



July 14, 2016

This letter and the following (Appendix T and U and Q&A) will serve as Amendment #1 to NYSIF's Request for Proposals (RFP) for Specialized Workers' Compensation Claims Services, bid number 2016-02-CL. Material in this Amendment supersedes any contradictory material in the RFP.

1. Table of Contents, Appendices is hereby amended as follows:

*Add Appendix T – Vendor Security Survey and Appendix U - Vendor Profile*

2. Section 3 – “Method of Evaluation & Criteria” is hereby amended as follows:

*Add item D. Vendor Security Survey (Appendix T)*

*NYSIF will review and evaluate the bidder's response to Appendix T, NYSIF Vendor Security Survey on a pass/fail basis. The minimum required implementation levels are defined in Appendix T, NYSIF Vendor Security Survey. Bidders who do not meet the minimum required implementation levels will be disqualified.*

- a. Pass: Meets or exceeds minimum implementation levels*
- b. Fail: Does not meet minimum implementation levels*

*NYSIF reserves the right to seek non-material adjustments to the bidder's IT Data Security procedures if determined to be in NYSIF's best interest.*

3. Section 4 – “Technical Requirements”, A. – “Mandatory Requirements” is hereby amended as follows:

*Add item 22. Vendor must complete the attached Appendix T, Vendor Security Survey.*

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

**All bids are due 7/28/16, by 2:00 p.m.(eastern).**

Sincerely,

Cynthia McGrath  
Contract Management Specialist

## APPENDIX T

### NYSIF VENDOR SECURITY SURVEY

#### REQUIREMENTS

The vendor security survey (Appendix T) is to be submitted as part of the bid or proposal package. Bidders are required to answer all of the questions in order to be considered for an award of a contract with the New York State Insurance Fund (NYSIF).

The completed Vendor Security Survey will be reviewed and evaluated by NYSIF personnel on a pass/fail basis. The minimum required implementation levels are included in the survey and defined below. Bidders who do not meet the minimum required implementation levels will be disqualified.

#### INSTRUCTIONS FOR COMPLETION

Within the “**RESPONSE**” column all questions must be answered by selecting the appropriate answer from the drop down list and defined as follows:

1. **Fully** (Implemented) = The control is in place, functioning effectively, and is optimized.
2. **Partially** (Implemented) = The control is in place, effectiveness may not be rated, and the control is not optimized.
3. **Non-Existent** = The control is not in place.

Within the “**EXPLANATION OF CONTROLS**” column, comments must be provided to support a bidder's selected “**RESPONSE**”. Comments must clarify the controls implemented, describe mitigating factors, such as alternative controls or exposure limits, and specify the date when the control will be operational.

Within the “**SUBSTANTIATING DOCUMENT(S)**” column, supporting documentation is optional. Documentation should support a bidder's response, such as written policy, audits, screenshots, etc.

**All questions related to this Vendor Security Survey must be submitted in writing to [contracts@nysif.com](mailto:contracts@nysif.com) by the date and time indicated in the solicitation calendar, citing the particular question and bid number.**

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**APPENDIX T  
VENDOR SECURITY SURVEY**

| VENDOR COMPANY INFORMATION |  | VENDOR RESOURCE COMPLETING QUESTIONNAIRE |  |
|----------------------------|--|--|--|
| NAME                       |  | ASSIGNEE NAME                            |  |
| WEBSITE                    |  | ROLE OR TITLE                            |  |
| ADDRESS                    |  | PHONE + EXT                              |  |
| CITY/STATE/ZIP             |  | EMAIL ADDRESS                            |  |

| 1   | INVENTORY OF AUTHORIZED AND UNAUTHORIZED DEVICES  | RESPONSE                           | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|---|---|------------------------------------|-------------------------|----------------------------|
|   | Actively manage (inventory, track, and correct) all hardware devices on the network so that only authorized devices are given access, and unauthorized and unmanaged devices are found and prevented from gaining access.   | PLEASE RESPOND<br>(Using Dropdown) |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |   |                                    |                         |                            |
| 2   | INVENTORY OF AUTHORIZED AND UNAUTHORIZED SOFTWARE   | RESPONSE                           | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|   | Actively manage (inventory, track, and correct) all software on the network so that only authorized software is installed and can execute, and that unauthorized and unmanaged software is found and prevented from installation or execution.  | PLEASE RESPOND<br>(Using Dropdown) |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |   |                                    |                         |                            |
| 3   | SECURE CONFIGURATIONS FOR HARDWARE AND SOFTWARE   | RESPONSE                           | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|   | Establish, implement, and actively manage (track, report on, correct) the security configuration of laptops, servers, and workstations using a rigorous configuration management and change control process in order to prevent attackers from exploiting vulnerable services and settings. | PLEASE RESPOND<br>(Using Dropdown) |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |   |                                    |                         |                            |
| 4   | CONTINUOUS VULNERABILITY ASSESSMENT AND REMEDIATION   | RESPONSE                           | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|   | Continuously acquire, assess, and take action on new information in order to identify vulnerabilities, remediate, and minimize the window of opportunity for attackers.   | PLEASE RESPOND<br>(Using Dropdown) |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |   |                                    |                         |                            |
| 5   | CONTROLLED USE OF ADMINISTRATIVE PRIVILEGES   | RESPONSE                           | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|   | The processes and tools used to track/control/prevent/correct the use, assignment, and configuration of administrative privileges on computers, networks, and applications.   | PLEASE RESPOND<br>(Using Dropdown) |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |   |                                    |                         |                            |

| 6   | MAINTENANCE, MONITORING, AND ANALYSIS OF AUDIT LOGS   | RESPONSE                           | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|---|---|------------------------------------|-------------------------|----------------------------|
|   | Collect, manage, and analyze audit logs of events that could help detect, understand, or recover from an attack.  | PLEASE RESPOND<br>(Using Dropdown) |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |   |                                    |                         |                            |
| 7   | EMAIL AND WEB BROWSER PROTECTIONS   | RESPONSE                           | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|   | Minimize the attack surface and the opportunities for attackers to manipulate human behavior through their interaction with web browsers and email systems.   | PLEASE RESPOND<br>(Using Dropdown) |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |   |                                    |                         |                            |
| 8   | MALWARE DEFENSES  | RESPONSE                           | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|   | Control the installation, spread, and execution of malicious code at multiple points in the enterprise, while optimizing the use of automation to enable rapid updating of defense, data gathering, and corrective action.  | PLEASE RESPOND<br>(Using Dropdown) |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |   |                                    |                         |                            |
| 9   | LIMITATION AND CONTROL OF NETWORK PORTS   | RESPONSE                           | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|   | Manage (track/control/correct) the ongoing operational use of ports, protocols, and services on networked devices in order to minimize windows of vulnerability available to attackers.   | PLEASE RESPOND<br>(Using Dropdown) |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |   |                                    |                         |                            |
| 10  | DATA RECOVERY CAPABILITY  | RESPONSE                           | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|   | The processes and tools used to properly back up critical information with a proven methodology for timely recovery of it.  | PLEASE RESPOND<br>(Using Dropdown) |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |   |                                    |                         |                            |
| 11  | SECURE CONFIGURATIONS FOR NETWORK DEVICES   | RESPONSE                           | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|   | Establish, implement, and actively manage (track, report on, correct) the security configuration of network infrastructure devices using a rigorous configuration management and change control process in order to prevent attackers from exploiting vulnerable services and settings. | PLEASE RESPOND<br>(Using Dropdown) |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |   |                                    |                         |                            |

| 12  | BOUNDARY DEFENSE   | RESPONSE                           | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|---|--|------------------------------------|-------------------------|----------------------------|
|   | Detect/prevent/correct the flow of information transferring networks of different trust levels with a focus on security-damaging data.   | PLEASE RESPOND<br>(Using Dropdown) |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |  |                                    |                         |                            |
| 13  | DATA PROTECTION  | RESPONSE                           | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|   | The processes and tools used to prevent data exfiltration, mitigate the effects of exfiltrated data, and ensure the privacy and integrity of sensitive information.  | PLEASE RESPOND<br>(Using Dropdown) |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |  |                                    |                         |                            |
| 14  | CONTROLLED ACCESS BASED ON THE NEED TO KNOW  | RESPONSE                           | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|   | The processes and tools used to track/control/prevent/correct secure access to critical assets (e.g., information, resources, systems) according to the formal determination of which persons, computers, and applications have a need and right to access these critical assets based on an approved classification.  | PLEASE RESPOND<br>(Using Dropdown) |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |  |                                    |                         |                            |
| 15  | WIRELESS ACCESS CONTROL  | RESPONSE                           | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|   | The processes and tools used to track/control/prevent/correct the security use of wireless local area networks (LANS), access points, and wireless client systems.   | PLEASE RESPOND<br>(Using Dropdown) |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |  |                                    |                         |                            |
| 16  | ACCOUNT MONITORING AND CONTROL   | RESPONSE                           | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|   | Actively manage the life cycle of system and application accounts -their creation, use, dormancy, deletion - in order to minimize opportunities for attackers to leverage them.  | PLEASE RESPOND<br>(Using Dropdown) |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |  |                                    |                         |                            |
| 17  | SECURITY SKILLS ASSESSMENT AND TRAINING  | RESPONSE                           | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|   | For all functional roles in the organization (prioritizing those mission-critical to the business and its security), identify the specific knowledge, skills, and abilities needed to support defense of the enterprise; develop and execute an integrated plan to assess, identify gaps, and remediate through policy, organizational planning, training, and awareness programs. | PLEASE RESPOND<br>(Using Dropdown) |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |  |                                    |                         |                            |

| 18  | APPLICATION SOFTWARE SECURITY  | RESPONSE                                   | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|---|--|--|-------------------------|----------------------------|
|   | <p>Manage the security life cycle of all in-house developed and acquired software in order to prevent, detect, and correct security weaknesses.</p>  | <p>PLEASE RESPOND<br/>(Using Dropdown)</p> |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |  |  |                         |                            |
| 19  | INCIDENT RESPONSE AND MANAGEMENT   | RESPONSE                                   | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|   | <p>Protect the organization's information, as well as its reputation, by developing and implementing an incident response infrastructure (e.g., plans, defined roles, training, communications, management oversight) for quickly discovering an attack and then effectively containing the damage, eradicating the attacker's presence, and restoring the integrity of the network and systems.</p> | <p>PLEASE RESPOND<br/>(Using Dropdown)</p> |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |  |  |                         |                            |
| 20  | PENETRATION TESTS  | RESPONSE                                   | EXPLANATION OF CONTROLS | SUBSTANTIATING DOCUMENT(S) |
|   | <p>Test the overall strength of an organization's defenses (the technology, the processes, and the people) by simulating the objectives and actions of an attacker.</p>  | <p>PLEASE RESPOND<br/>(Using Dropdown)</p> |                         |                            |
| MINIMUM REQUIRED LEVEL = <b>PARTIALLY</b> |  |  |                         |                            |

# APPENDIX U VENDOR PROFILE

| VENDOR COMPANY INFORMATION |  |        |  |      | VENDOR RESOURCE COMPLETING QUESTIONNAIRE |  |      |
|----------------------------|--|--------|--|------|--|--|------|
| Vendor Name:               |  |        |  |      | Name Of Vendor Assignee:                 |  |      |
| Vendor Website:            |  |        |  |      | Role Or Title:                           |  |      |
| Vendor Address:            |  |        |  |      | Phone Number:                            |  | EXT: |
| City:                      |  | State: |  | Zip: |  |  |      |
|                            |  |        |  |      | Email Address:                           |  |      |

**Instructions:** Please answer the questions making entries in the Response area.

|   | VENDOR SERVICE STATUS   | RESPONSE |
|---|---|----------|
| 1 | <p>Is your organization currently providing services to NY State Insurance Fund (NYSIF), either actively or on an intermittent (ad-hoc) basis?<br/>           Note: If no longer providing services in any capacity, please provide details of service termination, dates, etc. for review and consideration.</p> |          |

|   | SERVICE OVERVIEW  | RESPONSE |
|---|---|----------|
| 2 | Is there an executed contract between NYSIF and your organization?  |          |
| 3 | What is the current business relationship? (I.e. What services does your organization currently provide to NYSIF? (*Please be detailed*)) |          |
| 4 | Will the business relationship between NYSIF and your organization change within the next year? If so, please describe the changes.       |          |
| 5 | From what physical location(s) does your organization provide services to NYSIF? (Please include all locations providing services.)       |          |

|      | DATA EXCHANGE  | RESPONSE |
|------|--|----------|
| 6    | Does your organization receive data from NYSIF?  |          |
| (6a) | By what means is NYSIF data exchanged and in what direction; from NYSIF to your organization or both directions?   |          |
| 7    | Of the following, what types of data are transmitted/stored/processed by your organization during the course of providing services to NYSIF?   |          |
| (7a) | Protected Health Information ("PHI")?  |          |
| (7b) | Payment Card Information ("PCI")?  |          |
| (7c) | Personally Identifiable Information ("PII")?   |          |
| (7d) | Social Security Number ("SSN")?  |          |
| (7e) | Financial information, or information that could be covered under SOX?   |          |
| (7f) | Other, not included above?   |          |
| 8    | On average, what is the volume of NYSIF data transmitted, processed, received, etc. per month by your organization?  |          |
| 9    | On average, what is the volume of NYSIF data stored by your organization?  |          |
| 10   | In the past 12 months has your organization, or any of your sub-contractors, experienced a material breach or unauthorized disclosure of any data? If yes, please describe situation, data exposed and timing in detail. |          |

**SPECIALIZED WORKERS' COMPENSATION SERVICES**

**RFP #2016-02-CL**

**Amendment 1**

| #  | Question   | NYSIF Response  |
|----|--|---|
| 1  | What about Service Disable Veteran Business goals?   | See Appendix S in the RFP.  |
| 2  | Can companies from Outside USA can apply for this?   | See RFP Section 4.A. for mandatory requirements.  |
| 3  | Do we need to come over there for meetings?  | NYSIF, at its own discretion, may require that Bidders be interviewed. These interviews will likely be held at a NYSIF location. Winning Bidders may be asked to participate in meetings on occasion.   |
| 4  | Can we perform the tasks (related to RFP) outside USA?   | Services may not and should not be performed where NYSIF information or data is transmitted outside of or accessed from outside of the United States.   |
| 5  | Can we submit the proposals via email?   | See RFP Section 2.B.  |
| 6  | Please provide how many new claims are received each year for the past three years separated by Indemnity/Lost Time and Medical Only   | Not material to this RFP.   |
| 7  | Please indicated how many open claims separated by Indemnity & Medical Only  | Not material to this RFP.   |
| 8  | Please indicate how many bills were processed and paid for 2014 & 2015.  | Not material to this RFP.   |
| 9  | How many Nurses are assigned to the program currently?   | Not material to this RFP.   |
| 10 | What is the current rate the NYSIF is paying for each category listed in the RFP   | Not material to this RFP.   |
| 11 | Does this RFP include the provision of home care nursing services (RNs and LPNs) to those catastrophic cases that NYSIF has or is only for the Workers Comp Claims Services?   | The purpose of the RFP is for the management of the medical care necessary on a workers' compensation claim; it is not for the purpose of direct nursing care/ home care.   |
| 12 | How will the medical records be shared from the claims administrator to the contractors providing the services in this RFP?  | NYSIF anticipates medical records to be shared in a secure, electronic, format. The specifics of such shall be discussed with winning Bidders sometime after the selection process is completed.  |
| 13 | Is there a minimum amount of work guaranteed to the contractor?  | There is no minimum amount of work guaranteed.  |
| 14 | What was the total number of workers' comp claims for NYSIF in 2014 and then 2015?   | Not material to this RFP.   |
| 15 | Are all of your cases handled by a Nurse Case Manager or just a percentage of cases?   | Presently, a small percentage of our claims are assigned to Nurse Case Managers.  |
| 16 | What percentage of cases do you expect to be handled telephonically vs. onsite?  | The services requested in Categories A and B of the RFP do require both telephonic communication as well as on site field visits to perform the necessary level of medical case management. The percentages between these will vary from case to case.  |
| 17 | For Services C – Telephonic Nurse Triage & First Report Injury Reporting- do you require a nurse actually be available 24/7 after hours and/or weekends? Or is a toll free number and system acceptable with nurse available during business hours?  | A toll-free telephone number shall be available and accessible to injured workers, policyholders and NSYIF 24 hours per day, 7 days per week. Telephonic Nurse Triage requires a licensed and registered nurse be available. First Report Injury Reporting requires a qualified representative be available.  |
| 18 | Category C: 24/7 Nurse Triage and First Report of Injury. Would a software solution be acceptable for this part of the RFP? We offer a software system exclusively designed for workers' compensation nurse triage. It allows a company to in-source their nurse triage services, while supplementing in-house nurses with 24/7 nurse services to cover overload, weekends, holidays, etc. | NYSIF encourages Bidders to provide detailed information regarding the software, systems and processes to be utilized by the Bidder to meet the required services described in the RFP.   |
| 19 | Is a FROI expected to be submitted on all calls (incidents) utilizing TNT or only those incidents being reported as a claim or TNT calls resulting in a healthcare referral? (Page 8 - Section 1. Paragraph C. Category C.)  | A First Report of Injury ("FROI") will be made only if an injury is being reported by the employer. If it is the injured worker who calls to make the report, then Telephonic Nurse Triage ("TNT") shall follow and a separate report shall be prepared. The separate reports shall be provided to both NYSIF and the employer. In the TNT scenario, a FROI shall only be prepared if the employer also calls to make a report. |
| 20 | What is the verbiage in the rest of the indemnification clause, which appears to be truncated on page 10? (Page 10 - Section 1., Paragaph F.)?   | Section 1. F. final paragraph - delete "Specifically, the successful"   |
| 21 | Are all nurses handling TNT required to hold New York nursing licenses? (Page 20 - Section 4 Paragraph A.)   | To the extent required by law or regulation, Bidder must be licensed, certified or otherwise authorized to perform the services in the category or categories for which Bidder is bidding.  |
| 22 | What constitutes "assist with scheduling a medical appointment when necessary" when injured workers are frequently, due to urgency, referred to facilities that do not take appointments but accept all as walk-ins (such as urgent care clinics and Emergency Rooms)? (Page 26 - Section 4. Paragraph C. 3.)  | The scheduling of a medical appointment would take place only for injuries not requiring emergency treatment and in situations where an injured worker is desirous of such assistance.  |



**SPECIALIZED WORKERS' COMPENSATION SERVICES**

**RFP #2016-02-CL**

**Amendment 1**

| #  | Question   | NYSIF Response  |
|----|--|---|
| 23 | Are transcripts expected on ALL calls (TNT and FROI) or only when requested/required? (Page 27 - Section 4. Paragraph C. 4.)   | Transcripts will not be required on all calls. The service requires the capability to deliver transcripts on any case. Transcripts will be provided only upon NYSIF's request.  |
| 24 | Can you accept FROI data into the eFROI system via an electronic data interchange process versus working in the eFROI system directly? (Page 20 - Section 4. Paragraph A. 10.)   | NYSIF has the ability to accept FROI data in a format that meets NYSIF's technical requirements as well as the WCB's requirements for reporting. Submissions will be subject to testing which must be successful.   |
|    | The following questions all refer to Section 4. Paragraph C. 3. and C. 4. (Page 26-28) or are general in nature:   |   |
| 25 | Will policyholders be required to use TNT prior to reporting a claim?  | No  |
| 26 | What was the most recent year's experience of NYSIF in terms of total number of injury incidents reported by policyholders and total number of claims filed by policyholders?  | Not material to this RFP.   |
| 27 | Will NYSIF provide, electronically, a daily updated file of policyholder names and locations?  | All necessary policyholder information will be supplied in a format that will allow the performance of services required.   |
| 28 | What are the billing terms?  | Billing terms have not yet been determined and will vary between categories.  |
| 29 | What is the current number of days for payment after receipt of invoices from vendors doing business with NYSIF? (Sensitive due to our state of domicile)  | Timeliness of payment is governed by Article 11-A of the New York State Finance Law.  |
| 30 | Is bidder solely responsible for communicating the service and processes associated with utilizing the service as well as all materials and costs associated with launching the service? Will NYSIF make available mailing lists, email addresses, etc. of policyholders to support such communications?   | NYSIF will likely participate in the communication of services with its clients and customers. The exact manner in which the communication and distribution of materials will be discussed during implementation meetings.  |
| 31 | Does NYSIF support Telephonic Case Management and does it play a role in this process?   | Telephonic Case Management is not a service requested in this RFP. For Categories A and B, services will require both field visits and telephonic communication.  |
| 32 | How does NYSIF expect to communicate and distribute supporting medical documentation with the awarded vendor?  | NYSIF anticipates medical records to be shared in a secure, electronic, format. The specifics shall be discussed with winning bidders sometime after the selection process is completed.  |
| 33 | For Category A and B, Does NYSIF have historical referral patterns for those two types of referrals?   | Not material to this RFP.   |
| 34 | Is vocational rehab a part of this RFP? Is this opportunity looking for just FCM medical or both TCM and FCM Medical?  | Vocational Rehabilitation is not a service requested in this RFP. For Categories A and B, services will require both field visits and telephonic communication.   |
| 35 | <b>Technical Specifications, Section C, Services to be Provided, Paragraph 1, point i:</b> In Category A, Case Management for Catastrophic Claims, you indicate that the awarded vendor "agree to enter into an Outcome Plan Contract (OCP) for each NYSIF CAT claimant that bidder is assigned. The OPC shall include requiring the bidder to undertake the medical management responsibilities including the paying of all medical costs related to the injuries to the clamant" |   |
|    | a. Is this an administrative requirement only and the winning bidder will have access to the claims fund to pay for this aspect?   | Both administrative and medical costs shall be assumed by the Bidder. There will be no "claims fund" provided. NYSIF shall pay in advance, and in installments, for services contracted with the chosen Bidder. The rate shall be mutually agreed to and based on fulfilling the requirements of the OCP.   |
|    | b. If this is indeed a financial requirement and exposure the bidder will take on, underwriting data relative to the number of cases, the average costs of those cases, etc. should be provided.   | The RFP requires Bidders to provide their pricing methodology for services. Should a winning Bidder be selected to provide a quote for services on a catastrophic claim, they will be provided the details of that claim, to which they must evaluate and apply their pricing methodology. Based on the requirements and circumstances of each individual claim, the Bidder must anticipate their financial exposure and provide a quote reflective of that exposure. |
|    | c. How does NYSIF envision paying for the Catastrophic Case Management services?   | Vendors are asked to provide their billing methodologies for evaluation. If awarded a contract for this service, the rate and installments shall be mutually agreed to and based on the Bidder's billing methodology submitted.   |

**SPECIALIZED WORKERS' COMPENSATION SERVICES**

**RFP #2016-02-CL**

**Amendment 1**

| #  | Question   | NYSIF Response  |
|----|--|---|
| 36 | <p><b>Section 1, Part C, Purpose of this RFP, First Paragraph:</b> In Category A, Case Management for Catastrophic Claims, pg. 6, there is a reference to “vendor’s affiliation with particular centers of excellence and other service providers.” Please clarify the definition of “centers of excellence” whether this refers to the juried program offered under the name “Centers of Excellence” or provide the criteria used to determine whether a facility meets the NYSIF expectations.</p> | <p>In the context of this RFP, "Centers of Excellence" is meant to describe a healthcare provider that is considered expert in a particular field, cost efficient and produces the best outcomes for its patients. Because the term is broadly used for a variety healthcare providers, yet absent a singular accrediting body, NYSIF shall not reference a specific juried program or outline requirements beyond the description above.</p> |
| 37 | <p>Exhibit M, Form 101 and 103: Are you specifically looking for our field employees who would be working on this account or should we include all employees, including home office employees, who might touch the account as well?</p>  | <p>Information regarding staff should include all staff related to the project.</p>   |
| 38 | <p><b>Section 5, Appendices, Paragraph 3:</b> “Exhibit A, B, C, K and Y should be retained by the Bidder for future reference. Do not return to NYSIF as part of the bid submission.” We were unable to locate Exhibit Y.</p>  | <p>Section 5, Appendices, Paragraph 3 - inclusion of Exhibit Y is hereby deleted.</p>   |