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August 12, 2026

The following (Q&A) will serve as Amendment #1 to NYSIF's Request for Proposals (RFP) for Medicare Set Aside Services (MSA), bid number 2026-01-INS. Material in this Amendment supersedes any contradictory material in the RFP.

The 2026-01-INS Medicare Set Aside (MSA) Services RFP document has been updated, to re-order the appendices, as part of Amendment #1.

Please note that the due date for the submission of bids **remains the same**.

All bids are due August 26, 2026, by 2:00 p.m.(eastern).

Sincerely,

Alicia Jemmott

Alicia Dott Jemmott
Contract Management Specialist

Medicare Set Aside Services RFP 2026-01-INS Amendment 1				
Question	**RFP Page #**	**RFP Section and Sub-Section Reference # /Heading**	**Question**	**NYSIF Response**
1	125	Appendix V	The document is missing Page 2. Can a full copy of the document be provided?	Appendix X was accidentally added in between page 1 and 2 of Appendix V. A revised RFP has been posted with the appendices in the correct order.
2	15	Section 2: Technical Specification #2.2 Technical Requirements	#14 - CMS also uses the term "amended review" which is essentially a second submission of a MSA to CMS for approval when the following conditions are met: 1. Medicals remain open; and 2. The amended MSA amount is different by 10% or $10,000 compared to the original approved MSA amount. In the RFP requests, NYSIF considers amended review to be requests for revisions made within 12 months from the date the original MSA review was submitted to NYSIF. Is this considered an update? We are to give 2 examples of amended reviews done in the past along with original calculations. This underlined request seems to be related to the CMS Amended review definition. Can we get clarification?	NYSIF is looking for examples of an amended review that was completed within 12 months of the original calculation. It does not have to follow CMS condition of being different by 10% or $10,000.
3	14	Section 2 Technical Specifications - Section 2.1 Mandatory Requirements	Section 2.1, Question 1 requests evidence that at least 15% of the bidder's book of business is workers' compensation related and that evidence must be included. What type of evidence would be acceptable to demonstrate that 15% of the bidder's book of business is WC related? Would an attestation be sufficient?	An attestation would be sufficient.
4	14	2.2 TECHNICAL REQUIREMENTS	Would NYSIF like a list of customers who have agreed to be contacted as references and answer questions as part of this RFP process, and if so, how many references would you like bidders to include?	References are not needed.
5	14	2.3 SERVICES TO BE PROVIDED	Is NYSIF interested in receiving information on conditional payment and lien resolution services as part of this RFP? If so, should bidders include information on both traditional Medicare and Medicare Advantage plans?	NYSIF does not want information on conditional payment and lien resolution services.
6	13	1.11 - Use of Generative Artificial Intelligence (GenAI) by Bidders/Contractors	Section 1.11 requires bidders to disclose within their proposal any direct or indirect use of GenAI technology and to obtain NYSIF's prior written approval before use. If a bidder discloses intended GenAI use in its proposal, please describe the process and anticipated timeline for obtaining NYSIF's written approval, and confirm whether a disclosed intent to use GenAI will affect the technical evaluation or scoring of the proposal.	Bidders must disclose all requested information in Section 1.11. Any disclosures will be reviewed upon award during negotiations. Any information provided in your proposal is subject to evaluation.
7	14	2.1 - Mandatory Requirements, Item 1 / Attachment 1, Item 1	What forms of evidence are acceptable to demonstrate that at least 15% of the bidder's book of business is workers' compensation related? For example, would an officer-certified breakdown of referral volume or revenue by line of business satisfy this requirement?	An attestation would be sufficient. Either referral volume or revenue by line of business are acceptable.
8	15	2.2 - Technical Requirements, Item 13	For bidders already registered with the Workers' Compensation Board, please describe how NYSIF will authorize eCase access on a case-by-case basis and the expected turnaround time between referral and access being granted, so bidders can accurately state cycle time commitments.	WCB access is generally granted no later than 1-2 business days upon the initial referral to the vendor.

9	8	Section 1.4 – Purpose of this RFP	Is NYSIF able to provide historical program data such as annual referral volumes by MSA category over the past 1–3 years, current or prior average MSA cycle times, CMS approval/variance rates, and amended-review frequency to assist bidders in preparing accurate pricing and staffing proposals?	This data is not available to bidders
10	8-9	Section 1.7 – Method of Award / Distribution of Work	Please describe the performance metrics or scorecard, if any, that NYSIF will use to evaluate contractor performance.	Feedback from claims adjusters would be the primary way to see how well vendor performs. Vendor may also be asked to provide quarterly data, listing the referrals they received and when completed.
11	15	Section 2.2, Item 6 – Technical Requirements	Will the 15-business-day standard turnaround referenced in Section 2.2, Item 6 become a contractual service-level requirement subject to penalties or corrective action, and if so, what are the applicable metrics and remedies?	Yes, the 15-business day standard turnaround will be a contractual service-level requirement. Failure to be in compliance with the contract may lead to decreased referrals or termination of contract.
12	15	Section 2.2, Item 9 – Technical Requirements	What variance threshold does NYSIF consider a "significantly higher" CMS approval amount relative to the bidder's original MSA estimate?	This will be evaluated on a case by case basis.
13	14-15	Section 2.2, Item 10 – Technical Requirements	Is the vendor expected to contact claimants and/or their attorneys of record directly to secure releases, medical records, and pharmacy records, or must such communication be coordinated through or copied to NYSIF?	Vendor is expected to contact claimant/attorney directly if additional records, information, and releases are needed. NYSIF does not have to be copied. Vendor should provide regular updates to claims adjuster, especially if delays are expected due to clt/atty failure to timely respond.
14	16	Section 2.3 – Services to be Provided (Zero MSA/Limited MSA)	Are the two conditions described for Zero MSA/Limited MSA classification independent, alternative qualifying criteria, or must both be satisfied together?	MSA's falling in this category would be either 1) Zero MSA allocation or, 2) Limited MSA. There were two or less causally related medical treatments in the last 12 months and a zero allocation towards prescriptions.
15	1 (within Appendix Z)	Appendix Z – Fee Schedule Proposal	Do the estimated annual referral volumes in Appendix Z (170 Standard / 20 Zero-Limited / 10 Catastrophic; 200 total) represent NYSIF's total anticipated program volume across all awarded vendors, or the anticipated volume per individual awardee?	Total anticipated volume across all awarded vendors.
16	14	Section 2- Technical Specifications, 2.1-Mandatory Requirements	Provide evidence that at least 15% of the bidder’s book of business is workers’ compensation related. Evidence must be included with your proposal. Can you clarify what constitutes evidence since we cannot provide PHI or other client's data.	An attestation would be sufficient.
17	123	Appendix T - Penetration Tests Question 20	[Vendor Name Redacted] does not have a penetration test due to our Microsoft 365 Business Premium cloud environment, would your oganization be willing to accept other existing security controls with supporting documentation?	No, an annual penetration test is a requirement for doing business with NYSIF. Upon award firms will be required to provide Penetration Test documentation of test performed within the last 12-months. A penetration test can still be conducted in a cloud environment.

18	Page 15 of 31	Section 2.2, #14, Decribe the bidder's process for amended reviews.	**[Vendor Name Redacted] respectfully requests clarification regarding the term "amended review" as used in this question. Specifically, is NYSIF seeking examples of:** 1. MSAs that were previously submitted to and approved by CMS, and subsequently revised through CMS's formal Amended Review process to obtain an updated CMS determination and approval amount; **or** 2. MSAs that were revised at the request of NYSIF within 12 months of the original allocation, prior to any CMS submission, resulting in an updated allocation prepared by the vendor. Clarification on which scenario is intended will help ensure [Vendor Name Redacted] provides the most relevant examples and supporting documentation in its response.	NYSIF considers amended reviews to be requests for revisions made within 12 months from the date the original MSA allocation was submitted to the carrier for review, regardless of if it was sent to CMS or not.