



Addendum 2

April 28, 2025

RFP 2024-17 Statewide Utilization Management Program

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The following are official modifications which are hereby incorporated into RFP 2024-17 Statewide Utilization Management Program. The information contained in this addendum prevails over the original RFP language for all amendments below. For the amendments below, deleted language appears in strikethrough ("xxx") and added language appears in bold underline ("xxx").

ITEM 1: [an edit was made to the end of RFP Section 4.1]

4.0 SCOPE OF WORK

4.1 Overview

[no content was changed prior to the below paragraphs]

The Contractor must abide by and comply with all relevant departmental directives, policies & procedures, and regulations throughout the term of the contract. Attachment 20-Exhibit B of this RFP contains the most relevant and important directive the Contractor will be expected to abide by. Contractor is responsible to abide by all DOCCS directives, not just the one found in Attachment 20-Exhibit B. Upon award of the contract, the Contractor will be provided with further appropriate instruction with respect to facility rules, regulations, and directives as well as required behavior of employees in a correctional setting.

Contractor must operate in accordance with all applicable laws, rules, and regulations, and contractor entering into a contract with the State is expected to comply with all the terms and conditions contained herein.

ITEM 2: [an edit was made to the end of RFP Section 5.5]

5.0 ADMINISTRATIVE INFORMATION

5.5 Minority- & Women-owned Business Enterprise Requirements

[no content was changed prior to the below paragraphs]

New York State Certified MWBE **Minority- and/or Women-owned Business Enterprise** may request that their firm's contact information be included on a list of MWBE firms interested in serving as a subcontractor for this procurement. The listing will be publicly posted on the Department's **Empire State Development'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 MWBE certification to **BGA2024RFP@esd.ny.gov**, ~~doccscontracts@doccs.ny.gov~~ before the ~~Deadline for Submission of Written Questions as specified in Section 1.0 - Calendar of Events.~~ Nothing prohibits an MWBE Vendor from proposing as a Prime Contractor.

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**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.**

ITEM 3: [an edit was made to the table in RFP Section 5.9.B and to RFP Section 5.9.B.4]

**5.0 ADMINISTRATIVE INFORMATION**

**5.9 Contractor Insurance Requirements**

**B. Insurance Requirements**

<b>Insurance Type</b>		<b>Proof of Coverage is Due</b>
<b>Commercial General Liability</b>	[Not less than \$2,000,000 each occurrence]	Prior to the start of work. Updated in accordance with Contract.
General Aggregate	\$2,000,000	
Products – Completed Operations Aggregate	\$2,000,000	
Personal and Advertising Injury	\$1,000,000	
Medical Expenses Limit	\$5,000	
<b>Business Automobile Liability Insurance</b>	Not less than \$1,000,000 each occurrence	
<b>Professional <u>(Managed Care)</u> Errors and Omissions <del>(medical malpractice)</del> Insurance</b>	\$2,000,000 each occurrence	
<b>Crime Insurance</b>	[Not less than \$50,000]	Upon notice of tentative award. Contact your Ins. Carrier or licensed NYS insurance agent for these forms.
<b>Workers' Compensation Disability Benefits</b>		

**4. Professional (Managed Care) Errors and Omissions ~~(Medical Malpractice)~~:** If providing professional occupation job titles, the Contractor shall maintain, or if subcontracting professional services, shall certify that the subcontractor(s) maintain, Professional Liability insurance.

- Such insurance shall apply to professional errors, acts, or omissions arising out of the Scope of Work.
- If coverage is written on a claims-made policy, the Contractor warrants that any applicable retroactive date precedes the effective date of the Contract; and that continuous coverage will be maintained, or an extended discovery period exercised, throughout the performance of the services and for a period of not less than three years from the time work under this Contract is completed. Written proof of this extended reporting period must be provided to DOCCS prior to the policy's expiration or cancellation.

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- The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Work of this Contract.
- If such professional title includes computer-related services, coverage must include the following (is not limited to): consulting, data processing, programming, system integration, software development, installation, distribution or maintenance, systems analysis or design, training, staffing or other support services, any electronic equipment, computer hardware or software developed, manufactured, distributed, licensed, marketed, or sold.

ITEM 4: [the outline numbering of RFP Section 6.2.D.2.1 Work Plan has been corrected]

**6.0 PROPOSAL CONTENT**

**6.2 Technical Proposal**

**D. Technical Proposal Narrative**

**D.2 Work Plan**

Provide a detailed plan describing how the Bidder plans to provide the services and deliverables as set forth in this RFP and meet the following objectives to the satisfaction of DOCCS as outlined in [Section 4.1](#).

1. Describe the plan to provide a statewide utilization management program which will use standardized criteria for the review and determination of medical necessity of all secondary and tertiary care requested on behalf of incarcerated individuals within DOCCS' custody. This is to include incarcerated individuals in work release programs. Include in the plan the following:
  - a. Process referrals for specialty care services and communicate as needed with each of DOCCS' health units and Central Office via FHS1 Clinic Scheduling System.
  - b. Provide a decision on the same business day for any "emergent" and/or "urgent" referrals as outlined below:
    - Approve: Call the appropriate nurse scheduler.
    - Pend: Notify the requesting facility by phone.
    - Preliminarily Deny: Send a high priority email to the Regional Medical Director (RMD) or Regional Dental Director (RDD) for that facility. The RMD or RDD is responsible for making the final determination.
  - ~~c.~~ a- Render an electronic decision within one (1) business day for all "soon" referrals, three (3) business days for all "routine" referrals, and five (5) business days for all "assigned" referrals.
  - ~~d.~~ b- Verify ALL inpatient and outpatient medical and oral surgery claims for payment via DOCCS' FHS1 Medical Claims Processing System by utilizing DOCCS' FHS1 Clinic Scheduling System or DOCCS ClaimConnect Medical Bill Payment Software System and other available means to confirm health care delivery. Vendor will have access to all incarcerated individuals' medical referrals, appointments, etc. via the DOCCS' FHS1 system and DOCCS ClaimConnect Medical Bill Payment Software System to aid in this process.
  - ~~e.~~ e- Conduct a preliminary review of all inpatient UB04's bearing any one of the top 20 most utilized Diagnosis-Related Groups ("DRG's"). This review is to take place prior to DOCCS payment to an outside hospital and within 10 business days from the date of claim entry and consist of review of the claim for potential incorrect billing that may result in overpayments. If, based on this preliminary review it is determined the potential exists for overpayment, the vendor will request a copy of the medical records from the hospital so the vendor can perform a complete review. DOCCS will proceed with payment of all claims,

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even those identified by the UR vendor as requiring further review. The UR vendor will then conduct a retrospective review utilizing the corresponding hospital medical records to ensure appropriate billing.

The UR vendor is to continually assess and identify DRG's other than the top 20 most utilized, to generate the most health care cost recovery and provide suggested alternatives.

Occasionally, DOCCS may ask the UR vendor to review a particular hospital DRG claim. In the event of a dispute between the UR vendor and the hospital, the hospital will be allowed two appeals before the claim will go to an outside arbiter for final determination.

- f.** ~~d.~~ DOCCS reserves the right to ask the contractor to perform the following task: Conduct a preliminary review of approximately 15% of all outpatient claims and 15% of all oral surgery claims. This review is to determine the service was provided based on the referral and properly billed based on the services performed and shall take place prior to DOCCS payment and within 10 business days from the date of claim entry. DOCCS will proceed with payment of all claims, even those identified by the UR vendor as requiring further review. The UR contractor then conducts a retrospective review of the identified claims to ensure appropriate billing. At times, DOCCS may identify a particular issue and direct the contractor to investigate an issue and give feedback to DOCCS. The UR contractor specifies the guidelines that are to be used in the review of outpatient claims. If it is determined to be in the best interest of the State, DOCCS will ask the successful Bidder to provide the task. If the health care cost recovery is large enough, consideration may be given to raising the percentage of outpatient and oral surgery claims reviewed.
- g.** ~~e.~~ Commence initial review of inpatient stays on the date of notification of admission, regardless of how patients are admitted (i.e., clinic, emergency room, transfer, planned admission, etc.) to assess medical necessity and appropriateness of setting. Continue concurrent review no less than three (3) times a week (or more frequently for seriously ill patients) and provide a written report to DOCCS via FHS1 data entry. 2,068 inpatient admissions were recorded during the 2024 calendar year.
- h.** ~~f.~~ Be able to adjust the standardized criteria set to assimilate DOCCS' Practice Guidelines or other adjustments specific to DOCCS providing care in a secure setting.

ITEM 5: **[Please see attached corrected Attachment 2 – Submission Checklist. The page numbering has been edited.]**

ITEM 6: **[Please see attached corrected Attachment 9 – Consultant Disclosure Reporting Requirements. The page numbering has been edited.]**

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Attachment 2 – Bid Submission Checklist**

**All bidders should complete the checklist presented below and submit the following items listed in the checklist.**  
>Please reference RFP Section 7.0 – Proposal Submission for the appropriate format and quantities for each proposal.  
>Ensure items that require it have a signature and/or notarization.

**Administrative Proposal** - Submit each component outlined in RFP Section 6.1:

- Attachment 1 – Application Cover Sheet
- Attachment 2 – Bid Submission Checklist
- Attachment 3 – Bidder’s Certified Statements
- Any Addenda to this solicitation, including the Questions and Answers document
- Freedom of Information Law (FOIL) – Proposal Redactions (*as applicable*)
- Vendor Responsibility Questionnaire (*must be certified within the last six (6) months*)
  - Paper Submission **OR**  Electronic Filing
- Certified Date: \_\_\_\_\_
- Attachment 4 – References; + signed letters on official letterhead
- Attachment 8 – Procurement Lobbying Certification
- Attachment 9 – Consultant Disclosure Reporting Requirements
- Attachment 10 – Vendor Assurance of No Conflict of Interest
- Attachment 11 – Encouraging Use of NYS Businesses
- Attachment 12 – MWBE or Small Business Enterprise Certification
- Attachment 13 – MWBE / EEO Policy Statement
- Attachment 14 – EEO100 Staffing Plan
- Attachment 15 – EO 177 Certification
- Attachment 16 – EO 16: Prohibiting State Agencies and Authorities from Contracting with Businesses Conducting Business in Russia
- Attachment 17 – State Finance Law §139-I Certification / Sexual Harassment Prevention Policy Certification

**Technical Proposal** – Submit the content requested in RFP Section 6.2:

- Title Page
- Table of Contents
- Narrative, including:
  - Documentation that provides sufficient evidence of meeting the Minimum Qualifications (*mandatory per RFP Section 6.2(C.1)*)
  - Documentation that provides sufficient evidence of meeting the Preferred Qualifications

**Diversity Practices Questionnaire**

- Attachment 5 – Diversity Practices Questionnaire

**Cost Proposal**

- Attachment 6 – Cost Proposal Form

**Additional Items to Include/Complete at Time of Submission:**

- Contractor Certification Form ST-220-CA (*must be notarized*) available at [http://www.tax.ny.gov/pdf/current\\_forms/st/st220ca\\_fill\\_in.pdf](http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf)
- Certificate(s) of Insurance
- Proof of Compliance with Workers’ Compensation Coverage Requirements
- Proof of Compliance with Disability Benefits Coverage Requirements

**Bidder Company Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Attachment 9 – Consultant Disclosure Reporting Requirements**

**CONSULTANT DISCLOSURE REPORTING REQUIREMENTS  
CONTRACTOR INSTRUCTIONS**

**Background:**

Pursuant to 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, such report to include for each employment category within the contract: (i) the number of employees employed to provide services under the contract, (ii) the number of hours they work, and (iii) their total compensation under the contract. Consulting services are defined as analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal, or similar services.

Contractors selected for award on the basis of a procurement issued by DOCCS (Request for Proposals, Mini-Bid, or Invitation for Bids) must complete **Form A, State Consultant Services – Contractor’s Planned Employment from Contract Start Date through the End of the Contract Term** upon notification of award. The completed **Form A** must include information for all employees that will be providing services under the contract, whether employed by the contractor or by a subcontractor.

Contractors selected for award are also required to complete **Form B, State Consultant Services Contractor’s Annual Employment Report** annually for each year of the contract term, on a State fiscal year basis. The first report is due on May 15 for the period April 1 through March 31.

Form A must be submitted to DOCCS as the contracting agency, and Form B must be submitted to DOCCS (as the contracting agency), the Department of Civil Service, and the Consultant Reporting Section of the Bureau of Contracts at OSC, at the addresses provided in these instructions.

**Form A, State Consultant Services – Contractor’s Planned Employment from Contract Start Date through the End of the Contract Term** and **Form B, State Consultant Services Contractor’s Annual Employment Report**, are attached to these instructions. Please see these instructions for further information regarding completion and submission of the forms.

**INSTRUCTIONS**

**FORM A:**

\_\_\_\_\_ **Upon notification of contract award, use Form A, State Consultant Services Contractor’s Planned Employment from Contract Start Date Through the End of the Contract Term**, attached to these instructions, to report the necessary planned employment information prospectively from the start date through the end of the contract term. This is a one-time reporting requirement.

Complete **Form A** for contracts for consulting services in accordance with the following:

- **Employment category:** the specific occupation(s), as listed in the O\*NET occupational classification system, which best describe the employees anticipated to be providing services under the contract. (Note: Access the O\*NET database, which is available through the US Department of Labor’s Employment and Training Administration, on-line at [www.online.onetcenter.org](http://www.online.onetcenter.org) to find a list of occupations.)
- **Number of employees:** the total number of employees in the employment category anticipated to be employed to provide services under the contract, including part time employees and employees of subcontractors.
- **Number of hours to be worked:** the total number of hours anticipated be worked by the employees in the employment category.
- **Amount payable under the contract:** the total amount payable by the State to the State contractor under the contract, for work by the employees in the employment category, for services provided during the Report Period.

Submit completed **Form A** within 48 hours of notification of selection for award to DOCCS (as the contracting agency) at the address listed below:

NYSDOCCS  
Support Operations/Contract Procurement  
Unit 550 Broadway  
Menands, NY 12204

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**FORM A**

<p>New York State Consultant Services</p> <p><b>Contractor's Planned Employment</b></p>
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State Agency Name: NYS Department of Corrections and Community Supervision	
State Agency Department ID: 3250226	Agency Business Unit: DOC01
Contractor Name:	
Contract Start Date:     /     /	Contract End Date:     /     /

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
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<b>Grand Total</b>			

Name of person who prepared this report:

Title:

Phone #:

Preparer's Signature: \_\_\_\_\_

Date Prepared:   /   /

(Use additional pages, if necessary)

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**FORM B**

New York State Consultant Services
Report Period: April 1,                      to March 31,

Contracting State Agency Name: NYS Dept. of Corrections and Community Supervision	
Contract Number:	Agency Business Unit: DOC01
Contract Term:    /    /                      to    /    /	Agency Department ID: 3250229
Contractor Name:	
Contractor Address:	
Description of Services Being Provided:	

**Scope of Contract (Choose one that best fits):**

Analysis     Evaluation     Research     Training

Data Processing     Computer Programming     Other IT consulting

Engineering     Architect Services     Surveying     Environmental Services

Health Services     Mental Health Services

Accounting     Auditing     Paralegal     Legal     Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
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<b>Grand Total</b>			

Name of person who prepared this report:

Title:

Phone #:

Preparer's Signature: \_\_\_\_\_

Date Prepared:    /    /

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