



May 19, 2017

The following (Q&A and IFB revisions) will serve as Amendment #3 to NYSIF's Invitation for Bids (IFB) for Electronic Billing Services, bid number 2017-34-CL. Material in this Amendment supersedes any contradictory material in the IFB.

- Section III.1.8. – High Level E-Billing System Workflow Diagram has been revised
- Exhibit T – Technical Requirements (Vendor Project Plan – page 11) has been revised.

All bids are due 6/1/17, by 2:00 p.m. (eastern)

Sincerely,

A handwritten signature in black ink that reads "Alexandria Romano". The script is cursive and fluid.

Alexandria Romano
Contract Management Specialist

Electronic Billing Services

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Amendment 3

#	Question	NYSIF Response
1	Would you consider opening up the socioeconomic set-aside categories for the subject solicitation to include SDVOSB please?	There will be no changes to this procurement regarding SDVOB vendors at this time. All firms, including Service-Disabled Veteran-Owned Business Enterprises, who can meet the requirements outlined in this IFB are encouraged to bid.
2	Who is the NYSIF fund billing?	NYSIF is not billing, we are soliciting bids from vendors to provide electronic bill intake from medical providers to NYSIF.
3	What type of claims are you billing (professional, facility?)	NYSIF is not billing, we are soliciting bids from vendors to provide electronic bill intake from medical providers to NYSIF.
4	Do you have any data such as monthly claims volumes so that we can understand the scope?	NYSIF processes over 250,000 bills per month, this includes paper bills.
5	We do have one concern though since there is a substantial amount of work involved in the bidding process. On page 11 which is Exhibit T Technical Requirements (Vendor Project Plan) where the flow chart shows the Medical Billing and Attachment Submission Process (Process 5-9), the final box on the bottom right of the flow chart says: 8f Attachment is rejected to P2P Link. P2P Link is a large firm that does medical billing ...do they already have the contract?	The VISIO is incorrect. The statement should read: "Attachment is rejected to vendor." A revised copy is included in this Amendment.
6	3.1.3. (page 12) The Bidder must confirm knowledge in the following areas: Medical billing processing knowledge. What supportings are applicable and accepted?	Written confirmation that the bidder has knowledge in the areas listed.
7	3.1.3. (page 12) Development and implementation of a Medical Provider/Vendor database, particularly functionality to manage the creation and maintenance of medical provider information; What is the structure / current plan for the development of medical provider/ vendor database to manage creation of provider information?	This is a database that the vendor will create with information about its clients for which the vendor will be submitting medical bills to NYSIF.
8	3.1.8. (page 15) High Level E-Billing System Workflow Diagram This seems to have empty boxes in the IFB document. Would it be able to get this workflow with required text in the workflow diagram?	A revised High Level E-Billing System Workflow Diagram has been included in this Amendment.
9	3.1.8.2. (page 16) This ASCII text file will be encrypted and transmitted using a secure transmission protocol. Is there any preferred transmission protocol?	NYSIF's current data communication is 256 bit SSH encryption for all data in transit. For certain data, PGP encryption is applied to data at rest. Necessary information re data transfer connections and scheduling, private/public keys (if applicable), etc. would be shared with the successful bidder at the appropriate time.
10	3.1.8.4. (page 17) Confirm that the medical provider will be notified within 24 hours in the event of rejection; Which are the different methods of notifications to be looked upon?	How the vendor chooses to communicate with clients, is the decision of the vendor.
11	3.1.8.4. (page 17) Confirm that NYSIF will be notified in the event of a system and/or transmission failure within one hour of discovery. Which are the different methods of notifications to be looked upon?	NYSIF prefers email to designated technical and business staff.
12	3.2.1.2. (page 18) The Bidder's plan must include the following: • Description of the project management methodology and approach Any restrictions on the methodology to be used or is it upon discretion of vendor?	Discretion of vendor, following the requirements outlined in III.2.1.2

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13	3.2.1.7. (page 20) Recreation of files in case of technical failure(required within twenty-four hours.) Are we going to make new files or retrieve older versions, if applicable?	Requirement is for bidder to identify the proposed method for recreation of files in event of technical failure. Depending upon the type of failure, a new file may need to be created or an old file retrieved and updated.
14	3.2.2.9.3. (page 22) Conduct “walk-through” meeting for team members Would this be required to be done onsite or can be done through remote sessions?	This can be done remotely.
15	3.2.3.7. (page 24) Throughout the life of this contract, the vendor will proactively monitor the system Is there any preferred monitoring approaches?	There is no preferred method.
16	Exhibit T (Purpose) If a provider is not in the NYSIF Provider System, or if the information is incorrect, a medical bill will be rejected Does the provider needs to resend bill after it has been successfully registered?As provider is automatically added if he is not in system, provided they fulfill the eligibility criteria	The bill must be resubmitted to NYSIF by the vendor. NYSIF exerts no control between the vendor and its clients.
17	Exhibit T - Encrypt the Excel spreadsheet using a mutually agreed upon encryption methodology. Which Encryption methods are to be preferred?	NYSIF's current data communication is 256 bit SSH encryption for all data in transit. For certain data, PGP encryption is applied to data at rest. Necessary information re data transfer connections and scheduling, private/public keys (if applicable), etc. would be shared with the successful bidder at the appropriate time.
18	Exhibit T - Vendor will verify that the information received for the provider is accurate and complete Accuracy and completeness from point of view of data collection only or physical verifications of information is also to be done?	Vendors should properly validate the information from the provider to ensure that the information is accurate and complete.
19	Exhibit T - NYSIF will create a “dummy” SSN within the NYSIF Provider System, so that payment can be made. What will be the format of dummy SSN to be generated?	###-##-####
20	Exhibit T (4d) Claims accept/reject report moved to a directory and NYSIF Claims Administration notified via e-mail. For how long the data has to be stored in directory?	At a minimum, the vendor would need to maintain the following information on the vendor’s own servers: 1. A current, accurate store of NYSIF loss information (updated daily through communications with NYSIF; see technical specifications). 2. A current, accurate store of NYSIF-approved medical provider information. 3. Information on bills submitted to NYSIF, at least until such time as bills are approved. This bill information is necessary to correct and re-submit rejected bills.
21	Exhibit T - Confirm that bill image data matches the billing data file Is the expectation here to achieve this through pure image processing or manual intervention is expected?	The methodology used to achieve this accuracy is up to the vendor.
22	Exhibit T - Notify NYSIF if vendor does not receive accept/reject file within 3 business days of submission to NYSIF Does that specific file needs to resend after 3 business days or just a notification needs to be send with information about the concerned file	Vendor should notify NYSIF that the accept/reject file was not received by the vendor. If necessary, vendor will be required to resend the concerned file.
23	Exhibit T - ICD9 and ICD10 codes cannot appear on the same bill In such scenario, does the bill get rejected?	Yes

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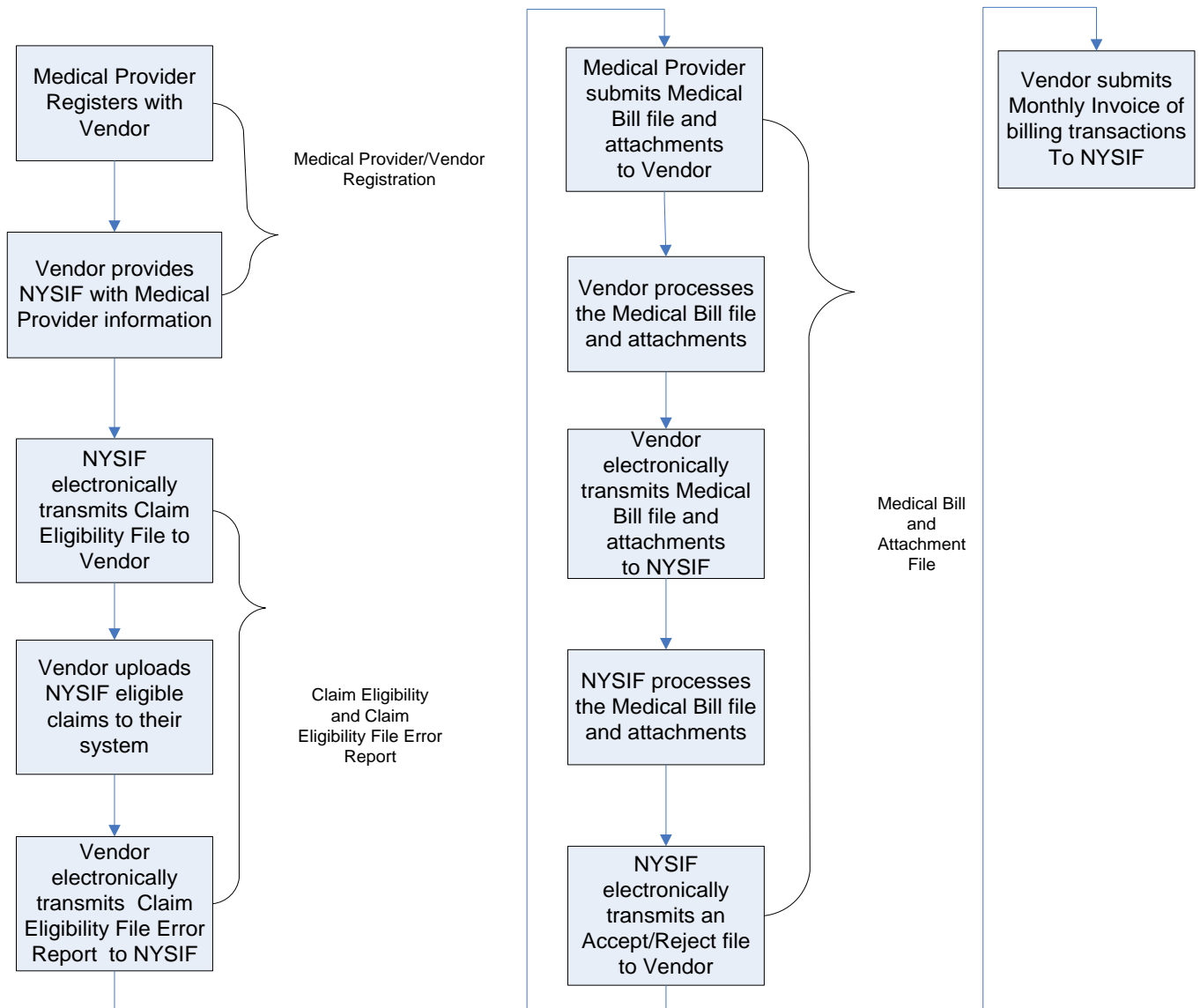
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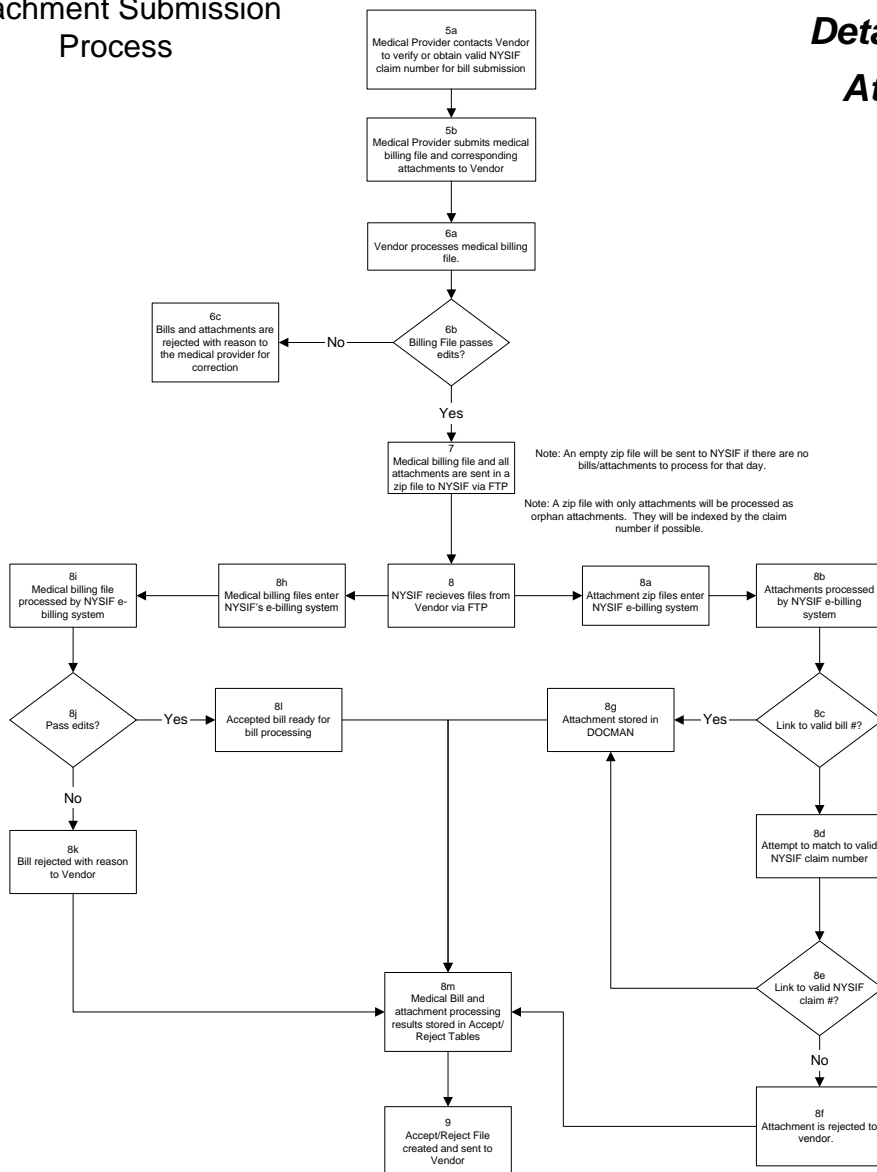
#	Question	NYSIF Response
24	Exhibit T - If more than one cc# satisfies this condition, then vendor will take the lower claim number. Should the higher claim number be deleted or merged with the lower one?	No
25	Appendix Z - Fee Schedule referred to here is only on Price Per Accepted Bill Transaction. Would there be any minimum volument commitment?	No
26	Appendix Z & Section 4.2. For clarification, is there a provision to quote separately for the development/implementation of the technical system or such costs needs to be included in the billing transaction costs? Also, would all future enhancement be considered as additional scope?	<p>There is not a provision to quote separately for the development/implementation of the technical system. Per Appendix Z, "Please provide pricing for your highest level of service. Prices shall include all direct and indirect costs, including, but not limited to, direct labor costs, overhead, fee or profit, clerical support, equipment, materials, supplies, managerial (administrative) support, all documents, reports, forms, reproduction and any other costs needed to provide services as described in the IFB. No fees will be chargeable to medical providers."</p> <p>Per Section 1.2: "NYSIF reserves the right to choose one or more vendors to provide E-Billing services. The vendor(s) will be expected to provide the following throughout the established contract period:</p> <ul style="list-style-type: none"> • Delivery of quality medical billing data in electronic format, consistent with specification and within defined timeframes. • Accommodation to changes in statutory requirements, changes in business needs, and ongoing enhancements and upgrades to the E-Billing system."
27	General - To reconfirm, the general scope of this IFB is to first implement the technical solution and then support the day to day business operations (in addition to system of maintenance of the technical solution) around the technical solution provided?	Yes
28	General - How are the providers currently integrating with NYSIF's billing system? · Are there existing APIs/ UIs in use by the Providers to provide the Claims and Billing Information	Current integration is not material to the IFB. Please refer to the integration requirements listed in the IFB.
29	General - What is the indicative project timeline? Is there a guiding timeline to implement the software interfaces and start of the actual transactions?	Per section III.2.2.9. "Upon commencement of the project, NYSIF and the Bidder will develop and agree upon the policies for deliverable review, including timeframes and responsibilities. NYSIF may approve, reject or request revisions to any deliverable." There is not a guiding timeline to implement the software interfaces.
30	General - IS there any mandatory onsite presence needed? Is there a guideline on what parts of the work would be expected to be done onsite?	No
31	General - In case multiple vendors are selected to deliver on the entire scope of work, how would the medical providers be distributed between these vendors?	All awarded bidders work with the medical bill providers to integrate with their systems. It is expected that the vendors will market their service to prospective medical providers. NYSIF shall display all awarded bidders contact information on the NYSIF website with approval from the awarded vendors.
32	General - Is there a flexibility to offshore parts of the work involved in overall delivery of the scope of the work?	Per section III.2.1.2., Bidders should provide the following, "Descriptions of the approach describing how the Bidder will manage subcontractors effectively should the Bidder choose to engage subcontractors." In addition, please see Section IV.4. regarding the requirements to subcontract work.
33	General - What is the future product roadmap envisaged by NYSIF? · Open APIs to prominent HIS/ EMR solutions? · Patient App to generate/ manage basic information? · Is there a mobility component for the provider? · Is there an MIS/ analytics/ Data mining as per the Claim Codes/ Billing Codes etc.?	Not relevant to this procurement.

III. 1.8 Functional Requirements – eBilling Workflow

High Level E-Billing System Workflow Diagram



Medical Billing and Attachment Submission Process



Detailed Medical Billing and Attachment Submission Process (Process 5-9)