



Office of Victim Services

REQUEST FOR INFORMATION (RFI)

For

VICTIM COMPENSATION CLAIM MANAGEMENT SYSTEM

RFI # 2024-01

Designated Contact

All inquiries and response related to this RFI must be submitted by electronic mail (e-mail) to the following address:

procurement@ovs.ny.gov

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1. INTRODUCTION / PURPOSE OF REQUEST FOR INFORMATION (RFI)

The New York State Office of Victim Services (OVS) is seeking responses to this Request for Information (RFI) 2024-01 Victim Compensation Claim Management System from the vendor community to help determine a future approach regarding the development, implementation, and maintenance of a victim compensation claim management system to support mission critical services to victims of crime across New York State (NYS). Responses to this RFI should be limited to qualified vendors with proven expertise in developing, implementing, and maintaining a comprehensive claims management system. Alternative expertise may include case management systems or criminal justice report systems.

This RFI is for planning purposes only and is not a request for competitive bids nor a request for proposals. Responses to this RFI will not be used a part of a vendor selection process nor will they result in the award of a contract for such services for any future bids. Any response to this RFI will be treated as information only. No entitlement to payment of direct or indirect costs or charges by OVS will arise as a result of submission of responses to this RFI or to OVS for such use of information. OVS will not be responsible for expenses incurred in preparing and submitting responses to this RFI. Not responding to this RFI does not preclude participation in any future solicitation, if issued. **Do not submit bids or proposals in response to this RFI. NO AWARD WILL BE MADE.**

OVS currently uses ClaimsAssistant and ClaimsAssistant Finance, proprietary systems of Bonditech, LLC. Through this RFI, OVS seeks information on vendor capabilities related to the development, implementation, and maintenance of a victim compensation claim management system.

A vendor interested in responding to this RFI must:

- be able to provide a vendor-hosted or cloud-based solution that does not require investment by OVS in significant technological infrastructures (i.e., servers);
- be able to customize their system to the specifications mandated by New York State Law, federal crime victim compensation regulations, and best practices;
- be able to provide resources to update or modify the system;
- be able to administer on-demand end user and online training resources;
- be able to develop a public-facing portal, with different access roles, that connects to the primary system utilized by OVS staff; and,
- be able to interface with the NYS Statewide Financial System for processing payments to providers and claimants.

The system must integrate the claims submission, processing, and payment components necessary for seamless Agency operations.

1.1 CALENDAR OF EVENTS

Event	Date
RFI Release Date	Thursday, April 25, 2024
RFI Responses Due Date	Tuesday, May 28, 2024

2. BACKGROUND

The mission of the Office of Victim Services (OVS) is to provide compensation to victims of crime, their family members, and other eligible individuals in a timely, efficient, and compassionate manner; to fund direct services to victims of crime and their families through a network of programs across New York State; and to advocate for the rights and benefits of all victims of crime.

OVS (Agency) provides financial relief to victims of crime and their families. This includes paying unreimbursed, crime-related expenses which include, but are not limited to, medical bills, end-of-life arrangements and funeral expenses, loss of earnings or support, counseling expenses for victims and family members, and relocation expenses.

The Crime Victim Compensation Unit is responsible for processing compensation claims and overseeing the Forensic Rape Examination Direct Reimbursement program. OVS processes three types of victim compensation claims: personal injury, death, and essential personal property. The Compensation Unit gathers and evaluates required documentation about the crime, and any related expenses, to determine eligibility for compensation. Documentation generally includes Criminal Justice Agency Reports, statements from law enforcement officials, employment questionnaires, medical records, explanations of benefits, insurance statements, and other financial records. Forensic Rape Examination (FRE) claims are submitted by medical providers, typically specialized nurses, and contain itemized healthcare services rendered and drugs dispenses as part of a sexual assault exam. OVS staff evaluate whether services are compensable under the program and directly reimburse providers for the costs of these services.

OVS utilizes a claims management system to perform these duties, track approvals and eligibility decisions, and manage the payment of eligible expenses. Changes to Article 22 of the New York State Executive Law have created a need to revitalize the current claim management system and update the appropriate agency processes. This RFI will help determine a future approach regarding the development, implementation, and maintenance of a new victim compensation claim management system to support these changes.

3. CURRENT STATE

The current system has three components:

- a claims and document submission portal, used by the general public;
- a core claims processing system used by OVS Compensation staff to process claims; and,
- a finance module used by OVS Compensation and Administrative Services staff that connects the core claims processing system with the Statewide Financial System (SFS) to remit payments to claimants and providers.

There are currently 652,000 claims in the existing database along with related data elements such as police reports and invoices. Approximately 8,200 new claims are submitted each year. The public-facing portal has approximately 4,000 users. The core claims processing system has approximately 50 users while the finance module is limited to approximately 10 staff who also have access to the claims processing system.

Claims are submitted on paper applications or via the public claims and document submission portal. The intake process involves data entry of paper applications or a cursory review of the information on digital applications for completeness and accuracy before moving on to the eligibility process. Upon initial review, if a claim is not rejected, it is assigned to a “triage” investigator who issues letters to claimants detailing the documents needed to determine eligibility or remit payment for expenses requested on the application. The next step in the workflow is assignment of the claim to an eligibility investigator to review all the information in the claim and render an eligibility decision. The eligibility determination review involves OVS staff entering information from documents provided by law enforcement, advocates, or other providers.

The system allows for the scanning and uploading of file attachments such as invoices, receipts, explanations of benefits, law enforcement documents, and vital records like birth certificates. These documents support eligibility decisions and payments. Staff create system-generated letters to claimants and providers using templates that are populated with information from the claim.

Expense information is entered into the system and submitted for approval. These include one-time payments as well as ongoing monthly payments for loss of support or loss of earnings. This information is entered into the core processing system by Compensation staff. Upon approval and submission to the Administrative Service Unit, the information is picked up in the finance module where it is updated with accounting data and submitted to the Statewide Financial System (SFS) as a bulkload voucher. This interface also receives data from SFS including vendor and payment information and transmits it to the core claims processing system.

OVS staff create tasks to send reminders for an action on a claim, send alerts to supervisors, send information to the Legal Unit requesting a review of the claim, and to request an update to provider information from the Administrative Services Unit.

Case notes detail everything from conversations with claimants, details on expense decisions such as negotiated rates, communication between the Administrative Services Unit and Compensation staff, and phone calls with law enforcement or providers to detail information needed to render a decision or approve a payment.

Claims can be reopened due to new information being presented to the Agency. This can result in an amended eligibility decision or an evaluation of whether the claimant is eligible for additional compensation that was not requested on the initial application. The system currently allows Compensation and Legal Unit staff to track and render decisions on appeals including reviewing case summaries, entering opinions, rendering decisions, and issuing letters to the claimant.

Supervisory users can run basic, canned reports for workload management which include the number of claims staff are assigned, how many claims are pending supervisory review, and how many decisions were rendered for a specified time period. Each OVS user is assigned approximately 80-100 claims on a rolling 30-day basis. This results in caseloads of approximately 150 to 175 claims per investigator. Select staff also have access to the database for additional reporting using SQL.

The system also has an internal control and confidentiality function to perform a full audit of user activity including any actions made in the system from the moment a user logs in until the program is closed.

4. FUTURE STATE

With process changes becoming effective in December 2025, the Agency anticipates a significant increase in claims submission, which will result in a corresponding workload increase to Agency staff. These changes will directly affect the types of documentation required for program eligibility and how OVS reviews claims. The new claims management system must be an integrated claims processing system and public-facing portal to manage end-to-end compensation and FRE direct reimbursement claims submission, processing, and payment.

The new claims management system must be a streamlined, easy-to-use portal for the public and OVS users that includes all the functionality of the current system. The system must be readily available to claimants and their designees (with the proper credentials). A designee may be a victim advocate, a family member, or any person whom the claimant authorizes to OVS as a designee. Claimants and their designees should be able to submit claims and requisite information via any computer, tablet, or other device that can access a web browser. These users must be able to submit additional claim information, to track the claim's progress through the eligibility process, and track payments. Medical care providers submitting requests for reimbursements related to claims must be able to view the status of these requests. These providers may include FRE providers or home care workers.

Users of the core claims processing system include OVS staff and their designees. The system must have an agency administrator role to allow an OVS employee to be able to change user roles and privileges to meet the immediate business needs of the Agency. A preferred system should also allow OVS to delegate business administrators to its funded programs to allow them to manage their own users' business accounts for the purpose of claims submission.

Claims with medical expenses must allow for continued submission of documentation and processing of payments. Claims that are reopened must allow for additional documentation and processing of new expenses. All claim types, including forensic rape examination reimbursements, should be able to be reopened at any time and for an unlimited number of times.

The future system must be able to migrate and manage all existing information in the current database and allow users to access the information and continue to remit payments when necessary. Migrated claims and new claims entered in the future system must be maintained and accessible for 50 years.

Agency users will have the ability to create on-demand reports from the database; some users will also have database access to query the database using SQL or other query language.

The new claims management system should have a customizable dashboard that allows for staff to prioritize and organize their caseloads, tasks, or any other aspects of their claims processing functions depending on their role. This dashboard should show information such as:

- all applications waiting to be reviewed by the intake team;
- claims that require immediate attention to render a decision;

- claims that require additional information to render a decision; and
- performance metrics showing how many claims they are assigned, how many days on average it takes to render a decision, and how many decisions have been rendered in a given period of time.

Some staff should also be able to customize their dashboard to contain:

- tasks to review documentation on medical claims;
- pending payments requiring review or approval;
- status of tasks the user submitted to other staff or units;
- status of claims and tasks assigned to staff a user supervises; and
- high-level metrics such as submission-to-decision turnaround time.

This dashboard should be customizable to allow staff to add a section for alerts when a claim is assigned to them or for which they are waiting for additional information.

The new claims management system and corresponding portal(s) must also:

- accept forensic rape exam claims and any corresponding itemized billing information and medical records;
- handle processing medical claims utilizing standard billing codes and utilize fee schedules from Agency-defined sources, such as the NYS Department of Health;
- remit payment to providers and generate provider-specific reports detailing healthcare charge and reimbursement amounts at both the claim header and claim line level for each claim;
- allow Agency and provider users to generate on demand reports detailing claim and payment information;
- link forensic rape exam claims to corresponding compensation claims for eligibility purposes;
- handle assigning forensic rape exam claims in a manner similar to Compensation program claims; and
- have the ability to accept new claims, as well as manage previously rejected and resubmitted claims that can now be re-processed for payment, including migrated claims.

5. VENDOR SUBMISSION OF RESPONSE TO RFI

5.1 GENERAL REQUIREMENTS

A vendor responding to this RFI must submit a complete RFI response, which consists of providing the requested information within the following document and submitting it electronically to OVS via e-mail by the Response Due Date specified in [Section 1.1 Calendar of Events](#).

1. Attachment 1 – Vendor Questions and Responses

The completed document should be saved electronically using the naming convention: **RFI 2024-01 Response-[Vendor Name]_[document name]**.

OVS reserves the right to have follow-up communications with individual vendors who responded to this RFI, to get clarification on a vendor's response.

Vendors may also submit any existing material(s) or material(s) prepared specifically in response to this RFI, which they believe may be of interest or use to the State. Responses that make extensive use of color photographs or illustrations, or that include separate brochures or marketing materials and overly elaborate embellishments, are discouraged. When possible, if existing materials are being used, vendors are encouraged to specify page numbers or sections where relevant information may be found.

If any of the information in the vendor response is considered confidential, proprietary or a trade secret, it must be clearly indicated on the appropriate page of the vendor response. Release of such material is governed by the NYS Freedom of Information Law, which in pertinent part requires the requestor to provide specific justification as to why disclosure of particular information in the response would cause substantial injury to the competitive position of the vendor. For more information see [Section 5.4 Freedom of Information Law](#).

5.2 ELECTRONIC SUBMISSIONS

All responses regarding this RFI are to be submitted electronically by e-mail to procurement@ovs.ny.gov, with the subject line as “**RFI 2024-01: Victim Compensation Claim Management System – (Vendor’s Name)**”. No hard copies of responses will be accepted.

Vendors may submit more than one submission for the purposes of offering alternative possibilities, but each response must be complete.

5.3 INQUIRIES FROM VENDORS

The designated contact for this RFI is the Procurement team in the OVS Administrative Services Unit at procurement@ovs.ny.gov.

There is not a question-and-answer period for this RFI. Any inquiries may be submitted via e-mail to the designated contact before the RFI Responses Due Date as indicated in [Section 1.1 Calendar of Events](#). No other method of inquiries will be accepted.

5.4 FREEDOM OF INFORMATION LAW

Disclosure of items related to this RFI shall be permitted consistent with the laws of the State of New York and specifically the Freedom of Information Law (FOIL) contained in Section 87 of the Public Officers Law. The State shall take reasonable steps to protect from public disclosure any of the records relating to this document that are otherwise exempt from disclosure under that statute. Information constituting trade secrets or critical infrastructure information, for purposes of FOIL, must be clearly marked and identified as such upon submission.

If the vendor intends to request an exemption from disclosure under FOIL for trade secret materials or critical infrastructure information, the vendor shall, at the time of submission, request the exemption in writing and provide an explanation of: (1) why the disclosure of the identified information would cause substantial injury to the competitive position of the vendor; or (2) why the information constitutes critical infrastructure information which should be exempted from disclosure pursuant to §87(2) of FOIL. Acceptance of the identified information by the State does not constitute a determination that the information is exempt from disclosure under FOIL. Determinations as to the availability of the identified information will be made in accordance with FOIL at the time a request for such information is received by the State.

6. NO AWARD

OVS will not make an award for the potential future services described in this RFI. OVS is conducting this RFI solely for the purpose of gathering information to determine the feasibility, reliability, and potential development, implementation, and maintenance of a victim compensation claim management system.