



## Office for People With Developmental Disabilities

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### **RFP: C0SCO0021-Clearinghouse for Billing and Claiming to Third Party Health Insurance Companies**

#### **QUESTIONS AND ANSWERS**

**IMPORTANT NOTE:** Bidders are directed to consider the responses and clarifications provided in this document along with the RFP specifications and requirements when developing their proposals. Bidders must use the REVISED Attachment 2 Clearinghouse Pricing Proposal Form, as provided on OPWDD's Procurement Opportunities website:

[HTTP://WWW.OPWDD.NY.GOV/OPWDD\\_RESOURCES/PROCUREMENT OPPORTUNITIES](http://www.opwdd.ny.gov/opwdd_resources/procurement_opportunities)

and the New York State Contract Reporter's website:

<https://www.nyscr.ny.gov/contracts.cfm>

Bidders should acknowledge receipt of this Questions and Answers and the Revised Clearinghouse Price Proposal Form on the Attachment 1, Bidder Acknowledgment of Addendum that is provided in the RFP.

Q.1: Section 2.3 Minimum Bidder Qualification – page 6.

The RFP requirement states contractor must have three years demonstrated experience in medical clearinghouse services in the state of New York. We've done similar work, virtually, with several states, including Kansas and Missouri. In addition, we've worked with many large counties areas, including Miami/Dade County. May we submit for this RFP and request an exception from this requirement?

**A.1: Any Bidder submitting a proposal in response to this RFP must meet the minimum qualification of having 3 years demonstrated experience in New York.**

Q.2: Is this a new requirement and if not, who is the incumbent?

**A.2: This is a new requirement.**

Q.3: Approximately how many claims annually does the OPWDD send.

**A.3: OPWDD has not billed for clinical services since the implementation of APGs and does not have any information on the submission of claims.**

Q.4: Appendix B.

- Can companies from outside from USA apply for this?
- Can we perform the tasks related to RFP outside USA?
- Whether we need to come over there for meetings?

**A.5: The awardee must be in full compliance with RFP Sections 1.18.d, 1.25.k, 1.25.l and 1.30.e.**

Q.5: Section 6.12 Proposal Requirements.

- Can proposals be submitted via Email

**A.5: Proposals must be submitted in accordance with section 6.12 of the RFP. Email submissions will not be accepted.**

Q.6: In our pricing sheet should we include 835s as part of the claims pricing?

**A.6: The 835s should be included as part of the pricing and should not be listed as a separate component.**

Q.7: Will your transactions in your new EHR be sent using the standard ANSI 5010 Format?

**A.7: Yes, the EHR will use the standard HIPAA Transaction Standards that are in the 5010 format.**

Q.8: Please reconfirm the due date for this procurement?

**A.8: As of the date of this writing, the due date that is posted on page 1 of the Calendar of Events is November 20, 2018 at 2:00 pm, that date shall remain. If any changes in the schedule are made, the proper notifications will be published on OPWDD website, the NYS Contract Reporter and emails will be sent to the bidder's list.**

Q.9: Why has this bid been released at this time?

**A.9: The need for Clearinghouse services for Billing and Claiming to Third Party Health Insurance Companies developed during the implementation of the Electronic Health Record System.**

Q.10: Please describe your level of satisfaction with your current or recent vendor(s) for the same purchasing activity, if applicable?

**A.10. This is a new initiative.**

Q.11: To how many vendors are you seeking to award a contract?

**A.11: Per Section 2.1, "the OPWDD will enter into one contract with a responsive and responsible vendor as a result of this RFP. The Contract shall commence upon the date of the Office of the State Comptroller's approval and continue for a five (5) year term."**

Q.12: Is 1,000 the total number of average monthly eligibility transactions your organization is expected to process with the new clearinghouse going forward?

**A.12: As stated in the Attachment 2 Clearinghouse Pricing Proposal Form, "Estimated Monthly Claims - Estimated use for budgetary purposes; the Contractor will be reimbursed for actual use only."**

Q.13: Pricing.

The average monthly claims transaction volume is currently 625, is this the total number of average monthly claims transactions your organization is expected to process with the new clearinghouse going forward?

**A.13: Please see REVISED Attachment 2 Clearinghouse Pricing Proposal Form. The Average Electronics Claim Processing Fee has been increased from 625 to 2000. PLEASE NOTE: The State reserves the right to reject a proposal that contains an incomplete or unsigned REVISED Attachment 2 – Pricing Proposal Form. Failure to**

**use the REVISED Attachment 2 – Pricing Proposal Form will result in a proposal being considered non-responsive.**

**As stated in the Attachment 2 Clearinghouse Pricing Proposal Form, “Estimated Monthly Claims - Estimated use for budgetary purposes; the Contractor will be reimbursed for actual use only.”**

Q.14: Is there a vendor/bidder’s call that is scheduled for a certain time/day to go over questions and answers before finalizing responses?

**A.14: There is no vendor/bidder’s call scheduled.**

Q.15: Section 2.1. Will this be going through Albany/NYS Comptroller’s Office?

**A.15: Yes, the NYS Office of the State Comptroller’s review and approval is required.**

Q.16: What is your budget for the services called for under this RFP?

**A.16: For this RFP, the Bidder with the lowest price will be awarded the full points allocated to the pricing evaluation. The score for each of the remaining Bidders will be proportionate to the lowest Bidder.**

Q.17: Is there an incumbent to the RFP?

- If so, when does their contract end?
- If so, what is their current contract fee?

**A.17: There is no incumbent to this RFP.**

Q.18: On page 8 of the RFP it states that there are approximately 775 individuals each month under the program with an expectation for that number to grow. Are there projections for expected growth over the next 4 calendar years?

**A.18: At this time, there are no projections for growth.**

Q.19: Does each of the 8 Article 16 Clinics have their own Tax ID and or NPI to billing third party payers?

**A.19: OPWDD has one Tax ID and each main clinic site has its own NPI.**

Q.20: How many separate rendering addresses do you use when billing claims to third party payers?

**A.20: Please see Exhibit 1 of the RFP for the clinic locations. In addition, OPWDD delivers services at over 1,000 certified day habilitation and IRA locations.**

Q.21: How many users from OPWDD should we plan on to use the system?

**A.21: OPWDD anticipates 5-10 users will need to have access to the system.**

Q.22: Is the new EHR system that is being implemented Core Solutions CX360 and are you using the practice management and billing system modules as well?

**A.22: Yes, OPWDD's EHR is Core Solutions CX360 and utilizes the practice management and billing system.**

Q. 23: Is there a requirement on the frequency of required password changes?

**A.23: There is no requirement for frequency of password changes.**

Q.24: Can you expand on the nature of the desired training on the use of the system (number and type of staff to be trained; topics to be trained on; number or frequency of trainings expected)?

- Can the training be performed via Web-ex?

**A.24: OPWDD expects 5 to 10 staff to be trained on the overall system which includes the ability to access reports and remittance statements, download remittances, as needed, for the purpose of importing data into OPWDD's EHR System. OPWDD would also expect staff to be available for support and technical assistance after initial trainings. Multiple training sessions would be desired to assist with this.**

- **OPWDD would entertain training being delivered via WebEx.**

Q.25: Are the 50 clinicians at your community-based locations licensed providers and are they credentialed with third party payers?

**A.25: All clinicians in the community are licensed providers. They most likely are not credentialed with third party payers.**

Q.26: Are the providers required to credential with commercial insurance?

- If an individual's insurance requires them to be seen by an in-network provider is an in-network provider chosen from the program?

**A.26: Clinicians working for OPWDD are not required to be credentialed with third party health insurers.**

- **At this time OPWDD is not an in-network provider with any third-party health insurers.**

Q.27: What type of claim formats are required, and what would be the estimated number of claims for each claim format type in an average month?

- a) 837 P
- b) 837 I
- c) Paper 1500
- d) Paper UB04
- e) Dental 837D
- f) Patient Statements
- g) Other

**A.27: Please see page 9 of the RFP, under Monthly Claim Processing that describes the claim formats expected. OPWDD has not billed for clinical services since the implementation of Ambulatory Patient Groups (APG) and does not have available information on the estimated number of claims for each claim format type.**

Q.28: Is a Clearinghouse currently being used for eligibility inquiries or claim submissions?

**A.28: No, OPWDD does not currently use a Clearinghouse.**

Q.29: What is the frequency that the clearinghouse can expect to receive files to perform:

- a) Eligibility Inquiries:
- b) Claim Submissions (containing new original claims)
- c) Claim resubmissions (containing revised, corrected claims)

**A.29: OPWDD will provide files at least monthly for Claim submissions and claim resubmissions.**

Q.30: If OPWDD provided the vendor file of all detailed financial transactions (DFT) and admission, discharge and transfer date (ADT) from the EHR and the vendor performed all of the billing functions and reporting within their own system would that be a viable solution for OPWDD?

**A.30: As described on page 6 of the RFP OPWDD intends to establish the ability to submit claims and receive payments from Third Party Health Insurers (THPI) using the Clearinghouse. Submission of claims to Medicaid and Medicare and other information will be done initially by OPWDD based on 837 files created by the EHR .**

Q.31: On page 8 of the RFP it states, "if deficient or incorrect information is identified, the Contractor's system will automatically notify and alert the appropriate OPWDD users." Can this alert be a queue within the vendors system or are you looking for a report?

**A.31: This may be a queue or a report but the responder must explain how OPWDD users are alerted that the queue or report has been created or updated. However, the information must be able to be downloaded in a format that is compatible with Microsoft Excel.**

Q.32: If eligibility is invalid or terminated, it is assumed that OPWDD will be responsible to obtain corrected information from patient. Please confirm and provide updated requirement as needed?

**A.32: Yes, OPWDD will obtain the corrected information for individuals who are identified in the notification as described on page 8 of the RFP.**

Q.33: Will OPWDD send voided claims to the vendor is the expectation that the vendors system will allow OPWDD staff to log into the vendors system to void claims?

**A. 33: OPWDD will send voided claims to the vendor.**

Q. 34: Will OPWDD send corrected claims or is the expectation that the vendors system will allow OPWDD staff to log into the vendors system to correct claims?

**A. 34: OPWDD will send corrected claims to the vendor.**

Q.35: Can you provide actual or close approximations of the gross charges, collection amounts and number of claims submitted for each of your major payor categories (***OPWDD omitted Table that was provided with this question***):

**A.35: OPWDD has not billed for clinical services since the implementation of APGs and does not have available information on the submission, charges, or collection of claims.**

Q.36: Can you provide actual or close approximations of the gross charges, collection amounts and number of claims submitted for dental and non-dental services (***OPWDD omitted Table that was provided with this question***):

**A.36: OPWDD has not billed for clinical services since the implementation of APGs and does not have available information on the submission, charges, or collection of claims.**

Q.37: Is this historical view consistent with future expectations, or do you expect higher or lower claim volume in the future?

**A.37: OPWDD expects a higher volume in the future but cannot determine the volume as billing has not occurred for clinical services since the implementation of APGs.**

Q 38: With regards to working rejected and denied claims, what is the expectation of the vendor with regards to rejected claims and denied claims and what is the expectation of the vendors system with regards to these claims?

**A.38: The expectation is that the vendor will provide rejected and denied claims along with reason codes to OPWDD. OPWDD will determine if the claims can be resubmitted through the Clearinghouse.**

- a. Are the claims to be placed in a queue for the OPWDD staff to work and be resubmitted?

**This may be a queue or a report but the responder must explain how OPWDD users are alerted that the queue or report has been created or updated. The information must be able to be downloaded in a format that is compatible with Microsoft Excel and should include the claim denial reason.**

- b. Are the rejected and denied claims to be reported to OPWDD from the vendor, and vendor will provide assistance and guidance on how to work the claims?

**OPWDD expects denied and rejected claims to be reported to them and that the vendor will provide assistance when there is a question on why the claim denied or rejected based on the information that the vendor provided on those claims.**

Q.39: Can you please provide us with a list of your top five rejections for 2017? For each, please provide:

- a. Gross charges
- b. Number of claims

**A.39: OPWDD has not billed for clinical services since the implementation of APGs and does not have available information on the rejection of claims.**

Q.40: Can you please provide us with a list of your top five denials for 2017?

- a. Gross charges
- b. Number of claims

**A.40: OPWDD has not billed for clinical services since the implementation of APGs and does not have available information on the denial of claims.**

Q.41: Does OPWDD have contracted rates with commercial payers and will the vendor be expected to ensure the payment matches the expected contracted rate?

**A.41: OPWDD does not have contracted rates with third party health insurers so the vendor is not expected to ensure that payment matches the contracted rate. If OPWDD does contract with a third-party health insurer, then the proposed solution would be expected to ensure payment matches the contracted rate**

Q.42: Will the vendor be allowed to access payer websites on behalf of the clinics to perform claims follow-up, particularly those claims not submitted electronically?

- a. Multi-plans
- b. Cigna
- c. other

**A.42: Yes, where possible, the vendor would be able to access payer websites on behalf of OPWDD.**

Q.43: Can you provide a more detailed breakdown of your services and revenue for the most recent fiscal year by claim form type, per the table below? (**OPWDD omitted table**)

**A.43: Please see page 9 of the RFP, under Monthly Claim Processing that describes the claim formats expected. OPWDD has not billed for clinical services since the implementation of APGs and does not have information available on the estimated number of claims for each claim format type.**

Q.44: Could you please provide total volume of visits, excluding dental, per site (including satellite offices) for the most recent fiscal year:

**A.44: OPWDD has not billed for clinical services since the implementation of APGs and does not have information available on the estimated number of claims. The information below may provide an estimate based on services recorded over a 12-month period (SFY 16-17).**

Location	Volume of Visits
80-45 Winchester Blvd Queens Village, NY	0
305 Main St, Binghamton, NY	4030
200 Smith Dr., Corinth, NY	1880
6007 Fairakes Rd., East Syracuse, NY	4876
220 White Plains Rd., Tarrytown, NY	2973
620 Westfall Rd., Rochester, NY	23,187
1200 East and West Rd. West Seneca, NY	18,435
76 Firemans Way, Poughkeepsie, NY	1355

Q.45: Could you please provide total volume of dental visits only, per site (including satellite offices) for the most recent fiscal year:

**A.45: OPWDD has not billed for clinical services since the implementation of APGs and does not have available information on the estimated number of claims. The information below may provide an estimate based on services recorded over a 12-month period (SFY 16-17).**

Location	Volume of Visits
80-45 Winchester Blvd Queens Village, NY	0
305 Main St, Binghamton, NY	2640
200 Smith Dr., Corinth, NY	276
6007 Fairakes Rd., East Syracuse, NY	0
220 White Plains Rd., Tarrytown, NY	0
620 Westfall Rd., Rochester, NY	9111
1200 East and West Rd. West Seneca, NY	0
76 Firemans Way, Poughkeepsie, NY	2358

Q.46: Can you please provide the average reimbursement rate per claim in the table below?

**A.46: OPWDD has not billed for clinical services since the implementation of APGs and does not have available information on the estimated number of claims. The information below may provide an estimate based on services recorded over a 12-month period (SFY 16-17).**

Category of Service Provided	Number of Services Recorded.
Audiology	3429
Dental Services	14385
Developmental and Neuropsychological Testing	593
Medical Services	9927
Nursing	13
Nutrition	20
OT, PT, Rehab, Physiatry	25424
Podiatry	101
Psychiatry	2309
Psychotherapy	2828
Speech and Language Pathology	8675

Q.47: When preparing claims for monthly billing do you send more than one date of service on each claim for professional 837P, CMS 1500 claims?

a) If yes how many services (claim lines do you average per claim)

**A.47: No, there is only one date of service for each claim.**

Q.48: When preparing claims for monthly billing do you send a service to and from date for 837I, UB04 claims?

a) If yes how many services (claim lines do you average per claim)

**A.48: There will be no to and from dates. Each claim will only have a single date of service billed.**

Q.49: When preparing dental claims for monthly billing do you send multiple dates of service on one claim?

a) If yes how many services (claim lines) do you average per claim)

**A.49: There is only one date of service for each claim.**

Q50. Scope of Work.

Would we still be a candidate in your search without the EHNAC accreditation?

**A.50: This is not a minimum requirement but if a responder does not have EHNAC accreditation, then they must have a similar accreditation.**

Q51. MWBE

How can my firm be listed as an MWBE Subcontractor?

**A.51:** Your firm may be listed as an MWBE subcontractor, if you are a NYS Certified MWBE vendor and the prime contractor has elected to subcontract with your firm, for services on this procurement.

If the firm is not NYS Certified MWBE vendor, your firm may apply for NYS MWBE Certification if you meet the following qualifications:

To qualify for New York State certification as a minority and/or women-owned business enterprise (MWBE), an applicant must successfully demonstrate the following through the production of relevant documentation:

**1. Ownership, Operation and Control:** All firms seeking MBE, WBE or MWBE certification must be independently owned, operated and controlled by minority members and/or women. The ownership must be real, substantial and continuing, and the minority members and/or women must exercise the authority to independently control the day-to-day business decisions.

**2. Personal Net Worth Restriction:** Each minority or woman owner upon whom certification is based cannot have a personal net worth exceeding \$3.5 Million after allowable deductions.

**3. Mandatory Supporting Documents:** For each minority or woman owner upon which certification is based) Current Personal and Business Federal and State Taxes (Including all schedules, statements and amendments)

**4. Small Business Restriction:** Firms must not employ more than 300 individuals. The Division of Minority and Women's Business Development calculates the number of employees of a business based upon the average total employees of the business over four calendar quarters.

**5. Independent, Active and One year in Business:** The firm must operate independently of other firms, must demonstrate it is an active business and generally, the business must be in operation for at least one year.

**6. Out of State Firms:** Out of state applicants should be certified as a MWBE in their home state, if a similar process exists, before applying for MWBE certification in New York State.

**\*\*All applicants must have "[Authority to do Business in NYS](#)" from the New York Department of State prior to submitting an application for MWBE certification.**

Q52. Does OPWDD require testing Plans?

**A.52: Yes, OPWDD will require testing plans and reserves the right to review and approve or reject testing plans.**

Q53. When the system needs to deploy enhancements, what is OPWDD's expectation of notification, system downtime and system availability?

**A.53: OPWDD would like a minimum of 4 weeks' notice for any updates or upgrades to the system with an email to users. Any regularly scheduled system downtime must be during non-business hours for Eastern Standard Time. If information is sent during a non-scheduled downtime period, then there is capability for this information to be queued for automated upload.**

**If the system is unavailable for unexpected reason, users should be notified in less than 2 hours.**

Q54. What does OPWDD consider a "responsive and timely resolution" (on page 9 of the RFP) for customer support?

**A.54: For general technical assistance questions, OPWDD would expect a response and resolution in less than 24 hours. For user issues, a response and resolution is expected in less than 72 hours. For software bugs and other technical problems, OPWDD would expect a response within 24 hours and resolution within a week.**

Q55. What is the expectation for the Clearinghouse to have a disaster recovery plan?

**A.55: The Clearinghouse must have a disaster recovery plan and OPWDD will review this plan and it should be submitted with the RFP.**

Q56. In addition to HIPAA requirements are there any other IT policies that must be met?

**A.56: Yes, in addition to HIPAA, proposed solutions must meet any NYS ITS policies pertaining to security.**

Q57. As OPWDD will be going into the Clearinghouse to submit and retrieve claim information, what is the expectation for the system to connect to Core's Cx360?

**A.57: Although OPWDD will be going into the Clearinghouse to submit and retrieve claim information, OPWDD expects that the Clearinghouse would be able send and receive claim information directly to Cx360 if necessary.**

Q58. In the capability matrix, OPWDD mentions electronic or paper ERAs or EOBs. Does OPWDD have a preference?

**A.58: Although not required, OPWDD has a preference for the electronic version.**

Q.59: Section 3- Scope of Work mentions “reimbursement to OPWDD by the insurance company by paper checks”, but later in the RFP there is mention of EFT payments. Some payers require that the provider enroll for EFTs. Can the OPWDD enroll for EFTS, as required by some payers?

**A.59: If this is required by payers, OPWDD will enroll for EFTS.**