

# **HUMAN SERVICES DEPARTMENT**

**MEDICAID AUDIT AGENT FOR MANAGED CARE ORGANIZATIONS (MCOs)**

## **REQUEST FOR PROPOSALS (RFP)**

### **MEDICAID AUDIT AGENT**



**RFP 17-630-8000-0006**

**Amendment 1**

Release Date – March 20, 2017

Proposal Due Date –April 20, 2017

Request for Proposals # 17-630-8000-0006 is amended as follows:

Cover page

From:

STATE PURCHASING DIVISION  
OF THE  
GENERAL SERVICES DEPARTMENT  
AND  
MEDICAID AUDIT AGENT FOR MANAGED CARE ORGANIZATIONS (MCOs)

REQUEST FOR PROPOSALS (RFP)

To:

MEDICAID AUDIT AGENT  
**HUMAN SERVICES DEPARTMENT**  
MEDICAID AUDIT AGENT FOR MANAGED CARE ORGANIZATIONS (MCOs)

REQUEST FOR PROPOSALS (RFP)

**MEDICAID AUDIT AGENT**

**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 STANDARD TIME/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 Managed Care Organizations (MCOs) RFP #17-630-8000-0006. 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 STANDARD TIME/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 Managed Care Organizations (MCOs) RFP #17-630-8000-0006. Proposals submitted by facsimile, or other electronic means, will not be accepted.

### **B. TECHNICAL SPECIFICATIONS**

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From:

#### **1. Organizational References**

Offerors should provide a minimum of five (5) references from similar projects performed for private, state or large local government clients within the last three years. **Offerors are required to submit APPENDIX F, Organization Reference Questionnaire, to the business references they list. The business references must submit the Reference Form directly to the designee described in Sec I Paragraph D.** It is the Offeror's responsibility to ensure the completed forms are

received on or before the date stated in Section II.A., Sequence of Events for inclusion in the evaluation process.

To:

### 1. Organizational References

Offerors should provide a minimum of three (3) references from similar projects performed for private, state or large local government clients within the last three years. **Offerors are required to submit APPENDIX F, Organization Reference Questionnaire, to the business references they list. The business references must submit the Reference Form directly to the designee described in Sec I Paragraph D.** It is the Offeror's responsibility to ensure the completed forms are received on or before the date stated in Section II.A., Sequence of Events for inclusion in the evaluation process.

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From:

(6.) Information: Offeror's staffing plan will provide adequate personnel to accomplish all work described in the Scope of Work. The successful Offeror must possess extensive knowledge and experience in financial accounting auditing; have working knowledge of and experience in hospital, home health agencies, federally qualified health centers, and rural health clinics including, but not limited to other healthcare organizations and have direct working knowledge and experience in cost accounting.

To:

(6.) Information: Offeror's staffing plan will provide adequate personnel to accomplish all work described in the Scope of Work. The successful Offeror must possess extensive knowledge and experience in financial accounting; auditing; have working knowledge of managed care organizations (MCO) and all applicable rules and regulations, including contract compliance of MCO policies and standard operating procedures (SOPs) relating to claims and encounters processing including, but not limited to: hospitals, home health agencies, federally qualified health centers, rural health clinics and other provider types, as well as rules and regulations regarding MCO credentialing processes and timeframe requirements; and, have direct working knowledge and experience in cost accounting. (i.) "Audits of Providers of Health Care services," issued by the American Institute of Certified Public Accountants provides guidance on procedures to be applied and identified other authoritative literature to be used in the design of audits (desk/field).

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From:

**c) Statement of Concurrence**

Offerors shall provide a statement of concurrence that explicitly indicates acceptance of the Conditions Governing the Procedures stated in Section II and that Offerors agree to comply with all requirements as described in this RFP, including all appendices, attachments, written clarifications, and amendments provided during the procurement process. Offerors shall specifically address acceptance of the Contract Terms and Conditions attached as Appendix X in the Compliance Statement.

To:

**c) Statement of Concurrence**

Offerors shall provide a statement of concurrence that explicitly indicates acceptance of the Conditions Governing the Procedures stated in Section II and that Offerors agree to comply with all requirements as described in this RFP, including all appendices, attachments, written clarifications, and amendments provided during the procurement process. Offerors shall specifically address acceptance of the Contract Terms and Conditions attached as Appendix C in the Compliance Statement.

From:

**d) Responses to Suspension and Debarment Requirement**

Offerors must complete the form set out as Appendix X to certify compliance with the Federal Regulations relating to Suspension and Debarment.

To:

**d) Responses to Suspension and Debarment Requirement**

Delete

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**From:**

The total price for the contract will be based on the number of facilities contained in the attached list of providers (Appendix X). 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.

**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.

**From:**

The Contractor shall submit separate billing statements for consultation and assistance services as described in Appendix

X. 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.

**To:**

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.

**APPENDIX F  
ORGANIZATIONAL REFERENCE QUESTIONNAIRE**

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**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 # 17-630-8000-0006  
ORGANIZATIONAL REFERENCE QUESTIONNAIRE  
FOR:**

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(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 # 17-630-8000-0006  
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](mailto:norma.lucero@state.nm.us)

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.

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.

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.