

HUMAN SERVICES DEPARTMENT

REQUEST FOR PROPOSALS (RFP)

MEDICAID AUDIT AGENT FOR NURSING FACILITIES



RFP 17-630-8000-0005

Amendment 1

Release Date – March 20, 2017

Proposal Due Date –April 19, 2017

Request for Proposals # 17-630-8000-0005 is amended as follows:

I. INTRODUCTION

Page 1

From:

C. SCOPE OF PROCUREMENT

The scope of procurement shall encompass the defined Scope of Work detailed in the Sample Professional Services Contract (Appendix C) of this RFP. The contract is scheduled to begin on July 1, 2017 or upon receiving all required state approvals whichever is later, and end on July 31, 2019. The contract may be extended for two (2) additional one (1) year periods. OR In no circumstances shall the contract exceed a total of four (4) years in duration.

To:

C. SCOPE OF PROCUREMENT

The scope of procurement shall encompass the defined Scope of Work detailed in the Sample Professional Services Contract (Appendix C) of this RFP. The contract is scheduled to begin on July 1, 2017 or upon receiving all required state approvals whichever is later, and end on June 30, 2019. The contract may be extended for two (2) additional one (1) year periods. OR In no circumstances shall the contract exceed a total of four (4) years in duration.

II. CONDITIONS GOVERNING THE PROCUREMENT

B. EXPLANATION OF EVENTS

6. Submission of Proposal

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From:

6. Submission of Proposal

ALL OFFEROR PROPOSALS MUST BE RECEIVED FOR REVIEW AND EVALUATION BY THE PROCUREMENT MANAGER OR DESIGNEE NO LATER THAN 3:00 PM MOUNTAIN DAYLIGHT TIME ON the date stated in Section II.A., Sequence of Events. Proposals received after this deadline will not be accepted. The date and time of receipt will be recorded on each proposal. Proposals must be addressed and delivered to the Procurement Manager at the address listed in Section I, Paragraph D2 (except for electronic submissions through SPD's electronic procurement system). Proposals must be sealed and

labeled on the outside of the package to clearly indicate that they are in response to the Medicaid Audit Agent for Nursing Facilities - RFP 17-630-8000-0005. Proposals submitted by facsimile, or other electronic means other than through the SPD electronic e-procurement system, will not be accepted.

To:

6. Submission of Proposal

ALL OFFEROR PROPOSALS MUST BE RECEIVED FOR REVIEW AND EVALUATION BY THE PROCUREMENT MANAGER OR DESIGNEE NO LATER THAN 3:00 PM MOUNTAIN DAYLIGHT TIME ON the date stated in Section II.A., Sequence of Events. Proposals received after this deadline will not be accepted. The date and time of receipt will be recorded on each proposal.

Proposals must be addressed and delivered to the Procurement Manager at the address listed in Section I, Paragraph D2 (except for electronic submissions through SPD's electronic procurement system). Proposals must be sealed and labeled on the outside of the package to clearly indicate that they are in response to the Medicaid Audit Agent for Nursing Facilities - RFP 17-630-8000-0005. Proposals submitted by facsimile, or other electronic means will not be accepted.

B. TECHNICAL SPECIFICATIONS

1. Organizational Experience-

From:

c) Indicate how many states Offeror provided hospital audit, accounting, program integrity and consultant services for in the last two years and what percentage of business revenue is derived from the aforementioned services engagements. Offerors must submit an organizational chart displaying Offeror's overall structure;

To:

c) Indicate how many states Offeror provided hospital audit, nursing facility audit, accounting, program integrity and consultant services for in the last two years and what percentage of business revenue is derived from the aforementioned services engagements. Offerors must submit and organizational chart displaying Offeror's overall structure;

APPENDIX A

Page 36

From:

In acknowledgement of receipt of this Request for Proposal the undersigned agrees that s/he has received a complete copy, beginning with the title page and table of contents, and ending with APPENDIX G.

To:

In acknowledgement of receipt of this Request for Proposal the undersigned agrees that s/he has received a complete copy, beginning with the title page and table of contents, and ending with APPENDIX F.

**APPENDIX F
ORGANIZATIONAL REFERENCE QUESTIONNAIRE**

Page 78

From:

Offeror is required to send the following reference form to each business reference listed. The business reference, in turn, is requested to submit the Reference Form directly to: Norma Lucero, Procurement Manager, 2025 S. Pacheco, P.O. Box 2348, Santa Fe, NM 87504-2348 by the date stated in Section II.A. of this RFP for inclusion in the evaluation process. The form and information provided will become a part of the submitted proposal. Business references provided may be contacted for validation of content provided therein.

To:

Offeror is required to send the following reference form to each business reference listed. The business reference, in turn, is requested to submit the Reference Form directly to: Norma Lucero, Procurement Manager, by the date stated in Section II.A.6 of this RFP for inclusion in the evaluation process. The form and information provided will become a part of the submitted proposal. Business references provided may be contacted for validation of content provided therein.

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From:

**RFP # 17-630-8000-0005
ORGANIZATIONAL REFERENCE QUESTIONNAIRE
FOR:**

(Name of Offeror)

This form is being submitted to your company for completion as a business reference for the company listed above. This form is to be returned to the State of New Mexico, Human Services Division/Medical Assistance Division via facsimile or e-mail at:

Name: Norma Lucero, Procurement Manager
Address: 2025 S. Pacheco Street
P.O. Box 2348
Santa Fe, NM 87505

Telephone: 505-827-3127
Fax: 505-476-6877
Email: norma.lucero@state.nm.us

no later than the date stated in section II.A., Sequence of Events of this RFP and must not be returned to the company requesting the reference.

For questions or concerns regarding this form, please contact the State of New Mexico Procurement Manager listed above. When contacting us, please be sure to include the Request for Proposal number listed at the top of this page.

To:

**RFP # 17-630-8000-0005
ORGANIZATIONAL REFERENCE QUESTIONNAIRE
FOR:**

(Name of Offeror)

This form is being submitted to your company for completion as a business reference for the company listed above. This form is to be returned to the State of New Mexico, Human Services Division/Medical Assistance Division via facsimile or e-mail at:

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no later than **the date stated in section II.A.6, Sequence of Events of this RFP** and **must not** be returned to the company requesting the reference.

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Page 30-31

From:

The total price for the contract will be based on the number of facilities contained in the attached list of providers (Appendix 1). Should the number of facilities increase or decrease during the course of the contract, the average cost per facility and average cost per hour reported through "A" above will be used to amend the contract price.

The Contractor shall submit separate billing statements for consultation and assistance services as described in Appendix 8. These services require prior written approval by appropriate Department staff. The billing statement shall be provided with monthly statement by the Contractor and shall identify the date of the request, the subject matter of the requests, date (s) and type of service rendered, the number of hours billed and the total charge. The Contractor should be prepared to provide to the Department supporting documentation in order to justify the billing statement.

Do not include gross receipts taxes in the calculation. Gross receipts taxes will be a pass through from the State to the Contractor and be paid by the Contractor. The Contractor will be responsible for making all required tax payments.

The cost report form, which is included as Appendix 10 of this RFP, must be included as the last page of Offeror's Cost Proposal.

To:

The total price for the contract will be based on the number of facilities contained in the attached list of providers (Appendix D). Should the number of facilities increase or decrease during the course of the contract, the average cost per facility and average cost per hour reported through "A" above will be used to amend the contract price.

The Contractor shall submit separate billing statements for consultation and assistance services as described in Appendix D. These services require prior written approval by appropriate Department staff. The billing statement shall be provided with monthly statement by the Contractor and shall identify the date of the request, the subject matter of the requests, date (s) and type of service rendered, the number of hours billed and the total charge. The Contractor should be prepared to provide to the Department supporting documentation in order to justify the billing statement.

Do not include gross receipts taxes in the calculation. Gross receipts taxes will be a pass through from the State to the Contractor and be paid by the Contractor. The Contractor will be responsible for making all required tax payments.

The cost report form, which is included as Appendix D of this RFP, must be included as the last page of Offeror's Cost Proposal.

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