

New York State Executive Chamber

**Commission on the Future of Health Care Support Services
Response to Firm Inquiries
Issued January 10, 2025**

General

1. How many active contractors are working on this contract currently?
2. Please provide the names of the Incumbent vendors for this contract.
3. Is there a firm or individual consultant that has been supporting the Commission since its establishment?
4. The RFP states that: "Commission's work is already underway" . Is this work supported by an incumbent supplier? If yes, is the incumbent supplier allowed to bid on this work.

The Boston Consulting Group, Inc. is currently providing support for the Commission under a pre-existing contract only through January 2025. The Boston Consulting Group, Inc. is not prohibited from responding to this RFP.

5. Will the awarded vendor take over any payrolling of incumbent candidates?

The selected bidder will not take over payrolling of incumbent candidates.

6. What is the total spend per incumbent for the duration of the previous contract?

The ceiling of the current contract for Commission support is \$9,050,166.

7. What is the total budget allocated for this project, and how is it distributed across different phases or years?
8. What is the new budget for year for this RFP?
9. Has there been a proposed budget for this initiative?
10. Please provide your estimated budget limit or budget range for this project.
11. Is this amount likely to vary substantially during each year of the period of performance, or will it be consistent across the five contract years?

The Chamber has not established a budget for the work described in the RFP. Spending across the term of the contract may vary and cannot be determined at this time.

12. Will suppliers chosen via this procurement be restricted from participating in other bids with the Department of Health or other state and city agencies?

The awardee shall be precluded from any future competitive procurement for which it prepares and furnishes the specifications under this contract.

13. Generally, in the past, the State has provided Contractors with State-issued laptops or access to Virtual desktop infrastructure (VDI). Does the State intend to provide the awarded Contractor with State-issued laptops or provide access to VDI, and if so, will the Contractor be permitted to install third-party software such as analytic tools?

In very limited circumstances, the State may provide State-issued laptops or provide access to VDI if necessary to facilitate access to sensitive data. Installation of any software or tool on a State-issued device must be approved by the State. In general, the consultant will be expected to provide their own equipment.

14. Does the State have a preferred analytics tool(s) (e.g., Tableau, PowerBI, etc.). If so, will the state provide access to the Contractor to utilize these tools? Are there any specific tools or software that the Chamber prefers or mandates for data analysis and project management?
15. What are the preferred project management methodologies (e.g., Agile, Waterfall) for this engagement?
16. Are there any existing project management frameworks or tools in use that we should integrate with?
17. Is there a preferred analytics or visualization tool preferred or currently being used?
18. Are there any cloud service providers (AWS, Microsoft Azure, GCP, etc.) currently being used?

The selected consultant will be required to provide any necessary analytics tools to support the project. The vendor will be expected to work collaboratively with the State in identifying appropriate tools or software, which may include data analysis and visualization tools (e.g., Tableau). Project management is expected to be done in a highly iterative and collaborative way in partnership with the Commission members, Executive Chamber, and relevant New York State agencies – this will involve weekly meetings.

19. Aside from New York State's All Payer Database, Medicaid Data Warehouse and Statewide Planning and Research Cooperative System (SPARCS) – are there any other 3rd party data providers the committee will deem a priority?

The Chamber has not yet determined additional priority data sources, although such sources may be identified through the course of this work.

For reference, the Commission's Year 1 recommendations are based on analyses conducted on quantitative and qualitative data from New York State Department of Health (NYSDOH), Department of Labor, CMS and other national datasets, and peer state benchmarking. More specifically, analysis leveraged the following datasets:

- *NYSDOH:*
 - *Institutional cost reports (ICRs)*
 - *Statewide Planning and Research Cooperative System (SPARCS)*
 - *Hospital Electronic Response Data System (HERDS)*

- *Claims data in the All-Payer Database (APD)*
- *Claims data in Medicaid Data Warehouse (MDW) extracts*
- *Medicaid managed care enrollment reports*
- *MLTC performance tables data*
- *Electronic Visit Verification (EVV) data*
- *Other:*
 - *CMS datasets (quality star ratings, emergency department wait times, cost reports)*
 - *National Academy for State Health Policy (NASHP) Hospital Cost Tool (HCT)*
 - *AHA DataQuery Financial Database*
 - *IQVIA OneKey reference dataset*
 - *Woods & Poole demographic data*
 - *American Community Survey (ACS) demographic data*
 - *Bureau of Labor Statistics Occupational Employment and Wage Statistics (OEWS)*

20. Can you provide examples of the types of reports and analytics currently being used, and any expectations for improvements or changes?

The data sets referenced in question 19 were used to perform analyses on topics such as financial gains and losses, changes in capacity, occupancy, and volume, drivers of hospital and LTSS facility quality, change in plan enrollment over time, and change in utilization of different services – and associated outcomes and cost to the State – over time. More specifically, analyses focused on:

- *Utilization and Access: Analyzed LTSS and hospital service use to understand demand by region, service type, and demographics*
- *Financial Performance and Cost: Assessed LTSS and hospital financial health, focusing on cost drivers, expenditures, payer mix, and facility performance*
- *Quality of Care and Outcomes: Evaluated metrics like patient satisfaction, outcomes, readmissions, and mortality to identify improvement areas*
- *Capacity and Infrastructure: Reviewed hospital bed occupancy and LTSS availability to assess capacity for patient demand*
- *Impact of recommendations: Estimated the potential impact of proposed recommendations through scenario modeling of utilization, quality outcomes, and costs*

Additionally, the current consultant developed preliminary view on available data sources, key research questions, and potential challenges to be addressed across Primary Care, Behavioral Health, and Site of Care Shift.

21. Can you provide more details on where the State's data can be stored and processed, including any restrictions or requirements regarding the use of cloud services or other technology platforms for data analytics. For example, many of the leading product companies are hosted in the cloud and we some instances do not have control over where the products are hosted.

The State has various data use policies for different data sets. For some data sets and analyses, the consultant will have flexibility to host data on the platform of their choice. For some with more restrictive data use policies, the consultant will be required to work within New York State environments. Any data that is hosted on a consultant platform must comply with applicable NYS data policies, and the consultant will be expected to adhere to all applicable ITS policies (<https://its.ny.gov/policies>).

22. What data will be provided to the contractor to support the analysis (e.g., extracts from claims database, aggregate reports provided by agency partners, direct access to APD or PSYCKES)?
23. What types of datasets will be provided to the consulting firm, and what access will we have to these datasets?
24. Is there currently a central data depository available or data warehouse(s) available?
25. Are there any existing data warehouses, data lakes, or data integration initiatives in place in addition to NY All Payer DB, Medicaid DW, and SPARCS?
26. What type of healthcare data is readily available from the Department of Health or other state agencies? Are there any data access restrictions or limitations to be aware of?
27. Is patient experience data consolidated in a central repository? Or does it exist within 3rd party companies? Ex. Press Ganey, Qualtrics, etc.

As appropriate, the selected consultant may be provided with data extracts, data summaries, or with direct access to State data sources to complete further analysis. Please see response to question 20 above that includes a summary of work that the current consultant has completed for more information on the types of analysis conducted and sources utilized to date and response to question 19 for the data sources. Data is not consolidated in a central repository. The selected consultant will be expected to aggregate data across a variety of State and third-party sources, that may include the above referenced data / data sources, or others.

28. How is data access and sharing currently managed within the state-run health system, considering patient privacy and confidentiality?
29. How does the state-run health system collaborate with other state agencies or parties in terms of data sharing and analysis?

Data sets are housed and shared in various ways, depending on the sensitivity of the underlying data. See response to question 19 above for an overview of the various data sets that have been used to date to support the Commission's work to date. The selected consultant will be required to complete Data Use Agreements to access various State-provided datasets, and each dataset will have its own security protocols. The State and the selected consultant will work together to determine which data it makes sense for the selected consultant to access directly, and which the State will provide in summary and/or already analyzed formats.

30. We maintain our own multi-state health ecosystem data sets, assets, and analytics capabilities. Is the commission seeking health analytics assets in addition to those named in the RFP?

Over the course of this contract, the Commission will identify additional priority areas for research/analysis that may require health data and analytics in addition to those named in the RFP. Please see Amendment 2.

31. What is the current state of the state-run health system's electronic medical records (EMR) system(s)? Ex. A unified platform, multiple EMRs, any migrations currently in-progress
32. Are there any specific EMR platforms or vendors that the state-run health system is currently using or considering? (Examples: Epic, Athena, Cerner, etc.)
33. How many different systems are currently being used within the state-run health system?
34. Are there any plans or goals to consolidate or streamline the number of systems used?
35. Are there any specific integration needs or challenges related to the various systems used within the state-run health system?
36. How can we help in integrating existing systems with new technologies to improve efficiency and effectiveness?

The selected consultant will be required to utilize data sets from a variety of State sources, which may include EMRs and health information exchanges. The selected consultant may also contribute to the development of recommendations concerning ways the State can better manage healthcare data across these sources. Any specific systems work to integrate/migrate/improve the State's data sources is outside the scope of this RFP.

37. Are there any specific partnerships or collaborations with external organizations or vendors in the context of technology and data initiatives that would impact or impede the access to data?

No.

38. How does the Chamber view the role of emerging technologies (e.g., AI, machine learning) in enhancing health care support services?

The Chamber and the Commission recognize that emerging technologies will play a critical role in the future of healthcare in New York. The Commission is examining the impact of emerging technologies on the future of New York's healthcare system. The selected consultant will be expected to gather information and provide input to the Commission on these technologies to help inform recommendations from the Commission to the Governor.

39. The RFP states that: "In addition, the Firm shall have demonstrated experience – as evidenced through prior project work – working with datasets related to New York or

other comparable states' health care delivery system. This experience shall include experience accessing, cleaning, aggregating, combining, analyzing, and drawing insights from these datasets. "

- Can you please describe your current efforts bringing together datasets with tools to facilitate ongoing insight analysis efforts? Would you be open to supporting your efforts with a live BI tool that grows and builds through the contract phase?

To date, the Commission has relied on data aggregation and analysis by the current consultant to inform its work. The current consultant has engaged in quantitative and qualitative analysis to inform the below activities. The State is open to working with the selected consultant to identify the most efficient way to support ongoing efforts, including through the development of new BI tools.

By the completion of year 1, the Commission will complete the following activities:

- *Compile an overview of the landscape of capacity, utilization, providers, payers, and other contributing factors that inform New York's State's Hospitals and LTSS system.*
- *Develop a data-driven and evidence-based view of priority challenges within Hospitals and LTSS across the areas of access, outcomes, quality, equity, financial sustainability, and workforce (non-exhaustive).*
- *Analyze current and future trends that are likely to impact Hospital and LTSS*
- *Develop a view of the target future state for each of Hospitals and LTSS and assessed gaps to target future state.*
- *Develop a long list of potential solutions to address identified challenges and gaps to target future state, informed by stakeholder suggestions, research into peer state practices, learnings from prior New York State actions, and Commission discussion.*
- *Prioritize recommendations through consideration of scope and degree of impact, investment required and overall feasibility.*
- *Develop charters for each priority recommendation.*
- *Align on final list of recommendations with supporting rationale and evidence.*
- *Develop preliminary view on available data sources, key research questions, and potential challenges to be addressed across Primary Care, Behavioral Health, and Site of Care Shift.*

40. Are there opportunities for pilot projects or proofs of concept to demonstrate innovative solutions?

While a pilot project or proof of concept may be considered for implementation of a Commission recommendation, no specific project has been identified yet.

41. Can you provide examples of previous projects where customized solutions significantly improved outcomes?

The State is looking for the selected consultant to bring expertise in the best way to develop customized solutions to help the Commission deliver on its mandate, and does not have specific examples in mind.

42. What are any challenges or pain points with the present contract vendors?
43. What are the known risks associated with this project, and how does the Chamber currently mitigate these risks?

Data on the New York healthcare system currently resides in many silos, with limited connectivity and interoperability. The selected consultant will be required to assist the Commission in overcoming this fragmented environment to integrate datasets and generate analytical insights. Doing so will require project management, data cleaning and storage, and data analysis and visualization expertise. The success of the Commission (and thus the Commission's biggest risk) is contingent upon having the best available data and insights into the healthcare system. The selected consultant will be expected to identify ways that a customized approach can help overcome these hurdles.

44. What are the biggest challenges currently faced by the Chamber in health care support services, and how can a customized approach help address these challenges?

The selected consultant will be expected to help identify the biggest challenges, and potential solutions.

45. Are there any existing stakeholder engagement plans or frameworks that we should align with?

To date, the Commission has engaged ~25 advocacy organizations across LTSS and hospital associations, labor unions, health plans, business, consumer, primary care, behavioral health, and IDD/foster care to gather input on key challenges, findings, and recommendation areas. Stakeholders were engaged through periodic collective briefings on the Commission's work and smaller group discussions of specific topics such as hospital quality, workforce growth, and nursing facilities, among others. Stakeholders have also been invited to share offline input over Year 1 of the Commission, which has been reviewed by Commission members. The selected consultant will be expected to support the Chamber and the Commission in developing plans to continue to engage a broad array of stakeholders to gather input and socialize the Commission's work.

46. Are there any specific regulatory or compliance requirements that we need to be aware of?

The selected bidder must comply with the confidentiality provisions in the draft contract included in the RFP as Appendix B and all relevant information security requirements established by the NYS Office of Information Technology Services.

Specifics of what regulatory or compliance requirements will be determined during the creation and review of the SOW.

47. Can you provide more details on the specific objectives and expected outcomes of the project?
48. Are there specific long-term goals or visions that we should align with to ensure lasting impact?
49. Are there any specific milestones or deliverables that the Chamber prioritizes within the first year?

Per section 1.1 of the RFP, the objective of the Commission is “to provide ongoing strategic recommendations to transform the health care system in New York State, with a goal of ensuring that the limited resources of the State and other health care payers are optimized to enable the delivery of accessible, equitable, high-quality care for all New Yorkers, through a resilient health care ecosystem and a strong health care workforce. This will include identifying strategies to ensure the long-term resilience of New York’s health care system.” The Commission will offer formal recommendations submitted annually. The Commission’s first recommendations will be completed within the term of the current contract and will be released publicly. The Commission will focus on the full continuum of care, including physical and behavioral health, and recommendations will span policy, regulation, funding, and other strategies to drive long-term transformation within the health care system.

The selected consultant will be responsible for supporting the second year of the Commission’s work and beyond, including the delivery of the Commission’s second round of recommendations by the end of 2025. In service of this effort, the consultant will be expected to facilitate a cadence similar to the first year of the Commission, which was as follows:

- *The Commission has been meeting every month, alternating between full Commission and Subcommittee meetings for Hospitals and LTSS. As of November 15, 2024, there have been seven full Commission meetings and twelve subcommittee meetings across Hospitals and LTSS. Subcommittee meetings have been used to advance topic-specific considerations, which were then shared back and discussed at full Commission meetings.*

50. Who are the primary stakeholders that we will be working with, and what are their roles?
51. Can you please elaborate on the governance and the focus areas for the stakeholders from the State of NY Chamber, that the vendor team is expected to interact with as part of the program.

This project is overseen by the Health Operations team in the Chamber, who will serve as the day-to-day leads. The Health Operations team’s primary objective is to ensure the consultant is helping the Commission to deliver on its mandate from the Governor – to provide recommendations that help to ensure that the limited resources of the State and other healthcare payers are optimized to enable the delivery of accessible,

equitable, high-quality care for all New Yorkers, through a resilient health care ecosystem and a strong healthcare workforce. In service of this mission, the selected consultant will interact regularly, as described above, with members of the Commission.

In addition to the Health Operations team, the consultant may also be expected to prepare materials, provide updates, and to gather input from other members of the State, as needed, including Chamber leadership, the Division of the Budget, the Department of Health, and other relevant state agencies. The consultant may also facilitate conversations with external stakeholders, as referenced in question 45.

- 52. How frequently are we expected to report progress to the Chamber and other stakeholders?
- 53. What is the expected frequency and format of project status meetings and updates?
- 54. What mechanisms are in place for receiving and incorporating feedback from the Chamber and other stakeholders?

The selected consultant will be expected to meet weekly with the Executive Chamber. Commission meetings happen monthly, alternating between full Commission and subcommittee meetings. Additional meetings will be held as needed with other internal and external stakeholders. The specific frequency of project status meetings and updates will be determined in consultation with the selected consultant as the needs of each project dictate. In addition to meetings, the consultant will be expected to share updates and solicit input regularly, between meetings, via email.

- 55. How does the Chamber currently handle continuous improvement and adaptation in its health care support services?

The Chamber works closely with the Department of Health, the Division of Budget, and external stakeholders to identify areas for improvement within the health care ecosystem. This RFP is requesting services to support the Commission, which is tasked with taking a long-term view of opportunities for improvement. The Commission will deliver recommendations annually to the Governor for her consideration.

- 56. How does the Chamber ensure the sustainability of the improvements made through this project?

The selected consultant is expected to support the Commission in developing recommendations to be delivered to the Governor. The Commission, with the support of the selected consultant, are tasked with making recommendations on how to ensure the sustainability of these recommendations and improvements made to the healthcare system as a result.

- 57. How can we assist in building internal capacity within the Chamber to sustain and build upon project outcomes?

The Commission, with the support of the selected consultant, may provide recommendations on how the State can improve the governance of the healthcare system.

58. Can you provide examples of previous compliance issues and how they were addressed?

Compliance issues are not within scope of this RFP.

59. Is there any required training for staff to access in-scope systems?

Some of the data systems that the selected consultant may be expected to utilize will require training. These specific systems and trainings have not yet been identified. Any such trainings will be provided by members of the Chamber or State agencies and is limited to orienting the selected consultant to the usage of such systems, as opposed to any formal certifications.

60. Are there any metric dictionary's available that defines current quality, outcome or patient experience KPIs and measures?

Aggregating available metrics in these areas is part of the Commission's ongoing efforts. There is no comprehensive dictionary currently available.

Section 1.1 – Background and Overview

61. With the understanding that work is already underway, what has been created thus far: (a) Strategy; (b) Data Analytics; (c) Project Management/ Implementation scoping documents, major milestones, roadmaps or project schedules; (d) Was the completed work documented? Will it be available for review? (e) Are the team(s) that conducted this work available for questions and to support this effort?
62. Can you provide more details on the specific work that has already been conducted to support the Commission to date? What analyses, data sources, and deliverables have been produced so far?

The work completed to date has been in support of the development of the Commission's first set of annual recommendations. That work has involved several components. On (b) data analytics, the incumbent consultant has completed a number of analyses leveraging the data sources and specific analyses described the responses above. On (a) strategy, the incumbent consultant is working with the Commission to convert the insights from (b) into specific recommendations for the State's consideration – these recommendations will be released as part of the Commission's first report and are not yet available at this time. On (c), the incumbent consultant has been responsible for developing Commission meeting agendas and materials in close collaboration with the Commission Chair, providing project management for all Commission activities and documentation of all Commission/stakeholder meetings and data sources, and supporting the

development of the Commission Year 1 report. As needed, the deliverables from the incumbent consultant's engagement (d) will be made available to the selected consultant, but (e) it is not anticipated that the incumbent consultant will be engaged to assist in onboarding the selected consultant.

In the first year, the Commission focused on long-term supports and services and inpatient hospital services, but the Commission will be identifying new areas of focus for year 2. The selected consultant will be responsible for the Commission's second year of work, and thereafter, focusing on these new topics. The selected consultant will have flexibility to work with the Chamber to develop an appropriate approach to strategy, data analytics, and project management in light of these new topics.

Specific activities completed to date include:

- *Compiled an overview of the landscape of capacity, utilization, providers, payers, and other contributing factors that inform New York's State's Hospitals and LTSS system, in addition to other key areas of the New York healthcare system including primary, outpatient, and ambulatory care, and behavioral health*
 - *Note: topics of focus for Commission are determined annually by the Commission*
- *Developed a data-driven and evidence-based view of priority challenges within Hospitals and LTSS across the areas of access, outcomes, quality, equity, financial sustainability, and workforce (non-exhaustive)*
- *Analyzed current and future trends that are likely to impact Hospital and LTSS*
- *Developed a view of the target future state for each of Hospitals and LTSS and assessed gaps to target future state*
- *Developed a long list of potential solutions to address identified challenges and gaps to target future state, informed by stakeholder suggestions, research into peer state practices, learnings from prior New York State actions, and Commission discussion*
- *Prioritized recommendations through consideration of scope and degree of impact, investment required and overall feasibility*
- *Developed charters for each priority recommendation*
- *Aligned on final list of recommendations with supporting rationale and evidence*
- *Developed preliminary view on available data sources, key research questions, and potential challenges to be addressed across Primary Care, Behavioral Health, and Site of Care Shift.*

63. Are there specific projects already anticipated to be requested for the awarded Firm? Are there example projects from within NYS or other states that Firms should reference in developing responses that demonstrate relevant experience?

The anticipated work to be performed by the selected firm is as described in the RFP. Bidders should refer back to the RFP especially Sections 1.4 and 2.1 for guidance on the type of relevant experience that should be included in a bidder's proposal.

Section 1.2 – Services Required

64. How does the Chamber view the role of partnerships and collaborations in achieving its health care support goals?
65. What are the Chamber's expectations regarding collaboration with other agencies or organizations involved in this project?

The selected consultant will be expected to facilitate robust collaboration across State agencies and with external stakeholders. The selected consultant and the State will work together to develop specific plans, and the selected consultant will be expected to develop materials to facilitate collaboration/meetings, and to help manage engagement with these other entities.

Section 1.3 Statement of Work

66. Section 1.3 - The RFP indicates that "SOW development and execution shall be at no cost to the Chamber and shall not be listed as a deliverable of the project unless specifically requested by the Chamber. Accordingly, the time of the Contractor Manager shall not be billable to the Chamber for this work." In the event that the Chamber authorizes a SOW and subsequently requests a change to the initial SOW, will the Firm be permitted to receive compensation for reasonable costs related to SOW revision?

Per the RFP, "Any work the Firm does to develop and execute the Statement of Work shall be at no cost to the Chamber and shall not be listed as a deliverable of the project unless specifically requested by the Chamber." Similarly, any work the Firm does to develop and execute a subsequent amendment to a Statement of Work shall be at no cost to the Chamber and shall not be listed as a deliverable of the project unless specifically requested by the Chamber. Please see Amendment 2.

67. Section 1.3 - Recognizing that each discrete project requires signoff by the Executive Chamber, would the Executive Chamber consider a two-step process where the Executive Chamber reviews a Project Charter for acceptance or revision prior to the execution of a full Project Plan, which would be reviewed subsequently. Will this approach be accepted?

Any changes to the Statement of Work Development Process stated in Section 1.3 must be reviewed and approved the Chamber.

68. Can we propose a framework for regular reviews and adjustments to the project plan based on feedback and changing needs?

Although bidders may propose a framework for regular review and adjustments to the project plan, there is no requirement to include this in their Technical Proposals. The framework for review and adjustments to the project plan may be addressed in the SOW(s) as appropriate, but subject to the approval of the Chamber.

69. Please define “assignment” as used in section 1.3 on p. 5 of the RFP.

For the purpose of this RFP, assignment is a specific need or project that has been identified by the Chamber to be development into a SOW.

70. Is there any estimation of the number of statements of work (SOWs) to be issued per year? How many staff hours can be expected per year?

The Chamber does not have an estimate of the number of SOW’s or the amount of staff hours expected per year.

Section 1.4 – Mandatory Requirements

72. Does the State consider the Centers for Medicare & Medicaid Services (CMS) comparable to NYS, aside from the states listed in the RFP (California, Texas, Florida, Pennsylvania, Illinois, Ohio, Michigan, New Jersey, Virginia, Washington, Massachusetts, and Oregon)?

The Chamber will allow projects with the Center for Medicare & Medicaid Services (CMS) to fulfill the requirement of RFP Section 1.4. Please see Amendment 2.

73. Section 1.4 - Can we meet some requirements listed in Section 1.4 mandatory requirements based on a subcontractor experience?

For the purpose of this RFP, the bidder must have held a lead role in the project that fulfills the minimum qualifications requirements listed in the RFP.

74. What are the key performance indicators (KPIs) that will be used to measure the success of the project?

A successful project will result in the delivery of a robust set of Commission recommendations, informed by both data analysis and stakeholder engagement. These recommendations shall provide a roadmap to transform the health care system in New York State, with a goal of ensuring that the limited resources of the State and other health care payers are optimized to enable the delivery of accessible, equitable, high-quality care for all New Yorkers, through a resilient health care ecosystem and a strong health care workforce.

Section 2.1.B – Executive Summary

75. Does the Executive Summary need to follow a specific structure and/or include specific information? If so, please could you provide additional guidance on the structure and/or specific information that should be included.

As stated in Section 2.1.B of the RFP, the Executive Summary should highlight significant aspects of the Technical Proposal. The Executive Summary doesn't need to follow any specific structure.

Section 2.1.C – Documentation Demonstrating Satisfaction of Mandatory Qualifications

76. Section 2.1.C.3 - Can the State clarify whether “the total cost of the project” in Section 2.1, Subsection C of the RFP is referring to the bidder’s total contract value of a given project, or the total cost of the project of which the bidder’s contract value was just one aspect of the total cost of the project?

Section 2.1.C.3 is referring to the total amount paid to bidder to complete a specific project.

77. Is there a minimum or maximum number of projects the Firm should describe in order to satisfy the Minimum Firm Qualifications defined in Section 1.4 of this RFP?

There are no minimum or maximum number of projects the Firm can provide to satisfy the Minimum Firm Qualifications defined in Section 1.4 of the RFP, but responses to the Minimum Firm Qualifications are part of the Technical proposed, which is limited to no more than 30 pages.

Section 2.1.D – Firm Experience and Qualifications

78. Within Firm Experience and Qualifications (D)(2):

- (c) requires a description of the role of the Firm for each of the client projects listed. Please could you provide additional guidance on what is required here, including how “role” is defined?

For the purpose of this RFP, the Chamber defines “role” as the duties/tasks assigned to the Firm.

- requires the identification of key issues and how they were resolved. Please could you provide additional guidance on what is required here, including if “key issues” are defined in terms of project-specific complexities that emerged?

For the purpose of this RFP, the Chamber defines key issues as any issues or challenges that emerged while completing the project.

- (k) requires at least one sample deliverable from the project. Please could you provide additional guidance on what is required here, including what it should contain to satisfy requirements, and if this material can be sanitized of sensitive client information?

For the purpose of this RFP, the Chamber requests a written document submitted for a specific project that was accepted as a deliverable for the project. The Chamber will accept a redacted deliverable if confidentiality is an issue.

Section 2.1.E – Staff Experience and Qualifications

79. Within Staff Experience and Qualifications (E):

- (1)(c) refers to experience in providing the services identified in Section 1.3 of this RFP – should this instead refer to Section 1, or Section 1.2?

Section 2.1.E.1.C should reference Section 1.2 of the RFP. Please see Amendment 2.

- There is a high degree of overlap between requirements for description of (1)(a) qualifications and experience in providing health care related strategy, data analytic, project management, implementation support or similar services, and (1)(c) experience in providing the services identified in Section 1.3. Can a Firm's response combine the answers to these two questions?

Yes, firms can combine their response to two questions.

- (3) refers to the requisite expertise and experience to provide the services outlined in **Section 1.3** of this RFP – should this instead refer to Section 1, or Section 1.2?

Section 2.1.E.3 should reference Section 1.2 of the RFP. Please see Amendment 2.

80. For staff resumes, are we required to provide key personnel resumes who will manage the project or resumes of the actual resources who will work on the project?

Per Section 2.1.E of the RFP, the Technical Proposal should “include resumes for all members of the team, including subcontractor personnel, who are likely to work on the project.”

81. We have a deep pool of talented professionals across various locations. If we propose a team that includes resources from outside of NY, how would you view their level of on-site presence? Would occasional travel be sufficient, or are there specific requirements for regular in-person collaboration?

The need for in-person engagement will be determined at the SOW level in consultation with the selected firm, but the majority of meetings will be conducted virtually.

82. Are there opportunities for us to bring in additional expertise or resources through our network to enhance project outcomes?

Per Section 2.1.E of the RFP, “Firm should be aware that replacement staff are subject to the approval of the Chamber during the contract term.”

83. Section 2.1.E.1.C - Should experience in providing services be related to Section 1.3 or 1.2?

Section 2.1.E.C should state “experience in providing the services identified in Section 1.2.” Please see Amendment 2.

Section 2.1.F – Reference Letters

84. Are we required to submit reference letters with our bid response or they are to be sent directly to you?

Reference letters should be included in the Technical Proposal.

85. Do references need to be current clients or may they include former clients?

Firms may include reference letters from current and/or former clients.

86. Our firm has substantial experience delivering the services outlined in Section 1.2 of this RFP to states within the comparable list. However, due to policy constraints, one of these states is unable to provide a specific reference letter as required by the RFP. This state is willing to accept calls and assist NYS in understanding our performance. Would this be acceptable as a reference?

The Chamber will only accept letters of references in written form. A phone reference will not be accepted in lieu of a reference letter.

87. Section 1.4 - The RFP states that for purposes of this RFP, the “Chamber considers states comparable to NYS to include California, Texas, Florida, Pennsylvania, Illinois, Ohio, Michigan, New Jersey, Virginia, Washington, Massachusetts, and Oregon.” Do the required Letters of Reference have to be from these states? Can project quals be mentioned outside of Letters of References?

The reference letters do not have to be from the states noted in Section 1.4, Mandatory Requirements.

88. Within Reference Letters (F), Firms are asked to supply the Chamber with letters of reference for at least two (2) of the Firm’s engagements described above. Could you please clarify specifically which engagements would qualify as being “described above”, i.e., would these engagements need to specifically be included as the similar engagements required under (D)(2), or could they be described elsewhere, in other sections?

Firms should provide reference letters for engagements comparable to those services detailed in Section 1.2.

Section 3 – Evaluation Process

89. Within 3.3. Evaluation and Scoring – Technical Evaluation, it states “Evaluation Panel members will score Technical Proposals to identify Firms with the highest probability of satisfactorily providing the services described in Section 1.3 of this RFP.” Instead of Section 1.3, should this refer to Section 1, or Section 1.2?
90. Section 3.3 describes evaluation of technical proposals to meet the standards set forth in Section 1.3; however, this section describes the SOW process. Should this refer to section “1.2 Services Required”?

Section 3.3 - Technical Evaluation (76 points) should reference Section 1.2 of the RFP. Please see Amendment 2.

Section 9 – Minority- and Women-Owned Business

Section 10 – Service-Disabled Veteran-Owned Business Enterprises

91. Can you please clarify what are the MWBE and SDVOB goals set for this contract?
92. What MWBE and SDVOB goals are vendors required to meet in order to submit a response?
93. Is there an overall MWBE and/or SDVOB goal, or only goals to be established for each Statement of Work?
94. How will the Executive Chamber determine the SDVOB and/or MWBE contractor targets for each SOW?

There are no MWBE or SDVOB goals. Please see Amendment 2.

Appendix B – Sample Contract

95. Are there any specific billing or invoicing requirements that we need to follow?

Per page 35, Appendix B - Sample Contract of the RFP “Fees shall become payable by the STATE upon receipt of an invoice in accordance with this section. Properly invoiced fees not paid within 30 days of receipt of the invoice and services will be paid with interest in accordance with Article 11-A of New York State Finance Law. Any and all such invoices shall contain a detailed itemization of requested compensation which shall, at the minimum include:

- 1. The number assigned to this AGREEMENT (____), the CONTRACTOR’s New York State Vendor Identification Number, an invoice number, and invoice date;*
- 2. Name(s) and title(s) (as identified in this section) of the CONTRACTOR staff providing services;*
- 3. Name(s) of CHAMBER employees, or designee(s), requesting the services and directly involved;*
- 4. Specific identification of the services provided;*
- 5. Amounts to be compensated as defined in the SOW; and*

6. *Dates upon which the services were performed.*

All invoices should be submitted electronically to the CHAMBER at contracts@budget.ny.gov.”

96. What are the payment terms and conditions for this contract?

Payment terms and conditions are addressed in the sample contract (RFP Appendix B) Section III-Compensation. Also, per section 2.2 of the RFP, “The compensation structure for services under any resultant contract will be defined and described in a mutually agreed-upon SOW according to the needs of the individual assignment.”

Appendix C – Proposal Checklist

97. Within Appendix C: Proposal Checklist, point 3 under Technical Proposal states: “Excluding table of contents, staff resumes, and letters of reference, is the Technical Proposal 30 pages or fewer?” Are the sample deliverables also excluded from the 30-page limit, as stated on page 7?

Yes, the sample deliverables are excluded from the 30-page limit. Please see Amendment 2.

Form 1 – Cost Proposal

98. Within Description of Titles

- Qualifications of Subject Matter Expert states “The Subject Matter Expert must have at least five years of experience in providing services similar to those in Section 1.3 of the RFP in the health care sector”. Instead of Section 1.3, should this refer to Section 1, or Section 1.2?
- Qualifications of Senior Management/Research Analyst states “These issues include, but are not limited to those outlined in Section 1.3 of the RFP”. Instead of Section 1.3, should this refer to Section 1, or Section 1.2?

Yes, both sections should reference Section 1.2. Please see Amendment 2.

99. Regarding the SME resources -

- While the RFP outlines several areas for potential work, is there a prioritized topics the Commission is most interested in at this stage? Knowing this will help us bring tailored profiles for 'Subject Matter Experts' that best fit your need.

The Commission does not yet have prioritized topics for the next phase of work. The Commission will be selecting topics of focus annually. Areas of focus for the first year of work were hospitals and long-term supports and services.

- Would you be open to rotating the SMEs through the contract period based on the topics you are tackling instead of a fixed resource?

As stated in Section 1.3, upon notification of a project, “the Firm will create a Project Charter and proposed Project Plan... the Project Plan must include all relevant project processes necessary from initiation of the project, to project closeout, including the staffing plan with resumes for all identified staff. The staff proposed for each project should be appropriate for that specific scope of work. Also as stated in Section 2.1.E “Firm should be aware that replacement staff are subject to the approval of the Chamber during the contract term.”

Appendix B – Sample Contract

100. Are prospective Firm’s permitted to include additional Title/Role types in the compensation response table?

No. As stated in Form 1, “Firms are required to use the titles provided, even if these titles are not consistent with the Firm’s existing titles.”