



## Medication Grant Program Questions and Answers

1. Attachment A1 – Contract Listing and refers to Section 9.4.a. Please confirm that instructions for Attachment A1 are contained in Section 9.3.a.

Yes, this is correct. There is a typo in the RFP. Instructions for Attachment A1 are contained in Section 9.3.a.

2. Transition, Operations and Turnover references – is it acceptable to include the Transition references in response to Sections 9.4a.2, 9.5a.2 and 9.6a.2 or does OMH have a preferred form for applicants to provide references?

There is no form. Please respond appropriately to each section where the requirement is posed.

3. Please confirm this contract is for a 10-year term. Section 2.6 of the RFP refers to “Years 1 through 10” while Section 9.7 Cost Proposal refers to the “anticipated five-year contract”.

The award will result in a ten (10) year term.

4. The name of the program on Attachment E is pre-filled as “Temporary Psychiatrist Placement.” Can the offeror change this to “Medication Grant Program”?

Yes, this should be changed to “Medication Grant Program”.

5. The Key Events/Timeline gives a Contract Start Date of 9/1/2020. Please confirm whether Contract Start Date is the date that transition begins or the date contract operations go live.

The 9/1/2020 start date is indicative of the start of the transition period.

6. Is there a solicitation number that offerors should use for their proposals?

No

7. In the Bid Submission Checklist, it appears Attachment A and A1 are located with the Preliminary Qualifications and after the Cost Proposal with the other attachments. Please clarify whether these two attachments should be located with the Preliminary Qualifications, after the Cost Proposal with the other attachments, or in both locations. Please confirm that the proposal response should be in the order provided in the Bid Submission Checklist.

The Bid Checklist would be the first attachment. The Attachments A and A1 should be included with the Preliminary Qualifications Section response. The narrative would follow the Preliminary Qualifications and all other attachments (beginning with Attachment B), would follow the narrative and should be in the order reflected in the Checklist.

8. Section 3.7 – This section refers to Appendix A Standard Clauses. Can the State provide more information on the requirements contained in Appendix A Standard Clauses #22 Compliance with Breach Notifications and Data Security, specifically Data security?

NYS technology policies and standards are located at <https://its.ny.gov/ciso/policies/security>. The master Information Security policy is found at <https://its.ny.gov/document/information-security-policy>. This policy is supported by numerous standards. NYS policies and standards generally follow federal NIST standards.

Among these policies and standards is the NYS Cyber Incident Response standard (<https://its.ny.gov/document/cyber-incident-response-standard>), which indicates details needed for breach notification. OMH would be responsible for breach notification but would require the vendor to provide the technical details required within the timeframes stipulated. This notification and incident handling is on top of standard HIPAA Business Associate and other legal compliance domains of course. The ability to perform incident response would require compliance with other NYS security standards, such as Security Logging (<https://its.ny.gov/document/security-logging>), as well as implementation controls related to data classification, identity assurance, encryption, patch management, etc. These expectations are outlined at <https://its.ny.gov/ciso/policies/security>.

9. Section 3.22 - NYS and OMH Policies. Can the State provide website address for NYS and OMH Policies that the vendor must comply with.

There are no specific websites, this is affirmation that the awardee must follow all rules and policies specific to the contract terms and obligations and in accordance with NYS Finance Law.

10. Section 5.1 – Kendra’s Law comes up for renewal periodically. When is the next renewal? What would happen to MGP if Kendra’s law is not extended?

June 2022. Kendra’s law is not permanent; however, since being chaptered into law in 2000 it has never expired. Currently, Kendra’s Law was extended for a five year period ending June 30<sup>th</sup> 2022. The authority establishing the Medication Grant Program (MGP) is under Kendra’s Law, so if Kendra’s law were allowed to expire, all of the provisions written in to it would expire along with it.

11. Section 5.3 – Is there any notification provided to the PBM when the Medicaid fee schedule changes?

The awardee is required to develop a process to monitor the Medicaid fee schedule for any additions, deletions or changes to the drugs in the MGP covered therapeutic classes and update the MGP fee

schedule accordingly. The Medicaid Pharmacy List of Reimbursable Drugs can be found at <https://www.emedny.org/info/formfile.aspx>.

12. Section 5.3 – The RFP states that the PBM is responsible for providing up-to-date listings of network pharmacies to participating counties. What is the frequency that the listings have to be provided? Will OMH provide a periodic county contact list? Is this upon request?

The awardee should provide a current list of MGP network pharmacies to participating counties at the start of the PBM's MGP implementation and thereafter upon request by a participating county. OMH will provide the county contact list upon the start of the PBM's MGP implementation. Thereafter, OMH and the PBM share responsibility for maintaining the county contact list.

13. Section 5.3 - As updates occur to the Medical Assistance formulary, they are to be updated to the PBM files. What is the notification process for updates?

There is no formal notification process. See the response to question 11.

14. Section 6.2.b - The current contractor's management staff will be responsible for planning and monitoring transition progress. Please clarify if this is the current contractor's responsibility of the successor contractor's responsibility.

As stated in the RFP, it is the current contractor's responsibility for planning and monitoring transition progress.

15. Section 5.3 – The RFP states enrollment confirmation turnaround time is less than 30 minutes. Page 37 states confirmation turnaround time as 20 minutes from receipt of fax. Which is correct?

The enrollment confirmation turnaround time standard is within 20 minutes of receipt of the enrollment application, 95% of the time during normal business hours.

16. Section 6.4.a – Assemble management team. What are considered management/key positions?

It is up to the applicant to propose the structure of the management team.

17. Section 6.4.a – After transition activities are completed, the management team of the successor contractor will assume responsibility for the site and operations. Please clarify if the successor will assume responsibility for the incumbent's site/facility.

It is not expected that the awardee assume responsibility for the incumbent's site/facility. As stated in the RFP, the operating facility may be located outside of the Albany area, including out of New York State, but within United States mainland.

18. Section 6.4.g – Sufficient business interruption insurance must be provided or liquid assets available to cover three (3) months of operations, measured by the contractual cost contained in the applicant's

proposal. Is this business interruption insurance in addition to the insurance requirements listed on RFP pages 16 through 19?

Yes, business interruption insurance or available liquid assets is in addition to the insurance requirements listed in pages 16 through 19.

19. Section 6.6 – Complete accounting reports on the successor contractor’s costs will be required by OMH. Can the state provide more specifics on the accounting reports data elements/information required?

This would be an accounting of the successor contractor’s cost for transition, inclusive of itemized expenses associated with transition activities, including but not exclusive to management team costs, start-up costs and systems development.

20. Section 7.2 – The contractor is expected to maintain a quality management team to oversee the day-to-day operational aspects of the MGP which should include the title of the key positions, lines of reporting and the number and level of staff. Are there specific key positions?

It is up to the applicant to propose and define key positions.

21. Section 7.3.f – The contractor is required to submit requests to obtain written approval at least thirty (30) calendar days prior to scheduled downtime. Is 30 days flexible or subject to change?

No.

22. Section 7.4.a – Enrollments received by other electronic media? What is other media?

Automated fax.

23. Section 7.4.f – The RFPs states SSNS required to be collected. Would eligibility be denied if the applicant did not provide this information?

No

24. Section 7.5 – Pharmacy network and enrollment – Does the MGP pharmacy network need to be consistent with Medicaid’s network?

No, however, the MGP pharmacy must be an in-network provider with the contracting PBM.

25. Section 7.5.b – Receipt and processing of provider enrollment forms and signed agreements, as well as, performing the biennial recertification of enrolled providers to verify their claim volume and service levels. Why is it necessary to verify provider’s claim volume and service level? Please provide more details on this requirement.

Awardee is required to monitor their network providers for compliance with any network requirements that would affect the provider's in-network status. The requirements may include claim volume and service level, at the awardee's discretion.

26. Section 7.5.b – Identification of inconsistent or potentially fraudulent billing practices of the providers, and notification of OMH accordingly. Can OMH provide more information on this requirement.

Awardee is required to monitor their providers, and if inconsistent or potentially fraudulent billing practices occur, the awardee must take the appropriate corrective action and also notify OMH.

27. Section 7.5.c – An MGP Pharmacy Manual containing billing and policy material will be produced and distributed to each participating pharmacy. Is this upon request?

This is upon enrollment of the pharmacy into the MGP network, upon any change in billing or policy and also upon request.

28. Section 7.5.c – The PBM will provide network pharmacies with regularly updated lists of formulary medications. Is this upon request?

Yes, it can be upon request.

29. Section 7.6.b – Formulary b. Is the New York State Medical Assistance Program formulary the same as eMedNY's Medicaid formulary? How are new drugs identified for MGP from the formulary?

Yes, the New York State Medical Assistance Program formulary is the same as the Medicaid Pharmacy List of Reimbursable Drugs listed on eMedNY's site at <https://www.emedny.org/info/formfile.aspx>. The PBM is required to develop a process to monitor the Medicaid fee schedule for any additions, deletions or changes to the drugs in the MGP covered therapeutic classes provided by OMH and update the MGP fee schedule accordingly. From time to time, OMH may update the MGP covered therapeutic classes.

30. Section 7.8.c – "Tax data shall be provided to the Internal Revenue Service for all provider pharmacies consistent with Federal guidelines." According to IRS instructions for IRS form 1099-MISC and 1099-NEC, Box 6 – Medical and Health Care Payments, "you are not required to report payments to pharmacies for prescription drugs." Please confirm that the contractor needs to send 1099s to pharmacies.

Current IRS instructions for IRS form 1099-MISC, Box 6 – Medical and Health Care Payments do currently state "you are not required to report payments to pharmacies for prescription drugs". Awardee must monitor the Internal Revenue Service requirement for reporting tax data associated with provider pharmacies and modify its practice to be consistent with Federal guidelines when changes occur.

31. Section 7.8.d – Pended Claim Resolution – Under what circumstances is a claim pended?

Claims are either paid or rejected. OMH is currently not aware of any circumstances under which a claim is pending.

32. Section 7.9 – Is there a requirement to utilize designated State-owned bank accounts to provide banking services for the MGP?

Yes.

33. Section 7.9.j – The contractor shall complete, and provide to OMH, separate reconciliations for the disbursement and receipt accounts. Each reconciliation shall provide an exact accounting of all transactions recorded on the financial records of both the contractor and the bank during the previous month and shall also ensure the cumulative accuracy and agreement of the financial records of the contractor and the bank. The reconciliation shall be in a format acceptable to OMH and to all participating counties and, at a minimum, be in accordance with generally accepted accounting standards. Please explain why it is necessary for all participating counties to approve the bank reconciliation format.

The reconciliation should be in a format acceptable to OMH only.

34. Section 9.3.d – Please provide the expected dollar value of the surety bond and letter of credit.

The dollar value of the surety bond and letter of credit will match the awarded contract value, which is undetermined until such time as an award is made (values will be based on the approved budget).

35. Section 3.13 – Will OMH please provide Appendix G, as mentioned in the Additional Insurance Requirements section?

Appendix G has been added to OMH's website where the RFP is posted.

Please be advised that OMH is considering the applicability of Appendix G, which ultimately, may be deemed an inapplicable/unnecessary document for the awarded contract.

36. Section 7.3.e – The contractor shall develop and deliver to OMH weekly reports which shall present data substantiating that the POS system is in compliance with the performance standards presented in this section. Will the State agree to a monthly performance report instead of weekly?

Yes.

37. Attachment A1 Contract Listing – May bidders list more than three contracts on the Appendix A1 form?

It would be acceptable to provide more than three contracts, but this additional information will have no impact on the point value awarded to this section.