



Department of Health

Request for Proposals

RFP # C043525

Pharmacy Benefit Management Services

Issued: October 13th, 2026

PERMISSIBLE SUBJECT MATTER CONTACT:

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1.0 CALENDAR OF EVENTS

RFP # C043525 – PHARMACY BENEFIT MANAGEMENT SERVICES	
<u>EVENT</u>	<u>DATE</u>
Issuance of Request for Proposals	October 13, 2026
Deadline for Submission of Written Questions	November 3, 2026 4:30 p.m. ET
Responses to Written Questions Posted by the Department	On or About November 24, 2026
Deadline for Submission of Proposals	Proposals Due On Or Before December 8, 2026 4:30 p.m. ET
<u>Anticipated</u> Contract Start Date	December 1, 2027

2.0 OVERVIEW

Through this Request for Proposals (“RFP”), the New York State Department of Health (the “Department”) is seeking competitive proposals from qualified bidders to provide Pharmacy Benefit Management 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.

2.1.1 Introductory Background

The Department is responsible for the administration of New York State’s Medicaid Program. The Department administers the Medicaid Program in conjunction with the fifty-eight (58) Local Departments of Social Services (LDSS) and the following State agencies: Office of Temporary and Disability Assistance (OTDA), the Office of Children and Family Services (OCFS), the Office of the Medicaid Inspector General (OMIG), the Office of the Attorney General (OAG), the Office of Mental Health (OMH), the Office for People With Developmental Disabilities (OPWDD), the Office of Addiction Services and Supports (OASAS), and the Office of the State Comptroller (OSC).

The Department’s Office of Health Insurance Programs (OHIP) is responsible for administering New York State’s Medicaid Program, which provides health insurance coverage to more than 7.5 million members and, as of December 2025, was valued at over \$80 billion annually. The New York State Medicaid Pharmacy Program (NYRx) covers medically necessary FDA approved prescription and non-prescription drugs for Medicaid members. As of April 1, 2023, all Medicaid members enrolled in Mainstream Managed Care who were previously receiving their pharmacy benefit through a health plan were moved to the state Medicaid Fee-For Service (FFS) pharmacy benefit. This includes anyone in Managed Care (MC) plans, Health and Recovery Plans (HARPs) and HIV-Special Needs Plans (HIV-SNPs). NYRx allows New York State to directly pay pharmacies, on behalf of Medicaid members, for the drugs and supplies.

The Department currently administers Prior Authorization (PA) and Utilization Management (UM)

through a decentralized model involving multiple specialized vendors for pharmacy claims; this includes both drugs dispensed directly to a patient and preferred diabetic supply products. This arrangement presents challenges with data integration, oversight, and reporting across delivery systems, managed care plans, and fee-for-service arrangements. Currently, medical claims are not subject to the PA/UM criteria established for pharmacy claims; however, the Department has begun implementing PA/UM criteria in a phased approach, by therapeutic class, for Physician Administered Drug (PAD) claims. This transition will continue in 2026 and move PAD clinical criteria review from a manual and pended process via Healthcare Common Procedure Coding System (HCPCS) codes and billing units to an automated review that uses the National Drug Code (NDC) and National Council for Prescription Drug Programs (NCPDP) billing units through the existing pharmacy PA technology and processes. It is important to note that while the pharmacy transition in 2023 moved the prescription drug benefit for managed care to the NYRX Medicaid Pharmacy Program, it did not change the member's medical benefit. The majority of Medicaid members continue to receive PADs through their managed care plan's medical benefit. Fewer than 1 million members receive their PADs through the FFS program. In NYS fiscal year 2025-2026, there were a total of 236,717 FFS PAD claims received for these drugs. Information on drugs covered through the PAD program may be found at <https://www.emedny.org/info/pad/>.

2.1.2 Pharmacy Claims and PA Process

Currently, pharmacy claims flow through the following process:

1. Claims are submitted to eMedNY by a pharmacy.
2. Claims requiring a PA are routed to the Acentra platform to evaluate associated PA/UM criteria, including preferred drug list (PDL) preferred/non-preferred status, and associated clinical criteria. This process includes automated PA review.
 - a. If the claim meets all criteria and passes PA/UM checks, based upon automated PA review, a response denoting "approved" is sent back to eMedNY.
 - b. If the claim does not meet all criteria and fails PA/UM checks, a response denoting "rejected" is sent back to eMedNY. A message is then sent to the pharmacy indicating "PA required – contact clinical contact center". The message sent to the pharmacy includes the clinical criteria that the claim failed, resulting in the rejection (i.e. diagnosis required, max quantity exceeded, etc.).
 - c. Pharmacies cannot directly initiate a PA request (except for an emergency 3-day supply); all requests must be made by the prescriber.
3. Rejections are provided to the pharmacy to indicate that the prescriber should contact the PA Vendor.
4. The prescriber or their representative can complete the PA requirements utilizing one of the following pathways:
 - a. Contact the contact center
 - b. Submit a fax; or
 - c. Enter the necessary information into CoverMyMeds, who provides the physician-centric ePA platform.
5. Physicians may also leverage the Acentra PAXpress platform to enter the necessary information and receive a PA response. If approved, a PA is created and sent to eMedNY. If it is not approved, the physician is directed to the CoverMyMeds platform or the PA contact center to initiate the request.

6. If the prescriber is aware that the drug requires a PA, this process may be initiated in advance of claim submission.
7. All automated processes are expected to process requests against the provided member eligibility and provider enrollment files to ensure that requests are only processed for eligible members and enrolled providers; otherwise, the request should be rejected.

Currently, the PDL and associated clinical criteria are developed and maintained by the Department's PDL vendor. It is expected that this functionality, as well as supplemental rebates, will remain with the PDL vendor and that the successful Bidder will be responsible for implementation of the established PDL and clinical criteria.

It is the Department's intent to incorporate all PA and UM criteria for all PAD claims going forward. In addition to operationalizing the PA/UM program, consulting services, education and training, and reporting are required.

2.1.3 Additional Processes

1. Medical Supply Code Products: Medical supply codes billable by a pharmacy consist of items such as enteral and parenteral therapies, medical surgical supplies, hearing aid batteries, and diapers/pad/liners. These are generally consumable items that are more readily available in a pharmacy setting. A complete description of the process, codes, and other useful information may be found in the Durable Medical Equipment (DME) manual at https://www.emedny.org/ProviderManuals/DME/PDFS/MedicalSupply_Procedure_Codes.pdf, specifically the items found in Section 4.1 (Medical/Surgical Supplies), 4.2 (Enteral Therapy specifically), and 4.3 (Hearing Aid Battery).
2. The authorization process associated with each is described as follows:
 - a. Medical supplies:
 - i. Products denoted with a PA Code of '6' on the medical supply schedule must be authorized via the Dispensing Validation System (DVS).
 - ii. Products denoted with a PA Code of '1' on the medical supply schedule indicates a Prior Approval is required. A Prior Approval may be obtained via a paper form via eMedNY, ePaces request, or an X12N 278 Electronic Data Interchange (EDI) PA/PCR transaction.
 - b. Enteral Products: These products are denoted with a PA Code of '4' on the medical supply schedule. Currently, enteral products are authorized through an integrated voice response (IVR) system or an electronic portal. A training example for enteral authorization submitted via the portal can be found at https://www.emedny.org/training/PDF/enteral_request_pa.pdf.
 - c. Diapers/Pads/Liners: These products are not billable via a NCPDP transaction and claims must be submitted via ePaces, an 837P claim, or paper claim. Authorization must be obtained through ePaces or 278 DVS.
 - d. DME: Currently, DME products and medical supplies are requested through a separate system that has limited capabilities to edit against criteria. Medical Supplies such as pen needles, syringes and lancets can be billed by NDC on a pharmacy claim https://www.health.ny.gov/health_care/medicaid/program/pharmacy/docs/nyrx_medical_supplies.pdf. The Department continues to expand this capability based on volume and type of supply. They may also be billed via the NCPDP D.0 claim using a

procedure code and appropriate product/service ID qualifier.

- i. DME PA guidelines are available on the in eMedNY website at https://www.emedny.org/ProviderManuals/DME/PDFS/DME_PA_Guidelines.pdf.
- ii. Medical Supply billing codes billed by NDC may be found at https://www.health.ny.gov/health_care/medicaid/program/pharmacy/docs/nyrx_medical_supplies.pdf.

Program and PA volumes are provided in Attachment E, Detailed Contact Center and Program Statistics for informational purposes. The additional details in Attachment E include an overview of prior authorization statistics, acentra automated PA statistics, pharmacy-related DME PA volumes, diabetic supply utilization statistics, eligibility and outreach contract center statistics, and statistics for physician administered drugs.

2.1.4 System Interfaces for Pharmacy PA

Administration of the PA system requires a bidirectional interface with eMedNY. The current process includes files used to support PA transaction processing which are sent to the current PA system vendor via a Secure File Transfer Portal (SFTP) service. This SFTP service is then used to return PA approvals to eMedNY for appropriate claims processing. The Department is open to Vendors proposing modern approaches to file exchanges like Application Programming Interfaces (API) to support the PA process.

eMedNY currently provides the following data extract files, according to the schedule provided:

1. The Preferred Drug Program (PDP) Client Data Extract File, containing eligibility and demographic information, available Tuesday – Saturday.
2. The Outside vendor PDP Claims File, containing a claims extract, is provided daily.
3. The Practitioner Address Extract File, containing providers eligible to order drugs, provided daily.
4. The Practitioner Phone (and Fax) Extract, containing updates to provider contact information, provided daily.
5. A Pharmacy Extract File, containing enrolled pharmacy providers, provided daily.
6. A Practitioner Based Extract File, containing provider licensure information, provided Tuesday – Saturday.
7. The Outside vendor Drug Updated Activity File, which identifies PA characteristics for drugs, such as quantity limits, PA type, refill limitations, and other requirements, provided daily.
8. The Drug Retro PA 90 Day Activity File, provides retroactive PA information for drugs, provided daily.
9. The Physician Administered Drug File provides NDC-level drug information for PADs, provided daily.
10. The Non-Pharmacy Claim File contains drug claims billed through the medical claims processing system, provided daily.
11. A file of managed care organization (MCO) encounter claims, provided daily.

The vendor provides PA data to eMedNY for use in PA claims processing; these transactions are returned to eMedNY in real-time.

Examples of current file extract documentation (including file layouts) are provided in Attachment D.

Additional information regarding the system requirements of the program is described in Section 4.1.2 below.

2.2 Important Information

The Bidder **must** review, and is requested to have its legal counsel review, [Attachment 8](#), the DOH Agreement (Standard Contract), as the successful Bidder must be willing to enter into the Contract awarded pursuant to this RFP in the terms of [Attachment 8](#), **subject only to any amendments to the Standard Contract agreed by the Department during the Question and Answer Phase of this RFP** (see, [Section 5.2](#)). Please note that this RFP and the awarded Bidder's Bid 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, terms and conditions 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 the Department and the successful Bidder. By submitting a response to this RFP, the Bidder agrees to comply with all the provisions of the Contract, including all of the provisions of Appendix A.

Note, [Attachment 7](#), the Bidder's Certified Statements, **must** be submitted by each Bidder 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, including, without limitation, [Attachment 8](#). It also includes a statement that the Bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with its Bid, such alternate proposals or extraneous terms will not be evaluated by the Department.

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](#), (Calendar of Events). Any such qualifications or exceptions that are not proposed prior to the deadline for the submission of written questions will not be considered by the Department after contract award. Any amendments the Department makes to the RFP as a result of questions and answers will be publicized on the Department's web site and will be available and applicable to all Bidders equally.

2.3 Term of the Agreement

The term of the Contract that will be entered into pursuant to this RFP between the Department and the successful Bidder is expected to be for a period six (6) years, with an optional renewal period of twelve (12) months, commencing on the date shown on the Calendar of Events in [Section 1](#), subject to the availability of sufficient funding, successful Contractor performance, and approvals from the New York State Attorney General (AG) and the Office of the State Comptroller (OSC).

If the contract is renewed for year seven (7), the pricing for year seven (7) is subject to an annual increase as described in [Section 4.7](#) (Payment).

Implementation must be complete before the Pharmacy Benefit Management Services program can "Go Live." The Go Live date based on the anticipated contract start date of December 1, 2027 will be June 1, 2028 or sooner. Should the contract start date be delayed past December 1, 2027, for any reason, the Go Live date will be 6 months after the approved contract start date or date of OSC approval, whichever is later.

3.0 BIDDERS' QUALIFICATIONS TO PROPOSE

3.1 Minimum Qualifications

The Department will only accept bid proposals from bidders with the following types and levels of experience as a prime contractor.

1. A minimum of three (3) years' experience working with Medicaid pharmacy benefits serving a minimum of 1,000,000 lives in aggregate; and one of the following:
- 2a. A minimum of three (3) years' experience performing prior authorization services for Medicaid or other government programs serving a minimum of 1,000,000 lives in aggregate; OR
- 2b. A minimum of three (3) years' experience performing prior authorization services for managed care organizations serving a minimum of 1,000,000 lives in aggregate.

The term "lives" is defined as the count of individuals enrolled and insured under a health plan.

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.

3.2 Preferred Qualifications

The Department will give preference to Bidders with the following levels of experience:

1. A minimum of five (5) years of experience working with Medicaid pharmacy benefits;
2. A minimum of one (1) year of experience with clinical PA that incorporates both pharmacy and medical claims; and
3. A minimum of one (1) year of experience with utilizing Medicaid Managed Care encounter data in prior authorization processing.

4.0 SCOPE OF WORK

This Section describes the 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.

4.1 Tasks/Deliverables

4.1.1 Prior Authorization and Utilization Management Requirements

Through this RFP, the Department is seeking a comprehensive Vendor-managed PA/UM solution that operates seamlessly across the Medicaid program. The ideal solution will provide centralized performance of PA/UM activities across the entire Medicaid program, including consolidation of PA/UM vendors to a single Vendor, creating a single-entry point for providers for PA associated with both pharmacy and PAD medical claims, creating standardized provider PA processes utilizing the NDC and quantity to reduce provider administrative burden, and standardizing accountability. Additionally, the Department seeks to improve its ability to systematically analyze service utilization, identify trends, evaluate program outcomes, assess the efficacy and appropriateness of interventions, and streamline UM processes.

This section describes the PA and UM services that are required to be provided by the vendor. The vendor must be able to provide all these services throughout the contract term.

PA and UM services are required to support coordination, standardized processing, and tracking of pharmacy and medical Practitioner Administered Drugs (PAD) PA requests, including but not limited to, the NY Preferred Drug Program, Mandatory Generic Drug Program, Clinical Drug Review Program, Drug Utilization Review Program, Medication Assisted Treatment Formulary, Brand Less Than Generic Program, Dose Optimization Initiatives, Preferred Antiretrovirals, and preferred diabetic supplies. The requirements listed throughout Section 4.1. apply to all PA requests including clinical programs, requests for nonpreferred drugs or diabetic supplies, and other initiatives that require that a drug be authorized before payment.

Program references can be found at the following link:

- I. <https://newyork.fhsc.com/>
1. The Vendor will be responsible for the implementation of operational processes to support drug coverage decisions for all drugs requiring PA through both a web-enabled PA and ePA system. During the initial implementation phase, the vendor must operationalize an ePA system for all point of service pharmacy, diabetic supply and medical supply claims processing, along with any physician administered drug PAs that are in use at that time.
2. The Vendor's proposed approach to providing PA and UM services as well as its technology solution(s) should provide a single point of entry for PA of pharmaceutical products and medical supplies (i.e. blood glucose test strips), whether dispensed directly to the patient or administered by a physician (i.e., PADs).
3. The Vendor will utilize an escalation process that involves pharmacy technicians (first tier), pharmacists (second tier), and peer to peer consultation as necessary.
4. The Vendor must provide a web-enabled PA system, accessible to pharmacists, prescribers, contact center staff and Department staff, which will include but is not limited to approved, pending, informational (i.e., PAs that are not approved), and requests with supporting documentation. The vendor's PA system must utilize a secure login, credentialing and have limitations based on user type.
5. The Vendor's PA system must be capable of accepting PA requests via various methods including but not limited to telephonic, fax and electronic (fully automated ePA) and ePa

requests from Department personnel. The vendor's PA system shall provide approval or denial of the request for further follow up by the prescribing physician, including the reason for the denial and the associated remedies. Modern technologies must be leveraged to decrease PA review timeframes (see, Attachment C) including, but is not limited to, the following:

- a. Fax optical character recognition (OCR) and database auto population;
 - b. Fax back custom messages and receipt confirmation;
 - c. Electronic verification of medical/pharmacy diagnosis history, drug history, procedure codes (e.g. labs, tests), claims, providers and eligibility categories, third party insurance (Medicare, Commercial), eligibility status and enrollment status;
 - d. Electronic response which includes approvals, reason for rejections or denials, and alternative options that may not require PA; and
 - e. A process that allows providers to check the status of a PA systematically.
6. The Vendor will support the PA program through a fully electronic, ePA system and a Contact Center, using Department-approved criteria consistent with the Contact Center specifications in Section 4.1.6
7. The Vendor must adjudicate PA requests (i.e. approved, pending or rejected) within twenty-four (24) hours of receipt, seven (7) days a week. The twenty-four (24) hour clock begins based on the method in which the PA request is received as follows:
 - a. Email and/or Facsimile: The twenty-four (24) hour response period shall begin on the date and time the email or facsimile request is received by the PA review department.
 - b. ePA: The twenty-four (24) hour response period shall begin on the date and time the electronic request is received by the vendor's PA system.
 - c. Phone: The twenty-four (24) hour response period shall begin on the date and time the phone request is received by the contact center, if this is the initial form of request; otherwise, the PA must be completed within twenty-four (24) hours of the original request.
8. The Vendor must allow for the authorization of at least a seventy-two (72) hour supply of a drug in an emergency, consistent with State and federal legislation and regulations.
9. The Vendor must utilize a date and time stamp assignment system for all PA requests.
10. Implement Drug Utilization Review Board (DURB) meeting final recommendations as it pertains to PA requirements and changes to program criteria, such as new or revised criteria, updated preferred/non-preferred statuses, additions to the mandatory generic, or brand over generic program, must be implemented within two (2) weeks of notification from the Department. New criteria development and implementation should not exceed eight (8) weeks. Information related to the DUR Board's activities, including published annual reports and meeting summaries, may be found at https://www.health.ny.gov/health_care/medicaid/program/dur/index.htm.
11. The vendor must implement any legislatively required changes following the System Change process outlined in Section 4.2.2.
12. The Vendor must abide by the requirements of the Laws of New York, Chapter 45 Public Health, Article 2-A, Title 1 Section 273 related to preferred drug program prior authorization requirements, including requirements for a contact center and specific requirements related to the preferred drug list, drug utilization and coverage. For more information, please

see <https://www.nysenate.gov/legislation/laws/PBH/273>.

4.1.2 System Requirements

1. The Vendor's PA system must have the ability to accept data files, including claims files for medical and pharmacy claims, drug file coverage information, managed care encounter data, eligibility and provider files through an SFTP process, and the ability to return a PA response to the provider and eMedNY. See, Attachment D for sample data files
2. The Vendor's PA system must have an electronic interface with the Point of Sale (POS) pharmacy claims processing system, eMedNY, to ensure timely transmission of required data for PA and claims processing.
3. The Vendor's PA system must be accessible to contact center staff and be able to process PAs based upon the following requirements
 - a. Pharmacy Transaction ePA: The Vendor's PA system must have the ability to automatically adjudicate transactions received from the pharmacy utilizing diagnosis information and claims history available in historical pharmacy and medical claims data. If approved, a real-time PA transaction number must be sent to eMedNY to be used in claims processing. Requests that are not approved through the process will be rejected within the eMedNY system and a rejection will be sent to eMedNY to indicate that a PA is required, and the prescribing physician must contact the Contact Center for review and evaluation.
 - b. Pharmacy Initiated ePA to Prescriber: The Vendor's PA system must have the capability to allow pharmacies to initiate an ePA request directly to the prescriber after receipt of a denial from eMedNY. This must be done through direct system integration.
 - c. Prescriber Initiated ePA: The Vendor's PA system must have the ability to, through direct system integration with Electronic Health Records (EHR)/Electronic Medical Record (EMR) systems or applications outside of the EHR/EMR (e.g. CoverMyMeds, SureScripts, PAExpress), allow prescribers to respond to criteria questions and upload supportive documentation and provide real time approvals and status results.
 - d. Contact Center PA: See Section 4.1.6 for requirements.
4. At the time of implementation, the Vendor's PA system must be able to accept historical claims data for medical and pharmacy claims for the past three (3) years as directed by the Department. For historical claims and pharmacy claims data volumes, see attachment E.
5. The Vendor's PA system must have the ability to handle retroactive PA processing for a minimum of 90 days in the past utilizing PA criteria active on the claim's date of service.
6. The Vendor's PA system capabilities must include the ability to capture and adjudicate requests against information required through PA workflows and forms. Bidders can review current workflows and forms at https://newyork.fhsc.com/providers/PA_forms.asp.
7. The Vendor's PA system must allow providers to initiate an electronic prior authorization (ePA) request through a HIPAA compliant web-based portal. ePA utilizes the members clinical data to validate against the clinical criteria to produce a real-time electronic response. This web-based portal and process must be user-friendly and intuitive to use, with fields for free text, diagnosis, and other fields to support requests (i.e. ability to upload clinical documents such as

lab results and chart notes). Drugs presented to the prescribing physician or their designee must be grouped in a manner that supports easy selection of drugs, minimal scrolling through drug products, and minimizes the opportunity for users to select an incorrect product. A large list of NDCs is not desired for presentation to the requestor.

8. The ePA process must also support interfaces or information exchange between EHRs/EMRs.
9. The ePA system must offer the ability for pharmacists, prescribers, contact center staff and Department staff to see all ePA requests for a patient along with the status of each request.
10. At the time of implementation, the Vendor's PA system must be able to recognize and utilize previously authorized PA's through their effective dates in the future. There should also be the capability to update those PA's as necessary. This may require a file of PA data that would be consumed by the vendor for this purpose. The Vendor's PA system must be able to accept historical PA approvals for the past three (3) years as directed by the Department. These will be used to support "grandfathered" PAs, inquiries and future PA requests for extensions of therapy. For historical PA approval volumes, see Attachment E.
11. The Vendor's PA system must be configurable to allow state specific values (i.e. state therapeutic code) and various drug identifications systems such as NDC 9 or 11, generic code number (GCN), generic sequence number (GSN), hierarchical ingredient code list (HICL), and/or generic product identifier (GPI), as identified in conjunction with the Department.
12. The Vendor's PA system must have the ability to maintain and capture all pertinent information for member, provider, and PA results as determined by the Department including, but not limited to, the following:
 - a. Provider National Provider Identifier (NPI), name, phone number, fax number and mailing address;
 - b. Date and time of received request;
 - c. Member client identification number (CIN), name and date of birth;
 - d. Requested drug name, strength, form, and quantity;
 - e. Request status (i.e., approved, pending, rejected) and reason for denial;
 - f. Authorized begin and end dates; and
 - g. Date and time of action on the request.
13. The Vendor's PA system must provide the State with an automated workflow tool that the State will use for its review and approval of PA criteria changes, modifications, deletions, or alterations as part of the PA programs and UM.
14. The vendor must comply with the Centers for Medicare & Medicaid Services (CMS) Interoperability and Prior Authorization Final Rule (CMS-0057-F), as released by CMS on January 17, 2024 and any future amendments or changes to this rule. Any PA solutions for non-drug products or services will be required to meet the interoperability requirements by the Final Rule's January 1, 2027, implementation date, unless otherwise directed by the Department or CMS.

Additionally, the successful Bidder must comply with the requirements in the 2026 CMS Interoperability Standards and Prior Authorization for Drugs when the proposed rule is finalized (currently (CMS-0062-P)).

15. The Department is initiating a multi-year process to modernize and improve data integration within its systems. The Department will modernize data transfers through a System and Data Integrator (SDI). The implementation is expected to span multiple years. The SDI will reduce reliance on file transfers as a mechanism for data exchange; the Vendor will be required to transition to this API-enabled environment as it becomes available.
16. The Department requires solutions that will support submission of DME claims and enteral nutrition PA requests through the single physician portal. After the initial implementation, the successful bidder will be required to provide an implementation timeline and detailed implementation plan to support these requests.

4.1.3 Provider and Member Notification Requirements

1. The Vendor must develop and implement a process for providing approval and denial notices to members and prescribers. Denial notices must include fair hearing rights and are to be provided in writing and compliant with the New York State Executive law section 202-A (<https://www.nysenate.gov/legislation/laws/EXC/202-A>).
2. The Vendor must provide notices in both Spanish and English and, upon request, the Vendor must provide notices translated in additional languages including Chinese, Russian, Yiddish, Bengali, Korean, Haitian Creole, Italian, Arabic, Polish, French, and Urdu. More information may be found at <https://ogs.ny.gov/new-york-state-language-access-law>.
3. The Vendor must send approval and denial notices to the member and prescriber within two (2) business days of the date of the determination.

4.1.4 Quality/Education and Outreach Requirements

1. The Vendor must provide responsive communications and ensure that up to date information is delivered to stakeholders listed in Section 4.1.4.6.
2. The Vendor must be responsive to requests of the Department including prioritization of program needs, provision of timely and accurate assistance and responses, and effectively communicate timelines for request resolution.
3. The Vendor must provide and maintain a website, dedicated to NY, of current pharmacy programs and updates, resource links, and educational materials used in the PA and UM programs.
4. The Vendor must compile and maintain a comprehensive drug listing for all PA programs to assure clinically appropriate and cost-effective coverage in high-use and high-cost drug categories.
5. The Vendor must establish and maintain criteria for PA programs which includes but is not limited to clinical call flow, electronic call flow, fax call flow, clinical worksheets, website development, PowerPoints, videos, and notices.
6. The Vendor must develop a comprehensive approach to education regarding the NYRx program policies, procedures, and tools and communicate with the following stakeholders:

- a. Targeted member populations;
 - b. Managed Care Organizations;
 - c. Selected NY-State or County level organizations;
 - d. Providers (i.e. physicians, etc.); and
 - e. Pharmacies.
- 7. The Vendor must develop and submit a training plan to the Department within thirty (30) days of contract approval, including messaging and outreach activities, to meet the needs of a wide-ranging stakeholder community that needs to be informed of NYRx PA program changes, including but not limited to the stakeholders listed in Section 4.1.4.6. The Training plan will be subject to the review and approval of the Department.
- 8. As needed or directed by the Department, the Vendor must provide PA system training for the Department, prescribers, and network providers through courses and updates to education and outreach materials.
- 9. The Vendor must develop and submit within thirty (30) days of contract execution a communication plan to the Department for all stakeholder groups, including a planned education and outreach schedule to meet NYRx needs, as appropriate. The communication plan will be subject to review and approval of the Department.
- 10. The Vendor must address critical issues as identified by the Department within 24 hours of receipt, when needed, with stakeholder groups by establishing meetings, conducting office hours, preparing emergency alerts, and sending email communications.
- 11. The Vendor must review and evaluate utilization data (including that available through the Department) for performance goals under existing drug classes, and for areas of improvement for both clinical impact and cost effectiveness of the PA and clinical drug programs.
- 12. Subject to Department approval, the Vendor must develop and distribute, utilizing various modalities, any required written correspondence, Medicaid Update articles, and related materials to educate providers, members, and other interested parties regarding any changes in policies and procedures. Following Department approval, prepare and distribute ongoing updates and clarifications.
- 13. The Vendor must conduct outreach to develop and implement quality and training programs including, but not limited to:
 - a. An annual customer satisfaction program which provides data on provider and participant complaints and satisfaction with recommendations of any provisions to apply to PA.
 - b. Recommendations for any quality improvements, including, but not limited to, surveys of members and providers.
 - c. A process to identify prescribers and pharmacies that are outliers in terms of PA requests and utilization of products subject to PA (i.e. requesting large numbers of PA, requesting PAs for non-preferred products when preferred products are available, etc.). The identified outlier prescribers and pharmacies must be referred to the Department for review.
- 14. The Vendor must design and implement targeted educational efforts approved by the Department, to improve compliance among outlier prescribers and pharmacies to maximize the

effectiveness of the PA and clinical drug programs. Track progress of approved programs from inception to approved communication distribution.

15. The Vendor must operate a Clinical Contact Center, through phone and email, related to education and outreach with the following requirements.

- a. Handle incoming questions and monitor an escalation mailbox; and
- b. Implement a centralized tracking process for capturing, tracking, monitoring, and responding to all communications received from critical stakeholders.
- c. Respond to all emails and messages within 24 hours of receipt.

16. The Vendor must monitor and evaluate the effectiveness of each education and outreach activity and provide reports to the Department on all efforts, as outlined in Section 4.3: Reporting.

4.1.5 Consulting Services Requirements

The Vendor will be responsible for providing expert consultant services and clinical staff for the development, implementation, and operation of additional strategies to improve the cost-effective operation of the Medicaid Pharmacy Program. The Vendor will provide, at a minimum, the following:

1. Provide expert clinical consultant services to support policy analyses and recommendations regarding other clinical-based initiatives as requested by the Department. Expert clinical consultant is defined as a pharmacist or prescriber highly knowledgeable with clinical experience, including general subject matter expertise in drug management and drug utilization review.
2. Proactively evaluate drug utilization and make recommendations for all PA programs (i.e. dose optimization, mandatory generic, clinical criteria adjustments, etc.) to ensure that the Department is using the most cost-effective and clinically appropriate drugs within the various PA programs, ensuring financially appropriate management of those programs.
3. Proactively identify and evaluate strategies, in addition to the identification of outlier prescribers/pharmacies, to monitor prescribing behavior, and revise prescribing practices to assure cost-effective and appropriate use of medications. Additionally, monitoring should include strategies used to identify potentially fraudulent prior authorization requests or other evidence of practices that could be fraud, waste, or abuse.
4. Proactively research and evaluate innovative strategies utilized in pharmacy management, and their outcomes in both public and private settings.

4.1.6 Clinical Contact Center

The Vendor will provide a fully functional Clinical Contact Center to support providers in the PA process including, but not limited to, completion of PA determinations, complaints, and reconsideration requests. The Clinical Contact Center must also provide technical support to prescribers and pharmacists requesting assistance with initiating or completing PA requests, including those submitted via web-interface/online. The Clinical Contact Center serves as a single point of entry for providers, supporting not only the PA program but also education and outreach initiatives, as described in Section 4.1.4. The Department requires a Clinical Contact Center that offers omnichannel capabilities, such as integrated

and seamless email, chat, fax, and phone capabilities, and offers call-back functionality for providers who do not wish to remain on hold.

The Clinical Contact Center must be available through a toll-free phone and fax line dedicated to the NYS Medicaid program. A Contact Center must be available twenty-four (24) hours a day, seven (7) days a week. A dedicated NY-specific Clinical Contact Center must be available for immediate assistance at a minimum Monday through Friday from 8:00 am to 7:00 pm Eastern time (ET) and from 9:00 AM (ET) to 1:00 PM (ET) on weekends and State approved designated holidays, except for Department-approved downtimes. The Vendor may use a rollover or after-hours Clinical Contact Center to support the PA program during periods of unusually high volume or after-hours. However, if a rollover or after-hours Clinical Contact Center is used for times outside of dedicated hours, the staff must be trained in the New York programs and must continue to meet required service levels. Additionally, the Clinical Contact Center must have access to translation services for other languages, including Spanish, Chinese, Russian, Yiddish, Bengali, Korean, Haitian Creole, Italian, Arabic, Polish, French, and Urdu to comply with N.Y. Language Translation Services Law § 202-A (2022). More information may be found at <https://ogs.ny.gov/new-york-state-language-access-law>. In 2025 the Clinical Contact Center received 3 calls where interpreter assistance was needed.

The Clinical Contact Center will be responsible only for inquiries on functions directly related to this RFP. General member inquiries will continue to be handled by the Medicaid member hotline. General billing questions by providers will continue to be handled by the eMedNY Call Center.

The Clinical Contact Center staffing requirements are described in detail in Section 4.2, Staffing. The Clinical Contact Center will be staffed sufficiently to meet required metrics and service level agreements (See Attachment C: Service Level Agreements) while providing fully trained, professional, and thorough interactions with health care providers. As required in Section 4.2, "Staffing," the Vendor must regularly assess staffing levels for adequacy and provide forecasts and modeling for changes to the PA program, including changes to the PDL, generic launches, or other program changes. The Vendor must demonstrate a robust and systematic approach to measuring and improving service quality and completeness within the Clinical Contact Center, including monitoring call avoidance activities and identifying opportunities for enhanced training. PA determinations must be completed with 95% accuracy for contact center PAs, transactions adjudicated to eMedNY and those provided through the ePA process. Additional requirements include:

1. Clinical Contact Center determinations must be made while the prescriber or prescriber's representative is on the phone.
 - a. Routine requests may be handled by non-pharmacist personnel, such as pharmacy technicians, who have been specifically trained in NY Medicaid standards (i.e., first tier).
 - b. If a PA cannot be approved through the initial criteria, the Vendor will provide a second tier review process by a licensed pharmacist at the time of their call. The purpose of the second tier review is to ensure that all circumstances which might allow approval based upon the individual patient's clinical circumstances are considered. The Vendor is required to provide adequate licensed pharmacists to ensure that a second tier review is provided at the time of the initial call. The reconsideration shall be completed by a party other than the party who made the initial non-approval determination.
 - c. The Vendor will provide a peer-to-peer process, separate from second tier reviews, through which a physician may request a consultation with another physician to request a reconsideration of a PA request. The physician providing the peer-to-peer consultation by phone must have the specialty or clinical expertise necessary to discuss

the condition being reviewed. Peer-to-peer consultations must be provided within twenty-four hours of the initial request.

2. After a caller has been on hold for two (2) minutes, they must be offered the opportunity to receive a callback rather than waiting on hold; this option must be offered every minute thereafter until the hold is resolved. The system must provide an estimated callback time and confirm the caller's preferred contact number; the system must allow the caller to remain on hold, if desired, and the automated callback option will preserve a caller's place in the queue. This requirement does not apply to callers who are placed on hold by a Clinical Contact Center representative. Additionally, the callback option should not be used during live interactions, i.e., those that have already been routed to a representative and answered.
3. If an automated voice response system is used as an initial response to inquiries, an option must exist that allows the caller to speak directly with an operator. All Interactive Voice Response (IVR) and hold messages must be approved by the Department prior to implementation.
4. The Vendor shall provide sufficient staff, facilities, and technology to meet the following requirements:
 - a. First call resolution (FCR), or the measurement of the percentage of calls resolved on the first contact without requiring follow-up, shall be no less than 85%.
 - b. 80% of calls should be answered within twenty (20) seconds, and the average speed of answer should not exceed one (1) minute per calendar month.
 - c. The abandonment rate is 5% or less, excluding calls abandoned in the first ten (10) seconds or within an IVR system.
 - d. The total hold time shall not exceed two (2) minutes per call. It is expected that the contact center representatives will not bypass hold requirements by asking the caller to hang up and call back.
 - e. All inquiries that require follow-up shall be completed within twenty-four (24) hours of receipt.
5. Regardless of contact method, PA requests must be resolved within twenty-four (24) hours, including second-tier reviews and peer-to-peer requests.
6. All Clinical Contact Center interactions, regardless of modality and including callback interactions, must be tracked and audio recorded and available for Department review if requested.
7. Any use of the backup or rollover Clinical Contact Center during required dedicated hours must be reported immediately to the Department, along with a plan to resolve the situation leading to use of the backup Clinical Contact Center during these hours. Depending on the cause of the issue, the Department reserves the right to require a corrective action plan that identifies any issues, their solution, and the timeline for resolution.
8. Any Clinical Contact Center downtime must be reported immediately, along with an anticipated time of resolution and contingency plans for providing Clinical Contact Center services.

4.1.7 Implementation Requirements

Within fourteen (14) days of the initial kickoff meeting, the Vendor must provide an implementation plan for the Department's review and approval. The implementation must be completed within six (6) months of the contract start date or date of OSC approval, whichever is later.

The implementation plan must include but is not limited to the following: detailed project plans, testing protocols, training materials, and post-launch support resources to facilitate a smooth rollout and ongoing system stability. The implementation plan narrative should outline the bidder's methodology, expected client involvement, key activities, milestones, and dependencies. The narrative must also describe the approach to system testing, developing training materials and providing post-launch support.

Furthermore, the vendor must establish a risk management plan to proactively identify and address challenges, ensuring the implementation adheres to its six-month timeline. The vendor must include in it a risk management plan, a narrative that addresses implementation readiness, technical integration, and operational or go-live risks to minimize disruption or impacts to patient medication access and provider workflows.

The Department will confirm implementation has been completed by issuing a formal written notice of acceptance.

4.1.8 Fair Hearings

In accordance with PA requirements, if after both first tier and second tier review by a clinical professional, the use of a non-preferred drug still does not appear appropriate for the patient, a decision may be made not to approve a request. Consistent with State and federal law and regulations, a Medicaid member may request a fair hearing if they disagree with an official decision or action taken. The fair hearing is the formal procedure the Medicaid member (the "Appellant") may use to appeal a decision. When a fair hearing is initiated, both parties, the agency and the Appellant, provide facts to be presented to the administrative law judge. The Vendor must provide support associated with the fair hearings including but not limited to the following:

1. Provide notice, in writing, to members of the fair hearing process.
2. When possible, conduct outreach to the Appellant and/or providers to come to a resolution prior to the fair hearing.
3. Prepare and/or retrieve necessary documentation and records prior to fair hearings including materials in support of the determination.
4. Prepare a waiver of appearance outlining the Department's position on the fair hearing case utilizing evidential facts, policy, and references to support the decision.
5. Ensure copies of the waiver of appearance are distributed to the administrative law judge and a copy is provided to the Appellant and/or provider prior to the fair hearing and according to regulation.
6. Be available by phone to answer questions that arise at hearings supporting the position on the determinations or assist in efforts suggested by the administrative law judge with the goal of a resolution.
7. Participate in the fair hearings, as directed by the Department including providing personnel familiar with the facts of the case with the ability and authority to review the initial determination.
8. All fair hearings will be conducted in accordance with guidelines and applicable rules and regulations promulgated by New York State.

Please note, over the last five (5) years of operations there have been approximately one hundred (100) fair hearings.

4.2 Staffing

The Vendor must provide staff to adequately support the PA/UM program, provide account management functions, and respond to State requests for information and analysis. The Vendor must continuously address staffing levels and adjust ratios of technicians, pharmacists and physicians as needed to maintain efficient operations of the PA/UM program and meet service level agreements (See Attachment C: Service Level Agreements). The Vendor will be responsible for ensuring that its staff meet all requirements regarding program knowledge, confidentiality, security, and integrity of all systems provided under the contract. The Vendor will provide staff training to ensure awareness of NYS Medicaid and HIPAA program requirements related to confidentiality, operating guidelines, and detailed specifications for functions included in this RFP.

4.2.1 Key Personnel

At a minimum, the Vendor will provide the following key personnel. All key personnel should have a minimum of three years' experience in a similar role in a government sponsored, managed care or commercial health care setting providing a similar scope of services and serving a minimum of 1,000,000 lives in aggregate. All key personnel must be 100% dedicated roles performing the services described herein for New York (NY) Pharmacy Benefits Management.

1. Account Manager
 - a. Duties include, but are not limited to, acting as the main point of contact for the Department ensuring needs and concerns are addressed promptly.
 - b. Must possess a thorough understanding of Medicaid and the PA programs.
 - c. Must ensure key metrics and Service Level Agreements (SLAs) associated with the NY PA program are met and provide reporting and resolution when problems arise (See Attachment C: Service Level Agreements).
 - d. Must have strong project management skills and experience.
 - e. Project Management Professional (PMP) certification is preferred.
2. Clinical Contact Center Manager
 - a. Duties include, but are not limited to, acting as the main point of contact for the Department related to all aspects of the Clinical Contact Center.
 - b. Must possess a thorough understanding of Medicaid and the PA programs.
 - c. Must ensure key metrics and SLAs associated with the Clinical Contact Center are met and provide reporting and resolution when problems arise.
3. Clinical Program Manager (Clinical Pharmacist)
 - a. Must be a NY licensed pharmacist.
 - b. Duties include, but are not limited to, developing a thorough understanding of NY Medicaid, the NY PA program, and associated clinical criteria.
 - c. Responsible for educating and facilitating clinical staff on criteria and ensuring decisions regarding PAs are appropriate and timely.
4. Education and Outreach Manager
 - a. Duties include, but are not limited to, collaborating with the Department on education and outreach which will be provided.
 - b. Must ensure all stakeholder education and outreach is appropriate and effective.
5. Implementation Manager
 - a. Duties include, but are not limited to, collaborating with the Department on

- implementation needs.
 - b. Responsible for stakeholder coordination.
 - c. Responsible for ensuring all required data and functionality needed for seamless operation of the PA program during transition.
 - d. Must have strong project management skills and experience.
 - e. PMP certification is preferred.
6. Quality Assurance/Quality Control Coordinator
 - a. Duties include, but are not limited to, ensuring consistent, high-quality services through development of robust quality assurance processes, conducting internal audits, and staff training.
 - b. Responsible for developing and implementing continuous improvement measures.
 7. Reporting/Data Coordinator
 - a. Duties include, but are not limited to, ensuring accuracy and timeliness of all data flows and reporting requirements.

4.2.2 General Staffing Requirements

At a minimum, the Vendor will be required to meet the following general staffing requirements:

1. Provide clinical staffing that includes New York licensed:
 - a. Pharmacy technicians
 - b. Pharmacists
 - c. Physicians
2. Staff the Clinical Contact Center with pharmacy technicians and New York licensed pharmacists and physicians during the dedicated hours provided in Section 4.1.6.
3. Physician consultants used for peer-to-peer consultations must be New York licensed physicians and must be made available, as necessary.
4. Ensure escalation opportunities for rejected and/or pended PAs for Medicaid members who wish to appeal a PA decision.
5. Ensure the rollover or after-hours Clinical Contact Center is staffed with pharmacists licensed in the state in which they reside and trained in NY PA requirements.
6. Assess Clinical Contact Center staffing regularly to ensure it is sufficient to meet performance standards, including clinically and operationally appropriate levels of technicians, pharmacists, and physicians, as outlined in Section 4.1.6, including when changes are made to PA criteria, the PDL, the brand over generic program, significant generic launches, or other changes to the PA program. Adjust staffing as required and indicated by regular evaluations.
7. Systems Development/ System Change: Ensure that subject matter experts, including but not limited to, contact center staff, data analysts, appropriate systems development or other IT personnel, are made available as needed or requested by the Department to assist in developing new functionality, requesting system changes or enhancements, or other IT initiatives throughout the term of the contract. The Department will review System Change Requests and consult with the Contractor to determine the feasibility of the request. If the Department decides to move forward, the System Change Request will be submitted in writing

to the Contractor.

Within 10 business days of receiving the System Change Request, the Contractor will provide a System Change Request Response which must include the scope of work and cost proposal to develop, test, and deploy the proposed System Change Request. The cost proposal will be based on the System Change rates on Form 2 in Attachment B – Cost Proposal.

The Department will review the Systems Change Request and provide notice of approved System Change Requests. Once a system change is assigned, additional planning meetings may be required to discuss details of the change.

The Contractor will be responsible for all steps in the development phase, using their own internal processes.

Any change to the approved scope proposed during development must also complete all steps outlined above before it can be added to a previously approved change request. The Contractor will notify the Department when the development process is complete, and the modification is ready for user acceptance testing (UAT). The Contractor will also provide detailed design documents to the Department.

The Contractor will correct any deficiencies identified during UAT and notify the Department when the corrections have been made.

- a. Additional Staff may be utilized if needed and paid for on an hourly basis to support program changes and/or budget initiatives, subject to Department approval.
 - i. Systems Analyst- General responsibilities include designing new IT solution to improve business efficiency and productivity. Translates stakeholder requirements into design documents.
 - ii. Senior Systems Developer- General responsibilities include research and develop estimates and write design specifications for proposed system modifications, as well as code and test complex computer programs. Service oriented design and analysis. Workflow design, development and implementation.
 - iii. Systems Developer- General responsibilities include coding and debugging applications in the software language. Write test computer programs, interface with co-workers and other project personnel. Prepare unit test cases, business rules implementation, assure computer programs are compliant with specifications through careful review of test results.
8. Provide key personnel as provided in Section 4.2.1.
9. At a minimum, the Account Manager and Clinical Program Manager must attend DURB meetings, preferably in person. Information related to the DURB activities may be found at: https://www.health.ny.gov/health_care/medicaid/program/dur/index.htm.
10. The Department reserves the right to interview and approve of hiring any individual which will be placed within a position identified as key personnel.
11. Replacement of any key staff by the Vendor for reasons other than the staff member's termination of employment must be approved by the Department and the replacement staff

member approved prior to the change in key personnel.

4.3 Reporting

Detailed reporting and analysis are critical to the operation and oversight of the PA/UM program and will be required on all aspects of the PA programs. Reporting, at a minimum, will consist of the information identified below; however, the Department reserves the right to request other reports as desired to evaluate the PA program. The Vendor must work with the Department to determine the desired format for each required report. The Vendor must provide the Department with a searchable repository containing all reports. Note, PA outcomes indicated throughout this section are inclusive of approval, denial, and change in therapy.

The Department is also seeking reporting solutions in the form of dashboards providing real-time statistics for the PA program and Clinical Contact Center including but not limited to, requests received, mechanism of approval/contact (i.e. ePA, phone, web, email, etc.), top drugs requested, average completion time, first call resolution percentage, abandonment rate, occupancy rate, average hold time, etc.

4.3.1 General PA Reporting

The Vendor must provide the following reporting monthly unless otherwise directed by the Department. All reports are due within five (5) business days of the close of the reporting period unless otherwise specified by the Department.

1. Reporting on all PA activities, statistics, and trends including, but not limited to the following. Reports must be available by drug, drug class, member, provider, and other parameters as defined by the Department.
 - a. Count by PA type (i.e., ePA, web portal, manual, fax, etc.)
 - b. Count of PAs based on outcome (i.e., pending, approved, rejected)
 - c. Percentage rate for each PA type based on outcome
 - d. Count, percentage, and status based on drug class specific data
 - e. Count, percentage, and status based on specific criteria rule result data.
 - f. Count, percentage, and status based upon drug or drug class and type of determination (i.e. approved during first tier review, approved during second tier review, rejected, clinical intervention such as change to non-PA requiring therapy, emergency supply required, etc.).
2. Reporting on all first tier and second tier reviews completed during the initial prescriber call.
3. Reporting on all peer-to-peer requests including, but no limited to, the number of requests, the drugs requested, the number of approvals or denials, and the average turnaround time for resolving the request.
4. Reporting on fair hearings requests, including the number of hearings, the drugs requested, and the outcome of the hearing.
5. Reporting on all PA systems including, but not limited to, availability and performance.
6. Reporting on average response time and completion time for PA requests by program and type of request.

7. Reporting on the number and percentage rate of PAs resolved within twenty-four (24) hours, including a listing of all PA requests not resolved within twenty-four (24) hours.
8. Reporting on transaction-specific data including, but not limited to, each PA request type received and the basis for the determination.
9. Reporting on emergency supply approvals including, but not limited to, details regarding member, drug, and provider.
10. Dashboards that show real-time statistics for the PA program, such as requests received, mechanism of approval (i.e. ePA, phone, web, etc.), top drugs requested, average completion time, etc. Bidders are encouraged to provide additional metrics.
11. All data required to complete legislatively mandated evaluation reports, including operational statistics and surveys of providers and members as required by the State.
See https://www.health.ny.gov/health_care/medicaid/program/pharmacy_ann_report.htm for annual reporting example

4.3.2 Preferred Drug Program (PDP) Reporting

The Vendor must provide the following reporting monthly unless otherwise directed by the Department:

1. Reporting on cost savings/avoidance including, but not limited to, utilization shifts by drug and drug class, and compliance percentage associated with PDP drug classes by prescriber.
2. Reporting on Monthly, Quarterly, and State Fiscal Year (SFY) to date expenditures per claim comparison by drug class.

4.3.3 Mandatory Generic Drug Program (MGDP) Reporting

The Vendor must provide the following reporting quarterly unless otherwise directed by the Department:

1. Reporting on the top fifty (50) drugs subject to the MGDP based on PA request count by provider and outcome.

4.3.4 Clinical Drug Review Program (CDRP) Reporting

The Vendor must provide the following reporting monthly unless otherwise directed by the Department:

1. Reporting on each PA protocol (i.e. individual clinical criteria, PDL criteria, therapeutic class, etc.) based on outcome.
2. Reporting on each PA protocol based on tier review (e.g. first tier, second tier, peer-to-peer).
3. Reporting on Monthly, Quarterly, and SFY to date savings associated with the outcomes of the CDRP.

The following reporting will be required quarterly unless otherwise directed by the Department:

1. Reporting on CDRP protocols and operations inclusive of recommendations for revisions.

4.3.5 Quality/Education and Outreach Reporting

The Vendor must provide the following reporting quarterly unless otherwise directed by the Department:

1. Reporting associated with identifying areas of improvement in the Medicaid program based on analysis of utilization data.
2. Reporting demonstrating the nature and extent of educational interventions to outlier prescribers and the outcomes of those interventions.

4.3.6 Consulting Reporting

The Vendor must provide the following reporting monthly unless otherwise directed by the Department:

1. Reporting on outliers of the PA/UM program (prescriber, pharmacy, and member) identified based on volume.

The Vendor must provide the following reporting quarterly unless otherwise directed by the Department:

1. Reporting on strategies identified to change prescribing behavior and revise prescribing practices to assure cost effective and appropriate use of medications.

4.3.7 Contact Center Reporting

The Vendor must provide the following reporting monthly unless otherwise directed by the Department:

1. Reporting on general statistics including, but not limited to, call volume, average handle time, service level, abandonment rate, first contact resolution, and quality measures.
2. Callback summary report that shows overall automated callback success rates, such as the number and percent of successful callbacks; how many were declined, cancelled, or abandoned; and the average time spent waiting offline. Reporting will also include a detailed report for all callbacks that includes at a minimum, the expected (scheduled) callback time that was provided to the caller, the actual waiting time and the outcome (successful completion, declined, etc.).
3. Reporting on the number of technical support calls handled, the nature of the requests, results of the calls, and any aberrancies or suspected fraud.
4. Reporting on the number of contacts by mechanism (i.e. call, fax, ePA, text, email, etc.) by outcome.
5. Reporting on the number of ePA requests received based on outcome by program initiatives (e.g., requests for branded over generic drugs, non-PDL requests, specific clinical criteria such as opioids, and antiretrovirals, etc.).
6. Reporting on requests to the Contact Center, by method of receipt, that do not result in an approval or denial. These requests should be categorized by type of inquiry and reason for communication with the Contact Center. Strategies should be leveraged to decrease these contacts.

4.3.8 Service Level Agreement Reporting

On a monthly basis, the Vendor must provide reporting, including supporting documentation, for all service level agreements as provided in Attachment C.

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 selected Contractor shall comply with all privacy and security policies and procedures of the Department (<https://its.ny.gov/policies>) and applicable State and Federal law and administrative guidance with respect to the performance of the 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 Department. 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 subcontracts 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, the Department 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.

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 Department as well as with all applicable State and Federal requirements, in performance of the Contract.

4.6 Transition

The transition represents a period when the current contract activities performed by the Contractor must be turned over to the Department, another Department agent or successor Contractor during or at the end of the Contract Term.

The Contractor shall ensure that any transition to the Department, Departmental agency or successor Contractor be done in a way that provides the Department with uninterrupted pharmacy benefit management services. This includes a complete and total transfer of all data, files, reports, and records generated from the inception of the Contract through the end of the Contract to the Department or another Department agent should that be required during or upon expiration of its contract.

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.

The Contractor shall manage and maintain the appropriate number of staff to meet all requirements listed in the RFP during the transition. All reporting and record requirements, security standards, and performance standards are still in effect during the transition period.

Contractor is required to develop a work plan and timeline to securely and smoothly transfer any data and records generated from the inception of the Contract through the end of the Contract 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 twelve (12) months before the last day of its Contract with the Department or upon request of the Department.

4.7 Payment

Payment of invoices and/or vouchers submitted by the successful Bidder pursuant to the terms of the Contract entered into pursuant to this RFP by the Department shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

4.7.1 Implementation Fee

The Vendor shall be paid the implementation price upon the Department's acceptance and approval of the completion of milestones as defined section 4.1.7 of this RFP. The distribution of payment is as follows:

- a. Implementation plan approved by State – 25%
- b. Key personnel hired - 25%
- c. Go Live date successfully achieved when all Section 4.1.7 implementation requirements are finalized, thereby making the Programs fully operational in accordance with this RFP - 50%

4.7.2 Monthly Base Operation Fee

The Vendor shall be paid a monthly base operation fee, as presented in Attachment B of the Vendor's cost proposal. The base operation fee represents the fixed costs associated with the daily operation for each program. The monthly base operation fee will begin after the contract Go Live date specified in section 2.3. The contractor shall submit monthly invoices no later than fifteen days after the end of the month being invoiced.

4.7.3 Reimbursable Costs

The Department shall pay the contractor for postage expenses incurred by operations monthly. The Vendor is expected to meet the necessary postal requirements throughout the contract term to obtain the up-to-date lowest rates available for the services needed. The Vendor will submit supporting

documentation with each monthly voucher to show all the postage costs incurred so the State can review and validate the charges prior to payment.

4.7.4 Prior Authorizations (PA)

The Vendor shall be paid for Prior Authorizations (PA) on a per approved PA basis as presented in Attachment B of the Vendor's cost proposal. An approved PA is defined as definitive authorization with an associated approved PA number. The Vendor shall submit monthly invoices no later than fifteen days after the end of the month being invoiced. The Vendor will submit back-up documentation with each monthly voucher to show how many PAs were approved so the State can review and validate the charges prior to payment.

4.7.5 Systems Development / System Change Rate

Should the Department need to make system programming changes to support program changes and/or budget initiatives, subject to Department approval, the Department shall reimburse the Vendor monthly for approved billed hours at the system change rate as set forth in the resulting contract, for the applicable period as presented in Attachment B – Cost Proposal. Additional reporting and/or changes to existing reporting formats would not qualify as a system programming change unless it is documented and approved by the Department that the change is related to the incorporation of a new requirement or related to a change based on new state or federal laws. System hours only apply to Department approved system changes subsequent to implementation, utilizing the job titles and processes outlined in [Section 4.2.2](#).

The Contractor shall submit invoices and/or Claim for Payment to the State's designated payment office:

Preferred Method: Email a .pdf copy of your signed Claim for Payment to the Business Service Center (BSC) at: AccountsPayable@ogs.ny.gov and cc to your Contract Manager with a subject field as follows:

Subject: Unit 3450437; Contract Number C043525

Alternate Method: Mail signed, original Claim for Payment at the following U.S. postal address:

NYS Department of Health
Unit ID 3450437; Contract Number C043525
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

4.7.6 Renewal Period

If the Department elects to exercise the one-year (1) renewal period, the Contractor's rates for year seven (7) will be based upon a one-time price adjustment as detailed below and all required approvals.

Price Adjustment Clause

The pricing for year seven (7) of the Contract will be subject to an annual increase or decrease of the lesser of three percent (3%) or the percent increase or decrease in the National Consumer Price Index for All Urban Consumers (CPI-U) (CUUR0000SA0), as published by the United States Bureau of Labor Statistics, Washington, D.C. 20212, for the 12 month period ending ninety (90) days prior to the commencement date for year seven (7) of the Contract.

4.8 Subcontracting

Bidders may propose the use of a subcontractor. The Contractor shall obtain prior written approval from the Department before entering into an agreement for services to be provided by a subcontractor. The Contractor is solely responsible for assuring that all the requirements of this RFP is 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 Department and the Contractor. The Department reserves the right to request removal of any Bidder's staff or subcontractor's staff if, in the Department's discretion, such staff is not performing in accordance with the Contract.

NOTE: 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.

4.9 Contract Insurance Requirements

Prior to the start of work under the Contract, the Contractor shall procure, at its sole cost and expense, and shall maintain in force at all times during the term of the 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 as well as below.

4.10 Minority & Women-Owned Business Enterprise (M/WBE) Requirements

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

Business Participation Opportunities for M/WBEs

For purposes of this RFP, the Department hereby establishes an overall goal of 30% for M/WBE participation, 15% for Minority-Owned Business Enterprises (“MBEs”) participation and 15% for Women-Owned Business Enterprises (“WBEs”), based on the current availability of qualified MBEs and WBEs and outreach efforts to certified M/WBE firms. The successful Bidder who becomes the Contractor under the Contract entered into with the Department pursuant to this RFP must document good faith efforts to provide meaningful participation by M/WBEs as subcontractors or suppliers in the performance of the Contract consistent with the M/WBE participation goals established for this procurement, and Contractor must agree that the Department may withhold payment pending receipt of the required M/WBE documentation. For guidance on how the Department will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified M/WBEs 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 required, and all communication efforts and responses should be well documented to establish Contractor’s “good faith efforts”.

By submitting a Bid in response to this RFP, for contracts with an MWBE goal above, a Bidder agrees to complete and submit an M/WBE Utilization Plan ([Attachment 5](#), Form #1) prior to award. The Department will review the submitted M/WBE Utilization Plan. If the Plan is not accepted, the Department 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 after Bidder’s receipt of such notice.

The Department may disqualify a Bidder as being non-responsive to this RFP under the following circumstances:

- a) If a Bidder fails to submit a M/WBE 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 the Department determines that the Bidder has failed to document good-faith efforts to provide meaningful participation by M/WBEs under the Contract in accordance with the goals for this RFP established by the Department;

The Contractor will be required to attempt to utilize, in good faith, any MBE or WBE identified in its M/WBE 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 the Department 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 Department, by the 10th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the M/WBE goals of the Contract.

If (a) the Department determines that the Contractor is not in compliance with the M/WBE requirements of the Contract and the Contractor refuses to comply with such requirements, or (b) the Department finds that the Contractor has willfully and intentionally failed to comply with the M/WBE participation goals established in the Contract, the Contractor may be required to pay to the Department liquidated

damages and will be considered during future Vendor Responsibility Profile reviews should the bidder bid on future opportunities with the Department

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

A 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 OHIPContracts@health.ny.gov before the Deadline for Questions as specified in [Section 1](#). (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.)

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 Equal Employment Opportunity ("EEO") 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 the Department with their bid.

4.11 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 NYS-certified Service-Disabled Veteran-Owned Businesses (“SDVOBs”), thereby further integrating such businesses into New York State’s economy. The Department 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 the Department’s 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, the Department 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.

5.0 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 the Department and ending with the final contract award and approval by the Department and, where applicable, final contract approval by the Office of the State Comptroller.

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

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 the Department’s procurements for a period of four (4)

years.

5.2 Questions

Potential Bidders may submit written questions and requests for clarification pertaining to this RFP between the issuance of this RFP and the deadline for the submission of written questions specified in [Section 1](#) (Calendar of Events). All questions and requests for clarification of this RFP should cite the relevant RFP, including the RFP number and title (RFP #C043525 and Pharmacy Benefit Management Services) the section and paragraph number of this RFP or of the Attachment to this RFP to which the question relates, where applicable, and must be submitted via email to OHIPContracts@health.ny.gov no later than the Deadline for Submission of Written Questions specified in [Section 1](#). (Calendar of Events). Questions received after the deadline **may not** be answered.

If a potential Bidder discovers any ambiguity, conflict, discrepancy, omission, or other apparent error in this RFP, the Bidder shall immediately notify the Department of such error in writing at OHIPContracts@health.ny.gov and request that the Department clarify or modify the Terms of this RFP. If, prior to the deadline for the Submission of Bids, a Bidder fails to notify the Department of a known error or an error that reasonably should have been known, the Bidder shall assume the risk of bidding notwithstanding such apparent ambiguity, conflict, discrepancy, omission or other error. If awarded the Contract pursuant to the terms of this RFP, the Bidder shall not be entitled to an amendment to the terms of the Contract to correct or clarify any such ambiguity, conflict, discrepancy, omission or other error nor to any additional compensation by reason of the error or its correction.

5.3 Right to Modify RFP

The Department 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 the Department, at any time prior to the Deadline for Submission of Proposals specified 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 the Department will be posted to the Department's website.

If a prospective bidder discovers any ambiguity, conflict, discrepancy, omission, or other error in this RFP, the bidder shall immediately notify the Department of such error in writing at *insert a BML* and request clarification or modification of the RFP.

If, prior to the Deadline for Submission of Proposals, a bidder fails to notify the Department 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.

5.4 The Department's Reserved Rights

The Department 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 Department'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 Department'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 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 days, any bid is subject to withdrawal communicated in a writing signed by the bidder; 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 a bidder's proposal and/or to determine a bidder's compliance with the requirements of the solicitation.

5.5 Debriefing

Pursuant to Section 163(9)(c) of the State Finance Law, once an award has been made, any unsuccessful bidder may request a debriefing regarding the reasons that the proposal or bid submitted by the Bidder was not selected for award. The debriefing will be limited solely to the Bidder's own Bid and will not include any discussion of other bids. Requests for a debriefing must be made within fifteen (15) calendar days of release of the written or electronic notice by the Department that the Bid submitted by the Bidder was not selected for award. Requests should be submitted in writing to a designated contact identified in the award/non-award letter.

5.6 Protest Procedures

In the event an unsuccessful Bidder wishes to protest the award resulting from this RFP, the protesting Bidder must 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 OSC's Guide to Financial Operations, which is available on-line at: <http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>

5.7 Freedom of Information Law ("FOIL")

All Bids may be disclosed or used by the Department to the extent permitted by law. The Department may disclose a Bid to any person for the purpose of assisting in evaluating the Bid or for any other lawful purpose. All Bids will become State agency records, which will be available to the public in accordance with the New York State Freedom of Information Law. **Any portion of the Bid 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 Bid as specified in Section 6.1.2. of this RFP. If the Department agrees with the proprietary claim, the designated portion of the Bidder's Bid 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.

5.8 Piggybacking

New York State Finance Law section 163(10)(e) (see also <https://ogs.ny.gov/procurement/piggybacking-using-other-existing-contracts-0>) allows the Commissioner of the NYS Office of General Services to consent to the use of the Contract entered into pursuant to this RFP by other New York State Agencies, and other authorized purchasers, subject to conditions and the Contractor's consent.

5.9 Intellectual Property

Any work product created pursuant to this RFP and the Contract awarded hereunder and any subcontract shall become the sole and exclusive property of the Department, which shall have all rights of ownership and authorship in such work product.

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.

The Department 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. An Administrative 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.

6.1.1 Bidder's Disclosure of Prior Non-Responsibility Determinations

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

6.1.2 Freedom of Information Law – Proposal Redactions

Bidders must clearly and specifically identify any portion of their proposal that a Bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law. See [Section 5.7](#), (Freedom of Information Law)

6.1.3 Vendor Responsibility Questionnaire

Complete, certify, and file a New York State Vendor Responsibility Questionnaire. The Department recommends that bidders 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 www.osc.state.ny.us/vendrep.

Bidders 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.

Bidders 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. Bidders should complete and submit the Vendor Responsibility Attestation, [Attachment 3](#).

6.1.4 Vendor Assurance of No Conflict of Interest or Detrimental Effect

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

6.1.5 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."

6.1.6 Encouraging Use of New York Businesses in Contract Performance

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

6.1.7 Bidder's Certified Statements

Complete, sign and submit [Attachment 7](#), "Bidder's Certified Statements", which includes information regarding the Bidder. Attachment 7 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.

6.1.8 References

Provide references using [Attachment 9](#), (References) for three *[insert your information here]*. Provide firm names, addresses, contact names, telephone numbers, and email addresses.

6.1.9 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 to 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.

6.1.10 Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

Bidder should complete and 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.

6.1.11 Executive Order 16 Prohibiting Contracting with Businesses Conducting Business in Russia

Bidder should complete and submit [Attachment 12](#) certifying the status of their business operations in Russia, if any, pursuant to Executive Order 16.

6.1.12 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, the Office of the State Comptroller, and Department of Civil Service.

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

6.1.13 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 contractor's sales delivered into New York State are in excess of \$300,000 for the four 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 offeror 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 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>.

Submit these Forms, 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

6.1.14 Gender-Based Violence and the Workplace Certification

[New York State Finance Law §139-M](#) requires bidders on competitive state procurements to certify that they have a written policy addressing gender-based violence and the workplace and that such policy meets the minimum requirements outlined on [Attachment 14](#). Bidders should review, sign, date and include as part of their submission [Attachment 14](#).

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 the Department 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.

6.2.1 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.

6.2.2 Table of Contents

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

6.2.3 Documentation of Bidder's Eligibility Responsive to Section 3.0 of RFP

1. Bidders must be able to meet all the requirements stated in Section 3.0 of the RFP. The bidder must submit documentation that provides sufficient evidence of meeting the criterion/criteria set forth in Section 3.0. This documentation may be in any format needed to demonstrate how the Bidder meets the minimum qualifications to propose.

1. A minimum of three (3) years' experience working with Medicaid pharmacy benefits serving a minimum of 1,000,000 lives in aggregate; and one of the following:
 - 2a. A minimum of three (3) years' experience performing prior authorization services for Medicaid or other government programs serving a minimum of 1,000,000 lives in aggregate; OR
 - 2b. A minimum of three (3) years' experience performing prior authorization services for managed care organizations serving a minimum of 1,000,000 lives in aggregate.

2. The bidder should submit documentation that provides sufficient evidence of meeting any applicable Preferred Qualifications identified below. The documentation may be in any format needed to demonstrate how they meet the minimum qualifications identified below:

- A minimum of five (5) years of experience working with Medicaid pharmacy benefits;
- A minimum of one (1) year of experience with clinical PA that incorporates both pharmacy and medical claims; and
- A minimum of one (1) year of experience with utilizing Medicaid Managed Care encounter data in prior authorization processing.

6.2.4 Technical Proposal Narrative

The Technical Proposal should provide satisfactory evidence of the Bidder's ability to meet, and expressly respond to, each element listed below.

Elements of the Technical Proposal are as follows:

The Bidder should describe its experience regarding each of the requirements below. The narrative response should demonstrate a clear understanding of all the requirements provided in Section 4.0, Scope of Work. Any requirement not clearly addressed in the response may negatively affect the Vendor's scoring. The Vendor should respond, at a minimum, to the following sections and may include any additional information deemed pertinent. The Bidder's response should be straightforward and concise summarizing their ability to satisfy the requirements of the RFP and outlining the exceptional qualities they bring to the proposal.

6.2.4.1 Prior Authorization and Utilization Management Requirements

Describe in detail how you will meet the requirements of Section 4.1.1 Prior Authorization and Utilization Management Requirements, including how your PA system will handle all PA requests received under all PA programs (i.e. the NY Preferred Drug Program, Mandatory Generic Drug Program, Clinical Drug Review Program, Drug Utilization Review Program, Medication Assisted Treatment Formulary, Brand Less Than Generic Program, Dose Optimization Initiatives, Preferred Antiretrovirals, and preferred diabetic supplies.), accommodating multiple means of submission including phone, fax, fully automated ePA, requests from Department personnel, and an electronic/web-based provider portal.

1. Describe in detail how you will utilize modern technology solutions that will decrease PA review timeframes and increase the use of automated ePAs resulting in the auto-adjudication of claims. Describe in detail how during the initial implementation phase, the vendor will operationalize an ePA system for all point of service pharmacy, diabetic supply and medical supply claims processing, along with any physician administered drug PAs that are in use at that time.
 - a. Describe the proposed approach to providing PA and UM services as well as its technology solution(s) should provide a single point of entry for PA of pharmaceutical products and medical supplies (i.e. blood glucose test strips), whether dispensed directly to the patient or administered by a physician (i.e., PADs).
 - i. Describe the proposed approach to utilize an escalation process that involves pharmacy technicians (first tier), pharmacists (second tier), and peer to peer consultation as necessary.
2. Describe the approach to providing a web-enabled PA system, accessible to pharmacists, prescribers, contact center staff and Department staff, which will include but is not limited to approved, pending, informational (i.e., PAs that are not approved), and requests with supporting documentation.
3. Describe the proposed PA system and its capability of accepting PA requests via various methods including but not limited to telephonic, fax and electronic (fully automated ePA) and requests from Department personnel. Describe how the proposed PA system shall provide approval or denial of the request for further follow up by the prescribing physician, including the reason for the denial and the associated remedies. Describe how the proposed PA system will leverage modern technologies to decrease PA review timeframes (see, Attachment C) including, but not limited to, the following:
 - a. Fax optical character recognition (OCR) and database auto population;
 - b. Fax back custom messages and receipt confirmation
 - c. Electronic verification of medical/pharmacy diagnosis history, drug history, procedure codes (e.g. labs, tests), claims, providers and eligibility categories, third party insurance (Medicare, Commercial), eligibility status and enrollment status;
 - d. Electronic response which includes approvals, reason for rejections or denials, and alternative options that may not require PA; and
 - e. A process that allows providers to check the status of a PA systematically.
4. Describe your solution for supporting the PA program through a fully electronic ePA system and a Contact Center, using Department-approved criteria consistent with the Contact Center specifications in Section 4.1.6.
5. Describe your proposed process for adjudicating PA requests (i.e. approved, pending, or

rejected) within twenty-four (24) hours of receipt, seven (7) days a week. Describe your proposed process to comply with the twenty-four (24) based on the method in which the PA request is received as follows:

- a. Email and/or Facsimile: The twenty-four (24) hour response period shall begin on the date and time the email or facsimile request is received by the PA review department.
 - b. ePA: The twenty-four (24) hour response period shall begin on the date and time the electronic request is received by the vendor's PA system.
 - c. Phone: The twenty-four (24) hour response period shall begin on the date and time the phone request is received by the contact center, if this is the initial form of request; otherwise, the PA must be completed within twenty-four (24) hours of the original request.
6. Describe your process for allowing for the authorization of at least a seventy-two-hour supply of a drug in an emergency, consistent with State and federal legislation and regulations.
 7. Describe your process to utilize a date and time stamp assignment system for all PA requests.
 8. Describe your proposed approach to implement Drug Utilization Review Board (DURB) meeting final recommendations as it pertains to PA requirements and changes to program criteria, such as new or revised criteria, updated preferred/non-preferred statuses, additions to the mandatory generic, or brand over generic program.
 9. Describe your ability to implement any legislatively required changes.
 10. Describe your process to ensure you abide by the requirements of the Laws of New York, Chapter 45 Public Health, Article 2-A, Title 1 Section 273 related to preferred drug program prior authorization requirements, including requirements for a contact center and specific requirements related to the preferred drug list, drug utilization and coverage. For more information, please see <https://www.nysenate.gov/legislation/laws/PBH/273>.

6.2.4.2 System Requirements

1. Describe in detail how your PA system will have the ability to accept data files, including claims files for medical and pharmacy claims, drug file coverage information, managed care encounter data, eligibility and provider files through an SFTP process, and the ability to return a PA response to the provider and eMedNY. See, Attachment D for sample data files.
2. Describe how your PA system will have an electronic interface with the Point of Sale (POS) pharmacy claims processing system, eMedNY, to ensure timely transmission of required data for PA and claims processing.
3. Describe how your PA system will be accessible to Clinical Contact Center staff and be able to process PAs based upon the following:
 - a. Pharmacy Transaction ePA: Describe how your PA system will have the ability to automatically adjudicate transactions received from the pharmacy utilizing diagnosis information and claims history available in historical pharmacy and medical claims data.
 - b. Pharmacy Initiated ePA to Prescriber: Describe how your PA system will have the capability to allow pharmacies to initiate an ePA request directly to the prescriber after receipt of a denial from eMedNY.
 - c. Prescriber Initiated ePA: Describe how your PA system will have the ability to, through

direct system integration with Electronic Health Records (EHR)/Electronic Medical Record (EMR) systems or applications outside of the EHR/EMR (e.g. CoverMyMeds, SureScripts, PAExpress), allow prescribers to respond to criteria questions and upload supportive documentation and provide real time approvals and status results.

- d.
4. Describe how at the time of implementation, the Vendor will be able to accept historical claims data for medical and pharmacy claims for the past three (3) years as directed by the Department.
5. Describe how your PA system will have the ability to handle retroactive PA processing for a minimum of 90 days in the past utilizing PA criteria active on the claim's date of service.
6. Describe how your PA system will include the ability to capture and adjudicate requests against information required through PA workflows and forms. Bidders can review current workflows and forms at https://newyork.fhsc.com/providers/PA_forms.asp.
7. Describe how your PA system will be able to initiate an electronic prior authorization (ePA) request through a HIPAA compliant web-based portal.
8. Describe how your ePA process will also support interfaces or information exchange between EHRs/EMRs.
9. Describe how your ePA system will offer the ability for pharmacists, prescribers, contact center staff and Department staff to see all ePA requests for a patient along with the status of each request.
10. Describe how your PA system will be able to recognize and utilize previously authorized PA's through their effective dates in the future.
11. Describe how your PA system will be configurable to allow state specific values (i.e. state therapeutic code) and various drug identifications systems such as NDC 9 or 11, generic code number (GCN), generic sequence number (GSN), hierarchical ingredient code list (HICL), and/or generic product identifier (GPI), as identified in conjunction with the Department.
12. Describe how your PA system will have the ability to maintain and capture all pertinent information for member, provider, and PA results as determined by the Department including, but not limited to, the following:
 - a. Provider National Provider Identifier (NPI), name, phone number, fax number and mailing address;
 - b. Date and time of received request;
 - c. Member client identification number (CIN), name and date of birth;
 - d. Requested drug name, strength, form, and quantity;
 - e. Request status (i.e., approved, pending, rejected) and reason for denial;
 - f. Authorized begin and end dates; and
 - g. Date and time of action on the request.
13. Describe how your PA system will provide the State with an automated workflow tool that the State will use for its review and approval of PA criteria changes, modifications, deletions, or alterations as part of the PA programs and UM.

6.2.4.3 Provider and Member Notification

1. Describe in detail your proposed plan to develop and implement a process for providing approval and denial notices to members and prescribers.
2. Provide your proposed plan to provide notices in both Spanish and English and, upon request, translation services for additional languages including Chinese, Russian, Yiddish, Bengali, Korean, Haitian Creole, Italian, Arabic, Polish, French, and Urdu.
3. Provide your proposed plan to send approval and denial notices to the member and prescriber within two (2) business days of the date of the determination.

6.2.4.4 Quality/Education and Outreach

1. Describe in detail your plan to provide responsive communications and ensure that up to date information is delivered to stakeholders.
2. Describe your plan to be responsive to requests of the Department including prioritization of program needs, provision of timely and accurate assistance and responses, and effectively communicate timelines for request resolution.
3. Describe your plan to maintain a website, dedicated to NY, of current pharmacy programs and updates, resource links, and educational materials used in the PA and UM programs.
4. Describe your plan to maintain a comprehensive drug listing for all PA programs to assure clinically appropriate and cost-effective coverage in high-use and high-cost drug categories.
5. Describe your plan to maintain criteria for PA programs which includes but is not limited to clinical call flow, electronic call flow, fax call flow, clinical worksheets, website development, PowerPoints, videos, and notices.
6. Describe your plan to develop a comprehensive approach to education regarding the NYRx program policies, procedures, and tools and communicate with the following stakeholders:
 - a. Targeted member populations;
 - b. Managed Care Organizations;
 - c. Selected NY-State or County level organizations;
 - d. Providers (i.e. physicians, etc.); and
 - e. Pharmacies.
7. Describe in detail your proposed process to develop and submit a training plan to the Department within thirty (30) days of contract approval, including messaging and outreach activities, to meet the needs of a wide-ranging stakeholder community that needs to be informed of NYRx PA program changes, including but not limited to the stakeholders listed in Section 4.1.4.6.
8. Describe your plan to provide, as needed or directed by the Department, PA system training for the Department, prescribers, and network providers through courses and updates to education and outreach materials.

9. Describe your proposed communication plan to the Department for all stakeholder groups, including a planned education and outreach schedule to meet NYRx needs, as appropriate.
10. Provide your proposed process to address critical issues within 24 hours of receipt, when needed, with stakeholder groups by establishing meetings, conducting office hours, preparing emergency alerts, and sending email communications.
11. Describe in detail your process to review and evaluate utilization data (including that available through the Department) for performance goals under existing drug classes, and for areas of improvement for both clinical impact and cost effectiveness of the PA and clinical drug programs.
12. Provide your proposed plan to develop and distribute, with Department approval, utilizing various modalities, any required written correspondence, Medicaid Update articles, and related materials to educate providers, members, and other interested parties regarding any changes in policies and procedures. Also describe your proposed plan to prepare and distribute ongoing updates and clarifications following Department approval.
13. Provide your proposed process to conduct outreach to develop and implement quality and training programs including, but not limited to:
 - a. An annual customer satisfaction program which provides data on provider and participant complaints and satisfaction with recommendations of any provisions to apply to PA.
 - b. Recommendations for any quality improvements, including, but not limited to, surveys of members and providers.
 - c. A process to identify prescribers and pharmacies that are outliers in terms of PA requests and utilization of products subject to PA (i.e. requesting large numbers of PA, requesting PAs for non-preferred products when preferred products are available, etc.).
14. Provide your proposed plan to design and implement targeted educational efforts approved by the Department, to improve compliance among outlier prescribers and pharmacies to maximize the effectiveness of the PA and clinical drug programs. Also describe your plan to track progress of approved programs from inception to approved communication distribution.
15. Provide your proposed plan to operate a Clinical Contact Center, through phone and email, related to education and outreach with the following requirements:
 - a. Handle incoming questions and monitor an escalation mailbox; and
 - b. Implement a centralized tracking process for capturing, tracking, monitoring, and responding to all communications received from critical stakeholders.
 - c. Respond to all emails and messages within 24 hours of receipt.
16. Provide your proposed plan to monitor and evaluate the effectiveness of each education and outreach activity and provide reports to the Department on all efforts, as outlined in Section 4.3: Reporting.

6.2.4.5 Consulting Services Requirements

1. Describe your organization's approach to providing expert consultant services and clinical staff for the development, implementation, and operation of additional strategies to improve the cost-effective operation of the Medicaid Pharmacy Program. The Vendor should describe their proposed plan to provide, at a minimum, the following:

- a. Describe your proposed plan to provide expert clinical consultant services to support policy analyses and recommendations regarding other clinical-based initiatives as requested by the Department.
- b. Describe your proposed plan to proactively evaluate drug utilization and make recommendations for all PA programs (i.e. dose optimization, mandatory generic, clinical criteria adjustments, etc.) to ensure that the Department is using the most cost-effective and clinically appropriate drugs within the various PA programs, ensuring financially appropriate management of those programs.
- c. Describe your proposed plan to proactively identify and evaluate strategies, in addition to the identification of outlier prescribers/pharmacies, to monitor prescribing behavior, and revise prescribing practices to assure cost-effective and appropriate use of medications.
- d. Describe your proposed plan to proactively research and evaluate innovative strategies utilized in pharmacy management, and their outcomes in both public and private settings.

6.2.4.6 Clinical Contact Center

1. Describe your Clinical Contact Center solution and capabilities, including but not limited to the following
 - a. The proposed approach to provide a fully functional Clinical Contact Center as outlined in Section 4.1.6
 - b. The proposed approach to maintain a Clinical Contact Center that must be available through a toll-free phone and fax line dedicated to the NYS Medicaid program as described in Section 4.1.6.
 - c. The proposed approach to meet the Clinical Contact Center staffing requirements as described in detail in Section 4.2 Staffing.
2. Describe your ability to provide Clinical Contact Center determinations while the prescriber or prescriber's representative is on the phone as outlined in Section 4.1.6.1.
3. Describe your proposed ability to maintain the functionality where after a caller has been on hold for two (2) minutes, they must be offered the opportunity to receive a callback rather than waiting on hold as described in Section 4.1.6.2.
4. Describe your capabilities and processes to utilize an automated voice response system and if it is used as an initial response to inquiries, describe your proposed approach to provide an option that allows the caller to speak directly with an operator.
5. Describe your approach to meet the sufficient staff, facilities, and technology to meet the following requirements:
 - a. First call resolution (FCR), or the measurement of the percentage of calls resolved on the first contact without requiring follow-up, shall be no less than 85%.
 - b. 80% of calls should be answered within twenty (20) seconds, and the average speed of answer should not exceed one (1) minute per calendar month.
 - c. The abandonment rate is 5% or less, excluding calls abandoned in the first ten (10) seconds or within an IVR system.
 - d. The total hold shall not exceed two (2) minutes per call. It is expected that the contact center representatives will not bypass hold requirements by asking the caller to hang up and call back.
 - e. All inquiries that require follow-up shall be completed within twenty-four (24) hours of receipt.

6. Describe your organization's ability to track and audio record all Clinical Contact Center interactions, regardless of modality and including callback interactions.
7. Describe your proposed approach for any use of the backup or rollover Clinical Contact Center during required dedicated hours and your plan to resolve those situations leading to the use of the backup Clinical Contact Center during these hours as outlined in Section 4.1.6.7
8. Describe your plan to report any Clinical Contact center downtime with an anticipated time of resolution and contingency plans for providing Clinical Contact Center services.

6.2.4.7 Implementation Requirements

1. Describe the anticipated implementation process and provide an implementation plan that supports a successful and timely implementation of the scope of work described in Section 4.1.7, which assumes a six-month implementation timeline. The implementation plan narrative should outline the bidder's methodology, expected client involvement, key activities, milestones, and dependencies. The narrative should also describe the approach to system testing, developing training materials and providing post-launch support.
2. Describe the risk management plan and narrative that addresses implementation readiness, technical integration, and operational or go-live risks to minimize disruption or impacts to patient medication access and provider workflows.

6.2.4.8 Fair Hearings

1. Describe the proposed process to meet the requirements of support associated with fair hearings in accordance with guidelines and applicable rules and regulations by New York State as outlined in Section 4.1.8, including, but not limited to the following:
 - a. Provide notice, in writing, to members of the fair hearing process.
 - b. When possible, conduct outreach to the Appellant and/or providers to come to a resolution prior to the fair hearing.
 - c. Prepare and/or retrieve necessary documentation and records prior to fair hearings including materials in support of the determination.
 - d. Prepare a waiver of appearance outlining the Department's position on the fair hearing case utilizing evidential facts, policy, and references to support the decision.
 - e. Ensure copies of the waiver of appearance are distributed to the administrative law judge and a copy is provided to the Appellant and/or provider prior to the fair hearing and according to regulation.
 - f. Be available by phone to answer questions that arise at fair hearings supporting the position on the determinations or assist in efforts suggested by the administrative law judge with the goal of a resolution.
 - g. Participate in the fair hearings, as directed by the Department including providing personnel familiar with the facts of the case with the ability and authority to review the initial determination.
 - h. All fair hearings will be conducted in accordance with guidelines and applicable rules and regulations promulgated by New York State.

6.2.5 Staffing

The Bidder should provide a narrative that addresses how your organization will meet the staffing requirements, including any subcontractors if utilized, as described in Section 4.2 Staffing.

6.2.5.1 Key Staffing

1. Provide an organizational chart that delineates the titles of the staff responsible for fulfilling the tasks/deliverables detailed in Section 4.0 Scope of Work, their lines of communication, and demonstrate how the Bidder intends to organize staff and management for this project.
2. Provide a description of the skills and experience that will be required for each position for all key personnel as outlined in Section 4.2.1.
3. Identify the physical location of Bidder's staff to be used in the performance of this contract, including the location of the dedicated Clinical Contact Center and the rollover/afterhours Clinical Contact Center, if used.

6.2.5.2 General Staffing

1. Describe your approach to staffing and training including, but not limited to:
 - a. The number of staff the Bidder estimates will be needed to support this contract, by position type, including Information Technology (IT) and systems related staff.
 - b. How you plan to recruit and train an adequate number of staff to meet the workload and service level agreements of the contract (See Attachment C: Service Level Agreements).
 - c. How you intend to maintain the staffing levels necessary to successfully perform program requirements and meet required service level agreements (See Attachment C: Service Level Agreements).
2. Provide details on the qualifications and experience of your proposed clinical team including pharmacy technicians, pharmacists, physicians, and other relevant professionals.
3. Describe the process for assessing and forecasting the impact of changes to PA criteria, the preferred drug list (additions or deletions), the brand over generic program, or other policy changes are analyzed for contact center impact. Describe how staffing levels will be assessed to ensure that client service metrics are maintained. Describe how your solution will adjust for clinically and operationally appropriate levels of technicians, pharmacists, and physicians.
4. Describe the process for onboarding and training Clinical Contact Center staff. Include in the response: how quickly staff will be onboarded to support new initiatives, criteria changes, PDL changes, significant changes to the generic marketplace, or other situations that may impact contact center staffing.
5. Describe how you will staff and support the Clinical Contact Center outside of required dedicated hours or during periods of unexpectedly high volume if a rollover contact center is used.
6. Describe your ability to provide sufficient additional management and administrative support staff necessary to organize, prepare and carry out all administrative tasks associated with conducting the services required in the contract.

7. Describe your approach to ensure that subject matter experts, including but not limited to, Clinical Contact Center staff, data analysts, appropriate systems development or other IT personnel, are made available as needed or requested by the Department to assist in developing new functionality, requesting system changes or enhancements, or other IT initiatives as described in Section 4.2.2.

6.2.6 Reporting

The Bidder should describe their ability and approach to provide the reports and dashboards as detailed in Section 4.3, including the following:

1. General PA Reporting
2. Preferred Drug Program (PDP) Reporting
3. Mandatory Generic Drug Program (MDGP) Reporting
4. Clinical Drug Review Program (CDRP) Reporting
5. Quality/Education and Outreach Reporting
6. Consulting Reporting
7. Contact Center Reporting
8. Service Level Agreement Reporting (See Attachment C: Service Level Agreements)

Bidders should describe their approach to providing a searchable repository containing all reports and provide examples of standard reports and dashboards as an attachment to their proposal.

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 RFP 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 product(s)/ services sought to be procured, including but not limited to travel, materials, equipment, overhead, profit and labor to the satisfaction of the Department 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.

1. Submit three (3) separate, searchable, and open and permission password protected, PDF proposals in three (3) separate emails to: OHIPContracts@health.ny.gov . Use this naming

convention for the subject line of each email: <Type of Proposal Submission, Bidder Name, RFP#C043525>.

2. Include, as attachment to each email, the distinct PDF file labeled “Administrative Proposal”, “Technical Proposal”, or “Cost Proposal” followed by Company name and RFP number. Example: “Technical Proposal Submission, ABC Company, RFP#12345”.
3. All electronic bid submissions should be clear and include page numbers at the bottom of each page.
4. All electronic bid submissions should be in PDF Optical Character Recognition (OCR) searchable format.
5. The body of the email should also include the password to the file, contact information, and indicate the total number of pages intended, and, where indicated, each subset of pages listed. **Example: Administrative Proposal 14 pages total, Attachment 3 – 1 page.**
6. A font size of eleven (11) points or larger should be used. All submitted documents should contain appropriate header and footer information.
7. In the event an electronic submission cannot be read by the Department, the Department reserves the right to request a hard copy and/or electronic resubmission of any unreadable files. Offeror shall have 2 business days to respond to such requests and must certify the resubmission is identical to the original submission.
8. Where signatures are required, the proposals should have a handwritten signature (wet ink) and be signed in blue ink. A scan of the handwritten (wet ink) signature can be used for electronic submission in the PDF. The Department reserves the right to request hard copy originals of all signature pages at any time.
9. The Department discourages overly lengthy Bids. Therefore, marketing brochures, user manuals or other materials beyond that sufficient to present a complete Bid, are not desired and will not be reviewed or evaluated. Elaborate artwork or expensive paper is not necessary or desired. In order for the Department to evaluate bids fairly and completely, all Bids should follow the format described in this RFP and provide all requested information and no extraneous or additional information or material.
10. Audio and/or videotapes are not allowed. Any submitted audio or videotapes will be ignored by the evaluation teams.

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

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

7.1 No Bid Form

Bidders choosing not to bid are requested to complete the No-Bid form, [Attachment 2](#). Although not mandatory, such information helps the Department direct solicitations to the correct bidding community.

8.0 METHOD OF AWARD

8.1 General Information

The Department 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 offerors” shall be selected for award (State Finance Law, Article 11, §163(1)(j)).

The Department, at its sole discretion, will determine which proposal(s) best satisfies its requirements. The Department 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 RFP 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 70% of a proposal's total score and the information contained in the Cost Proposal will be weighted 30% of a proposal's total score.

Bidders may be requested by the Department to clarify the contents of their proposals. Other than to provide such information as may be requested by the Department, 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 M/WBE participation.

8.2 Submission Review

The Department 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 the Department, 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 Department 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 scores will be normalized by using the following formulas:

$$Z = (X/Y)*70$$

X is the average raw technical score of the proposal being scores;

Y is the average raw technical score of the highest raw Technical Proposal; and

Z is the Total Technical Score.

The technical evaluation is 70% of the final score.

The Technical Proposal evaluation is 70% (up to 70 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 XX points. The maximum cost score will be allocated to the Cost 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 Cost Proposal(s) offered at the lowest final cost, using this formula:

$$C = (A/B) * 30$$

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 Proposal evaluation is 30% (up to 30 points) of the final score.

8.5 Composite Score

A composite score will be calculated by the Department by adding the Technical Proposal points and the Cost Proposal 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's qualifications to propose (Section 3.0).

8.7 Best and Final Offers

The Department reserves the right to request best and final offers. In the event the Department 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 Bidder(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 Contract substantially in accordance with the terms of Attachment 8, DOH Agreement, to provide the required product(s) or 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.

9.0 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 Determinations](#)
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](#) (Standard Contract)
9. [References](#)
10. [Diversity Practices Questionnaire](#)
11. [Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination](#)
12. [Executive Order 16 Prohibiting Contracting with Business Conducting Business in Russia](#)
13. [Attachment 14 - State Finance Law 139M Attestation Gender Based Violence](#)

The following attachments are attached and included in this RFP:

- A. Proposal Document Checklist
- B. Cost Proposal
- C. Service Level Agreements
- D. Sample File Layouts
- E. Detailed Contact Center Statistics and Program Specifics

ATTACHMENT A PROPOSAL DOCUMENT CHECKLIST

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

RFPC043525 – Pharmacy Benefits Management		
FOR THE ADMINISTRATIVE PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.1.1	Attachment 1 - Bidder's Disclosure of Prior Non-Responsibility Determinations	☐
§ 6.1.2	Freedom of Information Law – Proposal Redactions (If Applicable)	☐
§ 6.1.3	Attachment 3 - Vendor Responsibility Attestation	☐
§ 6.1.4	Attachment 4 - Vendor Assurance of No Conflict of Interest or Detrimental Effect	☐
§ 6.1.5	M/WBE Participation Requirements:	☐
	Attachment 5 - Form 1	☐
	Attachment 5 - Form 2 (If Applicable)	☐
	Attachment 5 - Form 4	☐
	Attachment 5 - Form 5 (If Applicable)	☐
§ 6.1.6	Attachment 6 - Encouraging Use of New York Businesses	☐
§ 6.1.7	Attachment 7 - Bidder's Certified Statements	☐
§ 6.1.8	Attachment 9 - References	☐
§ 6.1.9	Attachment 10 - Diversity Practices Questionnaire	☐
§ 6.1.10	Attachment 11 - EO 177 Prohibiting Contracts with Entities that Support Discrimination	☐
§ 6.1.11	Attachment 12 – EO 16 Contracting with Businesses Conducting Business in Russia	☐
§ 6.1.12	State Finance Law Consultant Disclosure	☐
§ 6.1.13	Sales and Compensating Use Tax Certification	☐
§ 6.1.14	Attachment 14 - Gender-Based Violence and the Workplace Certification	☐
FOR THE TECHNICAL PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.2.1	Title Page	☐
§ 6.2.2	Table of Contents	☐
§ 6.2.3	Documentation of Bidder's Eligibility (Requirement)	☐
§ 6.2.4	Technical Proposal Narrative	☐
FOR THE COST PROPOSAL REQUIREMENT		
RFP §	REQUIREMENT	INCLUDED
§ 6.3	Attachment B- Cost Proposal	☐

ATTACHMENT B
COST PROPOSAL
RFP #C043525

Offerors must use the Microsoft Excel spreadsheet titled “Attachment B – Cost Proposal.xls” as described in Section 6.3. Deviations from this format are not permitted. Offerors should submit the Excel spreadsheet in electronic form in accordance with Section 7, Proposal Submission. Failure to submit in this required format may result in disqualification.

The cost proposal template within **Attachment B – Cost Proposal** includes Pricing for Implementation and Operation Costs and Systems Change hourly rate