten (10) business days of notification of the staff unavailability to the New York State Department of Health for review and approval prior to engaging work from the replacement on this contract.

NOTE: Resumes are not required and will not be evaluated.

6.3 Cost Proposal

Submit a completed and signed [Attachment B – Cost Proposal](#). The Cost Proposal shall comply with the format and content requirements as detailed in this document and in [Attachment B](#). Failure to comply with the format and content requirements may result in disqualification.

The bid price is to cover the cost of furnishing all of the said services, including but not limited to travel, materials, equipment, overhead, profit and labor to the satisfaction of the Department of Health and the performance of all work set forth in said specifications.

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	Paper Submission
Administrative Proposal	2 dedicated flash drives or CDs labeled "Administrative Proposal" containing a standard searchable PDF file with copy/read permissions only.	4 Originals 6 Copies
Technical Proposal	2 dedicated flash drives or CDs labeled "Technical Proposal" containing a standard searchable PDF file with copy/read permissions only.	4 Originals 6 Copies
Cost Proposal	2 dedicated flash drives or CDs labeled "Cost Proposal" containing standard searchable PDF file(s) with copy/read permissions only.	4 Originals 6 Copies

1. All hard copy proposal materials should be printed on 8.5" x 11" white paper (single-sided) and **be clearly page numbered on the bottom of each page with appropriate header and footer information.** A font size of eleven (11) points or larger should be used. The Technical Proposal materials should be presented separate from the sealed Cost Proposal. The sealed Cost Proposal should also be presented in separate three-ring binder(s);
2. Where signatures are required, the proposals designated as originals should have a handwritten signature and be signed in blue ink.
3. The NYSDOH discourages overly lengthy proposals. Therefore, marketing brochures, user manuals or other materials, beyond that sufficient to present a complete and effective proposal, are not desired. Elaborate artwork or expensive paper is not necessary or desired. In order for the NYSDOH to evaluate proposals fairly and completely, proposals should follow the format described in this RFP to provide all requested information. The Bidder should not repeat information in more than one section of the proposal. If information in one section of the proposal is relevant to a discussion in another section, the Bidder should make specific reference to the other section rather than repeating the information;
4. Audio and/or videotapes are not allowed. Any submitted audio or videotapes will be ignored by the evaluation team; and
5. In the event that a discrepancy is found between the electronic and hardcopy proposal, the original hardcopy will prevail.

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

Proposals should be submitted in three (3) separate, clearly labeled packages: (1) Administrative Proposal, (2) Technical Proposal and (3) Cost Proposal, prepared in accordance with the requirements stated in this RFP. Mark the outside envelope of each proposal as "RFP# 20020, "Independent Evaluation of the New York State Medicaid Redesign Team, Section 1115 Demonstration" – (Administrative) (Technical) or (Cost) Proposal submitted by (Bidder's name)". The three (3) sealed proposals may be combined into one (1) mailing, if desired.

Proposals must be submitted, by U.S. Mail, by courier/delivery service (e.g., FedEx, UPS, etc.) or by hand as noted below, in a sealed package to:

Department of Health (RFP # 20020)
 Attention: Jay Cooper, Director of Planning
 New York State Department of Health
 Office of Quality and Patient Safety
 Room 2084, Corning Tower
 Albany, New York 12237

NOTE: You should request a receipt containing the time and date received and the signature of the receiver for all hand-deliveries and ask that this information also be written on the package(s).

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

7.1 No Bid Form

Bidders choosing not to bid are requested to complete the No-Bid form [Attachment 2](#).

8.0 METHOD OF AWARD

8.1 General Information

DOH will evaluate each proposal based on the "Best Value" concept. This means that the proposal that best "optimizes quality, cost, and efficiency among responsive and responsible offerers" shall be selected for award (State Finance Law, Article 11, §163(1)(j)).

DOH at its sole discretion, will determine which proposal(s) best satisfies its requirements. DOH reserves all rights with respect to the award. All proposals deemed to be responsive to the requirements of this procurement will be evaluated and scored for technical qualities and cost. Proposals failing to meet the requirements of this document may be eliminated from consideration. The evaluation process will include separate technical and cost evaluations, and the result of each evaluation shall remain confidential until evaluations have been completed and a selection of the winning proposal is made.

The evaluation process will be conducted in a comprehensive and impartial manner, as set forth herein, by an Evaluation Committee. The Technical Proposal and compliance with other RFP requirements (other than the Cost Proposal) will be weighted **80%** of a proposal's total score and the information contained in the Cost Proposal will be weighted **20%** of a proposal's total score.

Bidders may be requested by DOH to clarify the contents of their proposals. Other than to provide such information as may be requested by DOH, no Bidder will be allowed to alter its proposal or add information after the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events).

In the event of a tie, the determining factors for award, in descending order, will be:

- (1) lowest cost and
- (2) proposed percentage of MWBE participation.

8.2 Submission Review

DOH will examine all proposals that are received in a proper and timely manner to determine if they meet the proposal submission requirements, as described in [Section 6.0](#) (Proposal Content) and [Section 7.0](#) (Proposal Submission), including documentation requested for the Administrative Proposal, as stated in this RFP. Proposals that are materially deficient in meeting the submission requirements or have omitted material documents, in the sole opinion of DOH, may be rejected.

8.3 Technical Evaluation

The evaluation process will be conducted in a comprehensive and impartial manner. A Technical Evaluation Committee comprised of program staff of DOH will review and evaluate all proposals.

Proposals will undergo a preliminary evaluation to verify Minimum Qualifications to Propose (Section 3.0).

The Technical Evaluation Committee members will independently score each Technical Proposal that meets the submission requirements of this RFP. The individual Committee Member scores will be averaged to calculate the Technical Score for each responsive Bidder.

The technical evaluation is **80% (up to 80 points)** of the final score.

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 20 points. The maximum cost score will be allocated to the 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 proposals offered at the lowest final cost, using this formula:

$$C = (A/B) * 20\%$$

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 evaluation is **20% (up to 20 points)** of the final score.

8.5 Composite Score

A composite score will be calculated by the DOH by adding the Technical Proposal points and the Cost points awarded. Finalists will be determined based on composite scores.

8.6 Reference Checks

The Bidder should submit references using [Attachment 9](#) (References). At the discretion of the Evaluation Committee, references may be checked at any point during the process to verify bidder qualifications to propose (Section 3.0).

8.7 Best and Final Offers

NYSDOH reserves the right to request best and final offers. In the event NYSDOH exercises this right, all bidders that submitted a proposal that are susceptible to award will be asked to provide a best and final offer. Bidders will be informed that should they choose not to submit a best and final offer, the offer submitted with their proposal will be construed as their best and final offer.

8.8 Award Recommendation

The Evaluation Committee will submit a recommendation for award to the Finalist(s) with the highest composite score(s) whose experience and qualifications have been verified.

The Department will notify the awarded Bidder(s) and Bidders not awarded. The awarded Bidder(s) will enter into a written Agreement substantially in accordance with the terms of [Attachment 8](#), DOH Agreement, to provide the required services as specified in this RFP. The resultant contract shall not be binding until fully executed and approved by the New York State Office of the Attorney General and the Office of the State Comptroller.

ATTACHMENTS

The following attachments are included in this RFP and are available via hyperlink or can be found at: <https://www.health.ny.gov/funding/forms/>.

1. [Bidder's Disclosure of Prior Non-Responsibility Determination](#)
2. [No-Bid Form](#)
3. [Vendor Responsibility Attestation](#)
4. [Vendor Assurance of No Conflict of Interest or Detrimental Effect](#)
5. [Guide to New York State DOH M/WBE Required Forms & Forms](#)
6. [Encouraging Use of New York Businesses in Contract Performance](#)
7. [Bidder's Certified Statements](#)
8. [DOH Agreement](#)
9. [References](#)
10. [Diversity Practices Questionnaire](#)
11. [Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination](#)

The following attachments are attached and included in this RFP:

- A. Proposal Document Checklist
- B. Cost Proposal
- C. 1115 Demonstration Evaluation Logic Models
- D. MLTC Table
- E. Individuals Moved from Institutional Settings to Community Settings for Long Term Services and Supports
- F. Mainstream Medicaid Managed Care Data Table

**ATTACHMENT A
PROPOSAL DOCUMENT CHECKLIST**

Please reference Section 7.0 for the appropriate format and quantities for each proposal submission.

RFP 20020– Independent Evaluation of the New York State Medicaid Redesign Team, Section 1115 Demonstration		
FOR THE ADMINISTRATIVE PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.1.A	Attachment 1 – Bidder’s Disclosure of Prior Non-Responsibility Determinations, completed and signed.	<input type="checkbox"/>
§ 6.1.B	Freedom of Information Law – Proposal Redactions (If Applicable)	<input type="checkbox"/>
§ 6.1.C	Attachment 3- Vendor Responsibility Attestation	<input type="checkbox"/>
§ 6.1.D	Attachment 4 - Vendor Assurance of No Conflict of Interest or Detrimental Effect	<input type="checkbox"/>
§ 6.1.E	M/WBE Participation Requirements:	<input type="checkbox"/>
	Attachment 5 Form 1	<input type="checkbox"/>
	Attachment 5 Form 2 (If Applicable)	<input type="checkbox"/>
	Attachment 5 Form 4	<input type="checkbox"/>
	Attachment 5 Form 5	<input type="checkbox"/>
§ 6.1.E	Attachment 6- Encouraging Use of New York Businesses	<input type="checkbox"/>
§ 6.1.G	Attachment 7 - Bidder’s Certified Statements, completed & signed.	<input type="checkbox"/>
§ 6.1.H	Attachment 9 – References	<input type="checkbox"/>
§ 6.1.J	Attachment 10 - Diversity Practices Questionnaire	<input type="checkbox"/>
§ 6.1.I	Attachment 11 - Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination	<input type="checkbox"/>
FOR THE TECHNICAL PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.2.A	Title Page	<input type="checkbox"/>
§ 6.2.B	Table of Contents	<input type="checkbox"/>
§ 6.2.C	Documentation of Bidder’s Eligibility (Requirement)	<input type="checkbox"/>
§ 6.2.D	Technical Proposal Narrative	<input type="checkbox"/>
FOR THE COST PROPOSAL REQUIREMENT		
RFP §	REQUIREMENT	INCLUDED
§ 6.3	Attachment B- Cost Proposal	<input type="checkbox"/>

**ATTACHMENT B
COST PROPOSAL
RFP #20020**

For the deliverables and milestones identified in the form below, Bidders should complete the column furthest to the right titled “Cost.” Bidders must not change the column titled “Deliverables,” nor can they change the existing milestones listed in the column titled “Milestones” below, but they can add additional milestones and associated cost, as applicable, to the form below to align with the proposed milestones in their Technical Proposal.

For each Deliverable Milestone listed below, place the “Quantity” (number of times you will complete this milestone) and the “Price Per” (the price you are bidding for each time you complete the milestone) in the column titled Cost, then complete the row titled “Milestone Total” (total cost for that Milestone) by multiplying the rows labeled “Quantity” by the “Price Per” for each Deliverable Milestone.

For each Deliverable a Grand Total should be completed, add each Milestone Total within in each Deliverable.

Deliverables	Milestones	Cost	
Deliverable 1 – Expanded Evaluation Plan			
	Milestone 1 – Draft Plan	Quantity	
		Price Per	
		Milestone Total	
	Milestone 2 – DOH-approved Revised Plan	Quantity	
		Price Per	
		Milestone Total	
	Milestone 3 – CMS-approved Final Plan	Quantity	
		Price Per	
		Milestone Total	
Deliverable 1 Grand Total			
Deliverable 2 – Evaluation Report			
	Milestone 1 – Draft Report	Quantity	
		Price Per	
		Milestone Total	
	Milestone 2 – DOH-approved Revised Report	Quantity	
		Price Per	
		Milestone Total	
	Milestone 3 – CMS-approved Final Report	Quantity	
		Price Per	
		Milestone Total	
	Milestone 4 – Monthly Progress Reports	Quantity	
		Price Per	
		Milestone Total	
Deliverable 2 Grand Total			

Deliverables	Milestones	Cost	
Deliverable 2a. – Domain 1, Component 1, Goal 1			
	Milestone 1 – Preliminary Analyses	Quantity	
		Price Per	
		Milestone Total	
	Milestone 2 – Final Analyses	Quantity	
		Price Per	
		Milestone Total	
	Milestone 3 – Interpretation of Findings	Quantity	
		Price Per	
		Milestone Total	
Deliverable 2a Total			
Deliverable 2b. – Domain 1, Component 1, Goal 2			
	Milestone 1 – Preliminary Analyses	Quantity	
		Price Per	
		Milestone Total	
	Milestone 2 – Final Analyses	Quantity	
		Price Per	
		Milestone Total	
	Milestone 3 – Interpretation of Findings	Quantity	
		Price Per	
		Milestone Total	
Deliverable 2b Total			
Deliverable 2c. – Domain 1, Component 1, Goal 3			
	Milestone 1 – Preliminary Analyses	Quantity	
		Price Per	
		Milestone Total	
	Milestone 2 – Final Analyses	Quantity	
		Price Per	
		Milestone Total	
	Milestone 3 – Interpretation of Findings	Quantity	
		Price Per	
		Milestone Total	
Deliverable 2c Total			
Deliverable 2d. – Domain 1, Component 1, Goal 4			
	Milestone 1 – Preliminary Analyses	Quantity	
		Price Per	
		Milestone Total	
	Milestone 2 – Final Analyses	Quantity	
		Price Per	
		Milestone Total	
	Milestone 3 – Interpretation of Findings	Quantity	
		Price Per	
		Milestone Total	
Deliverable 2d Total			

Deliverables	Milestones	Cost	
Deliverable 2e. – Domain 1, Component 1, Goal 5			
	Milestone 1 – Preliminary Analyses	Quantity	
		Price Per	
		Milestone Total	
	Milestone 2 – Final Analyses	Quantity	
		Price Per	
		Milestone Total	
	Milestone 3 – Interpretation of Findings	Quantity	
		Price Per	
		Milestone Total	
Deliverable 2e Total			
Deliverable 2f. – Domain 1, Component 2, Goal 1			
	Milestone 1 – Preliminary Analyses	Quantity	
		Price Per	
		Milestone Total	
	Milestone 2 – Final Analyses	Quantity	
		Price Per	
		Milestone Total	
	Milestone 3 – Interpretation of Findings	Quantity	
		Price Per	
		Milestone Total	
Deliverable 2f Total			
Deliverable 2g. – Domain 1, Component 2, Goal 2			
	Milestone 1 – Preliminary Analyses	Quantity	
		Price Per	
		Milestone Total	
	Milestone 2 – Final Analyses	Quantity	
		Price Per	
		Milestone Total	
	Milestone 3 – Interpretation of Findings	Quantity	
		Price Per	
		Milestone Total	
Deliverable 2g Total			
Deliverable 2h.– Domain 1, Component 2, Goal 3			
	Milestone 1 – Preliminary Analyses	Quantity	
		Price Per	
		Milestone Total	
	Milestone 2 – Final Analyses	Quantity	
		Price Per	
		Milestone Total	
	Milestone 3 – Interpretation of Findings	Quantity	
		Price Per	
		Milestone Total	
Deliverable 2h Total			

Deliverables	Milestones	Cost
Deliverable 2i. – Domain 2, Goal 1		
	Milestone 1 – Preliminary Analyses	Quantity
		Price Per
		Milestone Total
	Milestone 2 – Final Analyses	Quantity
		Price Per
		Milestone Total
	Milestone 3 – Interpretation of Findings	Quantity
		Price Per
		Milestone Total
Deliverable 2i Total		
Deliverable 2j. – Domain 2, Goal 2		
	Milestone 1 – Preliminary Analyses	Quantity
		Price Per
		Milestone Total
	Milestone 2 – Final Analyses	Quantity
		Price Per
		Milestone Total
	Milestone 3 – Interpretation of Findings	Quantity
		Price Per
		Milestone Total
Deliverable 2j Total		

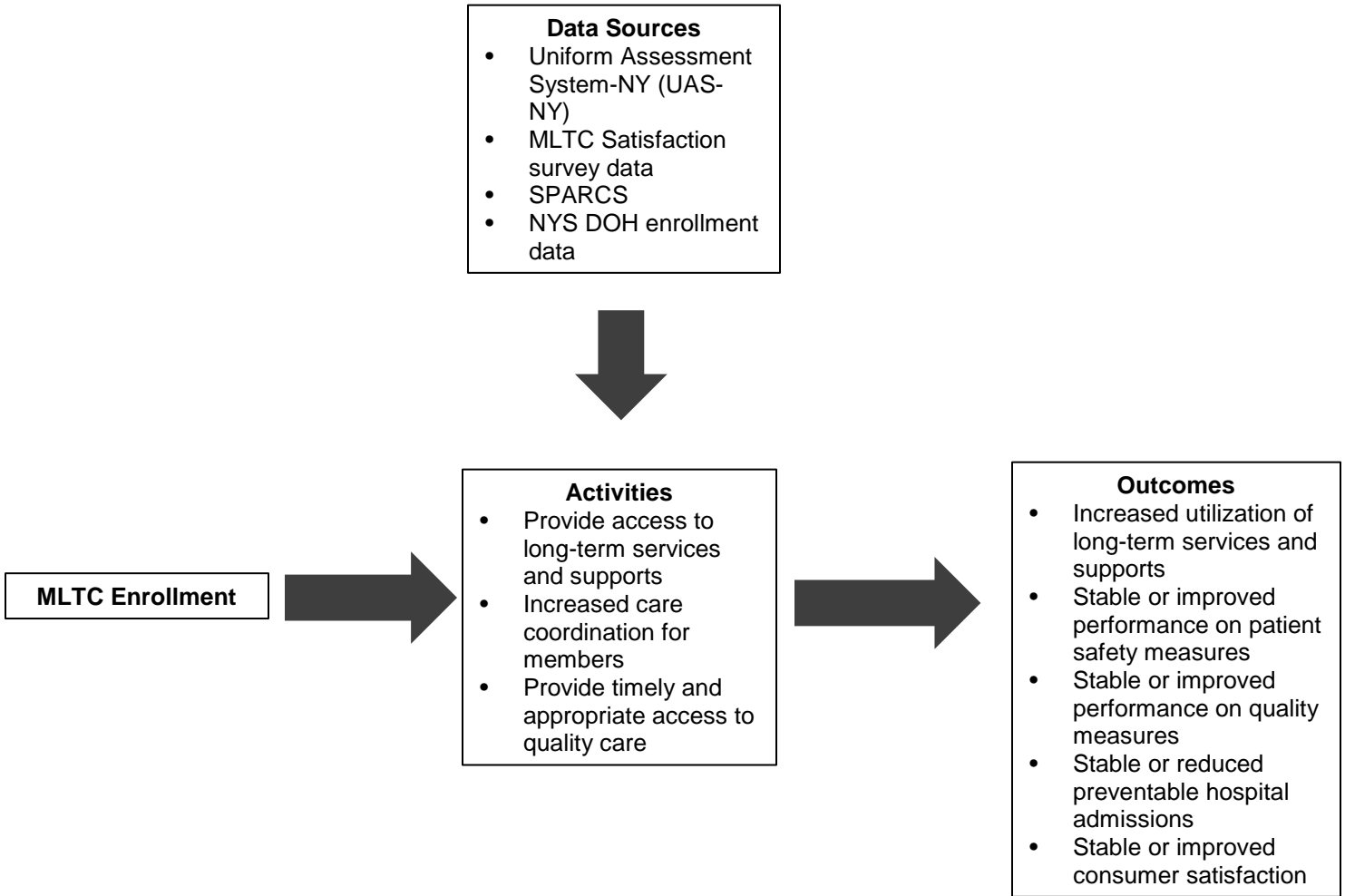
By signing this Cost Proposal Bid Sheet, bidder agrees that the prices above are binding for 365 days from the proposal due date.

Date: _____ Signature: _____

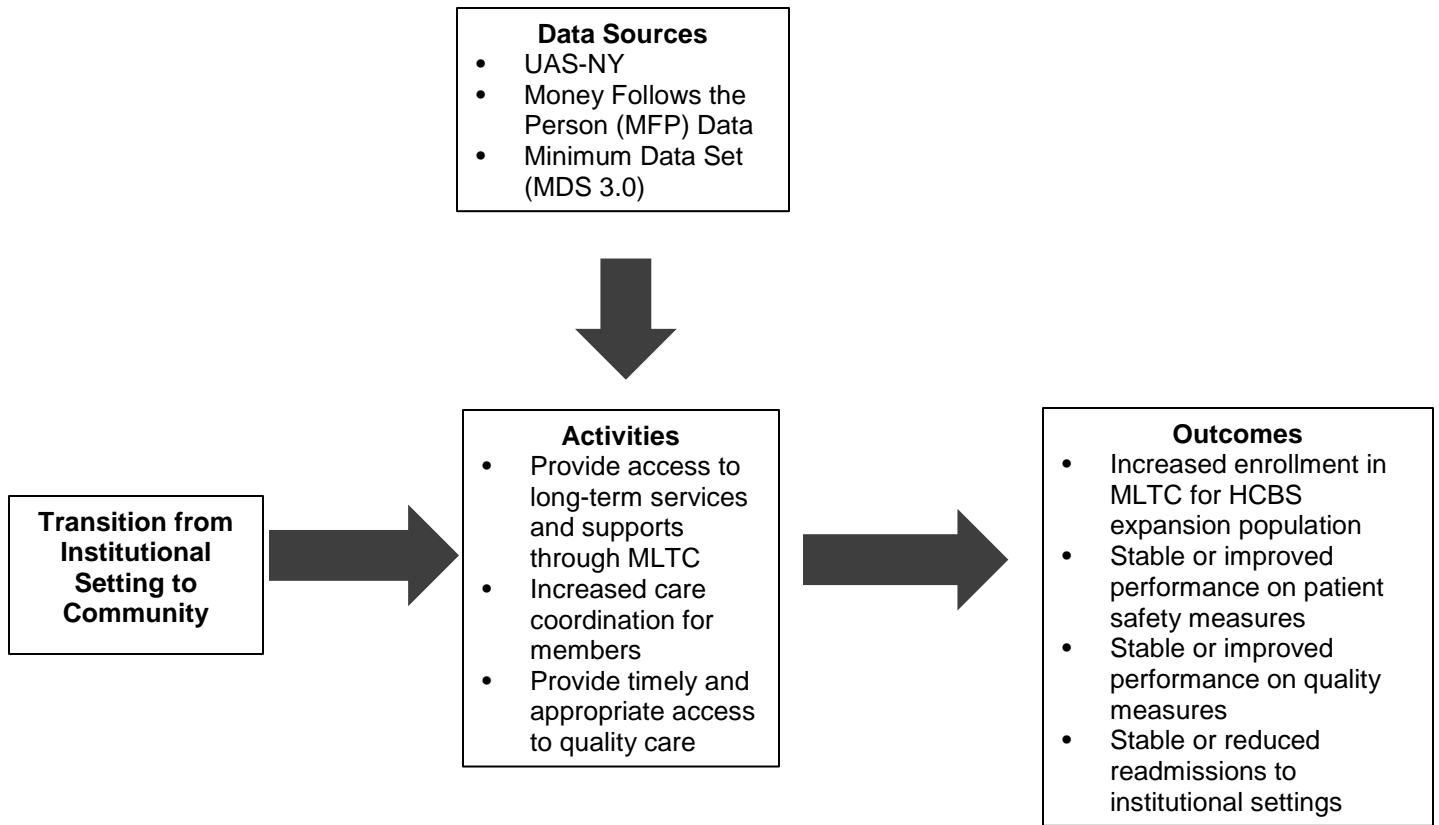
Print Name and Title: _____

ATTACHMENT C
1115 Demonstration Evaluation Logic Models

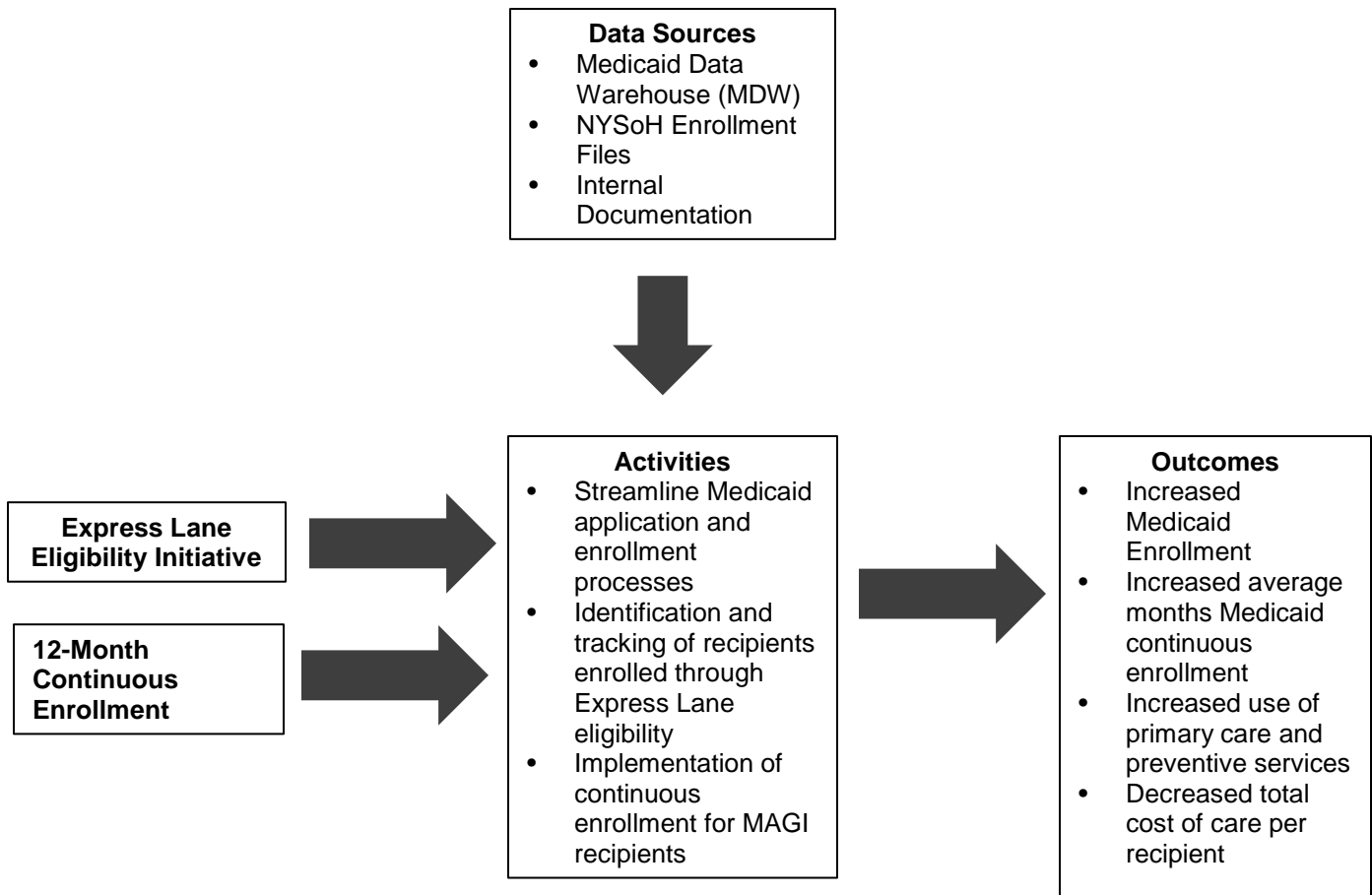
Domain 1 – Individuals Receiving Long-Term Supports and Services
Medicaid Managed Long Term Care (MLTC) Logic Model



Domain 1 – Individuals Receiving Long-Term Supports and Services
Individuals Moved from Institutional Settings to Community Settings Logic Model



Domain 2 – Mainstream Medicaid Managed Care (MMMC) & TANF Logic Model



**ATTACHMENT D
Managed Long-Term Care (MLTC)**

Goal 1: To expand access to Managed Long-Term Care for Medicaid enrollees in need of long-term services and supports

	Research Questions	Hypothesis	Measures/Variables	Measure Steward	Data Sources
1	Enrollment into MLTC will continue to grow and then stabilize as the program is mandatory across the State. At what point in the demonstration did the population stabilize in size?	The MLTC program experience rapid growth but stabilized over the course of the demonstration.	NYS DOH Enrollment data	N/A	Uniform Assessment System New York (UAS-NY)

Goal 2: To demonstrate stability or improvement in patient safety

	Research Questions	Hypothesis	Measures/Variables	Measure Steward	Data Sources
1	Is the percent of the MLTC population having an emergency room visit in the last 90 days since assessment stable or improving over the course of the demonstration?	The MLTC performance on patient safety measures will remained stable or improved over the course of the demonstration.	Risk-adjusted percentage of members who did not have an emergency room visit in the last 90 days.	NYSDOH	UAS-NY
2	Is the percent of the MLTC population having a fall requiring medical intervention in the last 90 days since assessment stable or improving over the course of the demonstration?	The MLTC performance on patient safety measures will remained stable or improved over the course of the demonstration.	Risk-adjusted percentage of members who did not have falls that required medical intervention in the last 90 days.	NYSDOH	UAS-NY

Goal 3: To demonstrate stability or improvement in quality of care

	Research Questions	Hypothesis	Measures/Variables	Measure Steward	Data Sources
1	Are enrollees perceived timely access to personal, home care and other services such as dental care, optometry and audiology stable over time or improving?	The MLTC performance on quality of care measures has remained stable or improved over the course of the demonstration	The timeliness of care provided by home health aide, personal care aide, personal assistant. Getting timely urgent appointments with dental care,	NYSDOH NYSDOH	Biennial Satisfaction Survey

	Research Questions	Hypothesis	Measures/Variables	Measure Steward	Data Sources
			optometry, and audiology		
2	Is the percent of the MLTC population accessing preventive care services such as the flu shot and dental care consistent or improving?	The MLTC performance on quality of care measures has remained stable or improved over the course of the demonstration	Percent of members who received an influenza vaccination in the last year. Percent of members who received a dental exam in the last year.	NYSDOH NYSDOH	UAS-NY

Goal 4: To stabilize or reduce preventable acute hospital admissions

	Research Questions	Hypothesis	Measures/Variables	Measure Steward	Data Sources
1	Is the MLTC population experiencing stable or reduced rates of potentially avoidable hospitalization?	Rates of potential avoidable hospitalizations will remain stable or be reduced over the demonstration.	Risk-adjusted potentially avoidable hospitalization measure.	NYSDOH	UAS-NY SPARCS

Goal 5: Demonstrate stability or improvement in consumer satisfaction

	Research Questions	Hypothesis	Measures/Variables	Measure Steward	Data Sources
1	Percent of members who rated their managed long-term care plan within the last six months as good or excellent? Percent of members who rated the quality of care manager/case manager services within the last six months as good or excellent? Percent of members who in the last six months rated their home health aide/personal care aide/personal assistant, care manager/case manager, regular visiting nurse or covering/on call nurse services were usually or	Rates of satisfaction will remain stable or improve over the demonstration	Risk-adjusted percentage of members who rated their managed long-term care plans as good or excellent. Risk-adjusted percentage of members who rated the quality of care manager/case manager services within the last six months as good or excellent. Risk-adjusted percentage of members who rated	NYSDOH NYSDOH NYSDOH	Biennial Satisfaction survey

	Research Questions	Hypothesis	Measures/Variables	Measure Steward	Data Sources
	always on time? Percent of members who rated the quality of home health aide/personal care aide/personal assistant services within the last six months as good or excellent?		that within the last six months the home health aide/personal care aide/personal assistant, care manager/case manager, regular visiting nurse/registered nurse or covering/on-call nurse services were usually or always on time Risk-adjusted percentage of members who rated the quality of home health aide/personal care aide/personal assistant services within the last six months as good or excellent.	NYSDOH	

Evaluation

Annually, or for some measures biannually, New York will calculate the proposed evaluation measures/variables. The Department of Health has extensive experience with the computation and evaluation of quality performance measurement with a variety of service delivery entities, such as hospitals, managed care organizations, managed long-term care organizations, and nursing homes. The MLTC program has been mandatory in NYS since 2012, as more previously excluded groups are added to the waiver, the appropriate evaluation is a qualitative analysis of stability or improvement in the plan performance using DOH calculated rates.

Data Sources

Uniform Assessment System-NY (UAS-NY) Community Health data

The MLTC plans are required to collect and report to the NYSDOH information on enrollees’ levels of functional and cognitive impairment, behaviors, and clinical diagnoses. This information is collected at enrollment and then semi-annually thereafter. The UAS-NY is an electronic system based on a uniform data set, which standardizes and automates needs assessments for home and community based programs in New York. The UAS-NY is based on the interRAI suite of assessment instruments. interRAI is a collaborative network of researchers in over 30 countries committed to improving health care for persons who are elderly, frail, or disabled. Their goal is to promote evidence-based clinical practice and policy decisions through the collection and interpretation of high quality data. The interRAI organization and its assessment tools are used in many states, as well as Canada and other countries. Using the UAS-NY tool facilitates access to programs and services, eliminates duplicative assessment data, and improves consistency in the assessment process. With the UAS-NY, functional status data demonstrates its importance to inform eligibility for the MLTC program, provide the basis for the MLTC plans’ care management planning processes, and facilitate a plan’s identification of areas where the patient’s status differs from optimal health or functional status.

Assessment data are submitted by plans to the UAS-NY electronically as assessments are conducted, and are added to the database upon submission. Each year, MLTC UAS-NY submissions are created into two static

assessment files. One containing the most recent assessment for enrollees in each plan from January through June. The second containing the most recent assessment for enrollees in each plan from July through December. These two files will be used to describe and evaluate the MLTC plan performance.

Satisfaction data

In 2007, the NYSDOH, in consultation with the MLTC plans, developed a satisfaction survey of MLTC enrollees. The survey was field tested and is now administered by the NYSDOH's external quality review organization, IPRO. New York State sponsors the biennial MLTC satisfaction survey. The survey contained three sections: health plan satisfaction; satisfaction with select providers and services, including timeliness of care and access; and self-reported health status.

SPARCS

Statewide Planning and Research Cooperative System (SPARCS) data is an all-payor hospital database in New York State. UAS-NY records that matched to SPARCS and had a SPARCS primary diagnosis of respiratory infection, urinary tract infection, congestive heart failure, anemia, sepsis, or electrolyte imbalance were included in the numerator for the PAH measure. Plan days for members with plan enrollment of greater than 90 days, were summed by plan to create the plan denominator and overall to create the statewide denominator.

ATTACHMENT E

Individuals Moved from Institutional Settings to Community Settings for Long Term Services and Supports

Goal 1: To expand access

	Research Questions	Hypothesis	Measures/Variables	Measure Steward	Data Sources
1	For those that transition from an institutional setting to the community, did the percent enrolling in a MLTC increase over the demonstration?	The percent of institutional discharges to the community enrolling in MLTC will increase over the course of the demonstration.	Percent of MFP populations that enrollees in MTLC within one year or less of discharge.	NYSDOH	UAS-NY MFP master data MDS 3.0

Goal 2: Stability or Improvement in Patient Safety

	Research Questions	Hypothesis	Measures/Variables	Measure Steward	Data Sources
1	For the HCBS Expansion population that transitioned from an institutional setting, what percent will experience less emergency room use in the year post-discharge as compared to pre-discharge?	The performance on patient safety measures for the HCBS Expansion population will remained stable or improved over the course of the demonstration	Risk-adjusted percentage of HCBS Expansion population who did not have an emergency room visit in the last 90 days.	NYSDOH	MFP master data UAS-NY
2	Is the percent of the HCBS Expansion population having a fall requiring medical intervention in the last 90 days since assessment stable or improving over the course of the demonstration?	The performance on patient safety measures for the HCBS Expansion population will remained stable or improved over the course of the demonstration	Risk-adjusted percentage of HCBS Expansion population who did not have falls that required medical intervention in the last 90 days.	NYSDOH	MFP master data UAS-NY

Goal 3: Stability or Improvement in Quality of Care

	Research Questions	Hypothesis	Measures/Variables	Measure Steward	Data Sources
1	For the HCBS Expansion population that entered MLTC after transitioning from an institutional setting, what percent return to the nursing home within a year of discharge, what was their average level of care need and for those that return within a year, how long on average did they reside in the community?	The HCBS Expansion population performance on quality of care measures will remained stable or improved over the course of the demonstration	Percent of HCBS Expansion population who remained in the community for one year post discharge by level of care. Average residency time in the community for HCBS Expansion population who returned to the Nursing Home within one year.	NYSDOH NYSDOH	UAS-NY MFP master data MDS 3.0
2	Is the percent of the HCBS Expansion population accessing preventive care services such as the flu shot and dental care consistent or improving?	The HCBS Expansion population performance on quality of care measures will remained stable or improved over the course of the demonstration	Percent of HCBS Expansion population who received an influenza vaccination in the last year. Percent of HCBS Expansion population who received a dental exam in the last year.	NYSDOH NYSDOH	UAS-NY MFP master data MDS 3.0

Evaluation

This evaluation will use the Money Follows the Person (MFP) program to identify the HCBS cohort. It will utilize the elderly adult and the physically disabled subgroups, excluding the developmentally disabled and the traumatic brain injury groups. The Quality of Life survey will not be assessed; it does not contain questions that address satisfaction with access or timeliness and quality of providers and services nor is the sample adequate.

Data Sources

MFP Master File

The Money Follows the Person (MFP) program group within the Department will annually provide to the Office of Quality and Patient Safety their master case file. This master file will be matched by the Department to the UAS to identify MFP program members who enrolled in MLTC.

Uniform Assessment System-NY (UAS-NY) Community Health data

The MLTC plans are required to collect and report to the NYSDOH information on enrollees' levels of functional and cognitive impairment, behaviors, and clinical diagnoses. This information is collected at enrollment and then semi-annually thereafter. The UAS-NY is an electronic system based on a uniform data set, which standardizes and automates needs assessments for home and community based programs in New York. The UAS-NY is based on the interRAI suite of assessment instruments. interRAI is a collaborative network of researchers in over

30 countries committed to improving health care for persons who are elderly, frail, or disabled. Their goal is to promote evidence-based clinical practice and policy decisions through the collection and interpretation of high quality data. The interRAI organization and its assessment tools are used in many states, as well as Canada and other countries. Using the UAS-NY tool facilitates access to programs and services, eliminates duplicative assessment data, and improves consistency in the assessment process. With the UAS-NY, functional status data demonstrates its importance to inform eligibility for the MLTC program, provide the basis for the MLTC plans' care management planning processes, and facilitate a plan's identification of areas where the patient's status differs from optimal health or functional status.

Assessment data are submitted by plans to the UAS-NY electronically as assessments are conducted, and are added to the database upon submission. Each year, MLTC UAS-NY submissions are created into two static assessment files. One containing the most recent assessment for enrollees in each plan from January through June. The second containing the most recent assessment for enrollees in each plan from July through December. These two files will be used to describe and evaluate the HCBS expansion population performance once in a MLTC plan.

Minimum Data Set (MDS 3.0)

New York has access to the federal standardized assessment data of nursing home residents. Following CMS' episode logic, assessments are linked and length of stay will be evaluated for transitioned individuals.

ATTACHMENT F
Mainstream Medicaid Managed Care Data Table

Goal 1: To increase access to health insurance through Medicaid enrollment

	Research Questions	Hypothesis	Measures/Variables	Measure Steward	Data Sources
1	How many recipients are enrolled through Express Lane-like Eligibility?	The number of recipients enrolled through this mechanism will remain steady through the waiver period.	Total enrollment and percentage of total Medicaid enrollment through Express Lane eligibility, calculated monthly and annually over the waiver period.	NYSDOH	Medicaid Data Warehouse NYSoH Enrollment Files
2	Are there differences in the demographic and clinical characteristics of Medicaid beneficiaries enrolled through Express Lane-like Eligibility as compared to those not enrolled through this mechanism?	Differences in demographic and clinical characteristics of Medicaid beneficiaries should be similar in patterns seen for other types of Medicaid enrollment mechanisms.	Comparison of Medicaid beneficiaries enrolled through Express Lane-like Eligibility and those not enrolled through this mechanism, stratified by demographic (age, sex, race/ethnicity, region) and clinical (presence or absence of chronic disease such as mental illness, diabetes, maternal condition/delivery).	NYSDOH	Medicaid Data Warehouse NYSoH Enrollment Files
3	What portion of the beneficiaries enrolled through express lane eligibility were later deemed to be ineligible for coverage?	Because the eligibility levels for receiving TA are lower than for Medicaid only, it is unlikely that many beneficiaries will be retroactively ineligible.	Once indicators are available for tracking, enrollment under Express-lane eligibility can be measured; disenrollment numbers can also be measured and stratified by method of enrollment.	NYSDOH	Medicaid Data Warehouse NYSoH Enrollment Files

Goal 2: To limit gaps in Medicaid eligibility due to fluctuations in recipient income

	Research Questions	Hypothesis	Measures/Variables	Measure Steward	Data Sources
1	What is the distribution of enrollees within select continuous enrollment cohorts?	Months of enrollment per member will show an increase over the five (5) years following the implementation of 12-month continuous eligibility as compared to the five years preceding its implementation. Similarly, the number of enrollees with 12 months continuous enrollment will show an increase over the five years preceding implementation.	The mean months of enrollment per member will be calculated for each of the selected time periods.	NYSDOH	Medicaid data warehouse NYSoH Enrollment File
2	Does continuous enrollment differ by demographic or clinical characteristics?			NYSDOH	Medicaid data warehouse NYSoH Enrollment Files
3	Did Medicaid's average months of continuous enrollment increase following the implementation of continuous eligibility as compared to pre-implementation?	Months of enrollment per member will show an increase over the five years following the implementation of 12-month continuous eligibility as compared to the five (5) years preceding its implementation.	The mean months of enrollment per member will be calculated for each of the selected time periods.	NYSDOH	Medicaid data warehouse NYSoH Enrollment Files

	Research Questions	Hypothesis	Measures/Variables	Measure Steward	Data Sources
4	Was there an increase in the percentage of Medicaid beneficiaries continuously enrolled for 12 months following implementation of continuous eligibility as compared to pre-implementation?	The percentage of members with 12-months continuous enrollment will increase following the implementation of 12-month continuous eligibility as compared to the five (5) years before its implementation.	The proportion of enrollees continuously enrolled over a 12-month period will be calculated for each of the time periods in the evaluation period.	NYSDOH	Medicaid data warehouse NYSoH Enrollment Files
5	How do outpatient, inpatient and emergency department visits compare pre- and post-implementation of this policy? How have costs been impacted because of the change in utilization?	The use of primary care and other preventive services will increase following the implementation of 12-month continuous eligibility because of continuity of coverage resulting from the initiative.	To compute per member per year rates for each of these services, the total number of primary and preventive care services each year will be determined, and divided by the total number of months of enrollment over all recipients for that year and the resulting quotient multiplied by 12.	NYSDOH	Medicaid data warehouse NYSoH Enrollment Files
6	How many of the beneficiaries covered under continuous eligibility would have been ineligible for coverage if not for the waiver?	The number of enrollees who would have been ineligible will be low, given the lack of requirement to report changes in income.	Enrollee reported changes in income will be used to calculate potential loss of eligibility, regardless of whether eligibility is actually lost.	NYSDOH	Medicaid data warehouse NYSoH Enrollment Files

Data Sources

Medicaid Data Warehouse

This robust dataset includes enrollment and eligibility data as well as claims and managed care encounters. Several 3M products are used to evaluate members' clinical risk (Clinical Risk Groups) and preventable event measures, such as Prevention Quality Indicators. These data will be used to evaluate patterns of care for the sub-populations of interest.

New York State of Health (NYSoH) Enrollment

Since the inception of the Affordable Care Act, Medicaid enrollees who are not eligible for cash assistance enroll through the NYSoH rather than through local Departments of Social Services (LDSS). These data enrollment data will be used, in addition to enrollment data from the LDSS, to obtain a complete picture of Medicaid enrollees.