



**Closed Loop Referral Service  
Request for Quotes  
October 2023**

## **1 OVERVIEW OF REQUEST**

### **1.1 PROGRAM TITLE**

New Mexico State-Wide Closed Loop Referral Service (CLRS)

### **1.2 SYNOPSIS OF PROGRAM**

Addressing the Social Determinants of Health (SDOH) in communities and Health Related Social Needs (HRSN) of individuals is essential to improving the health and well-being of New Mexicans. Community Based Organizations (CBOs), healthcare organizations, and state agencies need an effective tool to efficiently and easily communicate and coordinate referrals to meet the needs of individuals. The New Mexico Human Services Department (HSD) with support from the New Mexico Department of Health (DOH) will implement a state-wide CLRS with funding allocated to HSD in the 2023 Legislative session through House Bill 2.

This Request for Quotes (RFQ) is intended to invite vendors to submit their best and most competitive quotes for providing a comprehensive, efficient, and user-friendly CLRS that will meet the needs of the New Mexico Human Services Department (HSD)<sup>1</sup> and partner State agencies, Community Based Organizations (CBO), health care professionals, patients, and communities.

### **1.3 PROGRAM AUTHORITY**

The statutory authority for the CLRS is found in 2023 House Bill 2, which appropriates funding to HSD “authorizing expenditures by state agencies”.

### **1.4 POINT OF CONTACT**

Direct all inquiries and communications concerning this RFQ to:  
New Mexico Human Services Department  
Name: Elisa Wrede, Senior Manager, Primary Care Innovation  
Phone: 505-231-2630  
Email: elisa.wrede@hsd.nm.gov

No contact shall be made with other HSD personnel or its designees regarding this RFQ. Failure to comply with this requirement may result in disqualification.

## **2 FUNDING SUMMARY**

### **2.1 MAXIMUM NUMBER OF AWARDS ANTICIPATED AND MAXIMUM AWARD AMOUNT**

*2.1.1* Award Amount: The total funding available is variable based on federal match rates.

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<sup>1</sup> HSD is transitioning to the Health Care Authority as directed in SB16, but in this RFQ we refer to ourselves as HSD.

2.1.2 Maximum Number of Awards: One vendor will be selected.

2.1.3 Maximum Number of Submissions: One application per vendor is allowed.

2.1.4 Payment Terms: Awarded Vendor shall receive payments from HSD. HSD anticipates payments to Awarded Vendor to begin in early 2024. HSD is not bound by any quotes submitted in response to this RFQ.

2.1.5 Contracting: A final review from the Department of Information Technology may be required prior to final approval of the contract.

Funding may be reduced or terminated if funds allocated to HSD for this program should become reduced, depleted, or unavailable during the Contract Term. If HSD determines an Awarded Vendor has failed to perform or failed to conform to Conditions, HSD may retract or reduce the funding amount for the Awarded Vendor.

Funds must be expended by the end of the Funding Period. Funding recipients shall return any unexpended funds after the end of the funding period.

## 2.2 FUNDING PERIOD

The Funding Period is Fiscal Year 2024 (FY24, July 2023 – June 2024).

## 2.3 RESPONSE TIMELINE

The response process for this RFQ is anticipated to proceed according to the timeline below. HSD reserves the right to revise this timeline or any portion of this RFQ by publishing an addendum.

Action	Responsible Party	Deadline
1. <b>Issue RFQ</b> – This RFQ is issued by HSD.	HSD	October 18, 2023
2. <b>Online Response Portal Open</b>	HSD	October 18, 2023
3. <b>Deadline to Apply</b>	HSD	November 10, 2023
3. <b>Response Review</b> – Responses will be reviewed by HSD and other state agencies, as determined by HSD. HSD may initiate discussions, at their discretion to clarify aspects of the application. However, applications may be accepted and reviewed without such discussion.	HSD	November 10–30, 2023
4. <b>Notification of Award</b>	HSD	December 1, 2023
5. <b>Contracting</b> – Contract will be finalized. If mutually agreeable terms cannot be reached with the awarded applicant in the time specified, HSD reserves the right to finalize	Selected Vendor & HSD	December 1-December 30, 2023

Action	Responsible Party	Deadline
funding with a different applicant.		
<b>6. Funding Start Date</b>	Selected Vendor	January 1, 2024

### 3 ELIGIBILITY INFORMATION

#### 3.1 ELIGIBLE VENDORS

Eligible vendors include Healthcare IT Vendors, Customer Relationship Management Vendors, Health Information Exchange Vendors, Specialized Referral Platform Vendors, Unified Communications Vendors, and Application Programming Interface (API) Integration Vendors.

### 4 INQUIRIES

All inquiries shall be directed to the Point of Contact per RFQ Section 1.4. Prospective Vendors must not discuss a quote with any other HSD employee unless authorized by the Point of Contact. All responses by HSD must be in writing to be binding. Any information deemed by HSD to be important and of general interest or which modifies requirements of the RFQ shall be sent in the form of an addendum to the RFQ to all Prospective Vendors that have applied. All Prospective Vendors must acknowledge receipt of all addenda within five business days, if any, to this RFQ by email to the Point of Contact outlined in 1.4.

### 5 PROGRAM BACKGROUND, DEFINITIONS & FUNCTIONALITY

#### 5.1 BACKGROUND

HSD’s mission is “To transform lives. Working with our partners, we design and deliver innovative, high-quality health and human services that improve the security and promote independence for New Mexicans in their communities.” The Human Services Department provides services and benefits to 1,034,001 New Mexicans through several programs including Medicaid, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Child Support, and several Behavioral Health Services. Currently, referrals made within and outside the department rely on a mix of manual processes, disjointed digital records, and limited communication mechanisms. This setup can result in lost referrals, uncoordinated care, and suboptimal beneficiary experiences. Similar challenges are seen across State agencies, CBOs, and healthcare systems in New Mexico.

To bridge these gaps, HSD is seeking a vendor to implement a statewide CLRS to better connect socially and economically vulnerable New Mexicans to services, improve overall health and well-being, and reduce health care costs.

#### 5.2 DEFINITIONS

**Community-Based Organizations (CBOs):** non-profit, grassroots, or local entities that operate at the community level to address specific needs and provide a wide range of services and support to enhance the well-being of individuals and communities. These organizations are typically deeply connected to the communities they serve and often have a mission or focus on improving the quality of life,

addressing social issues, and promoting positive change within those communities.

**Health Related Social Needs (HRSN):** the non-medical factors and social circumstances that can significantly impact an individual's health and well-being. These needs encompass a wide range of social, economic, and environmental factors that influence a person's ability to maintain good health and access healthcare services effectively. Health-related social needs include, but are not limited to, the following: housing stability, food security, economic stability, education and literacy, social support and relationships, community safety, transportation, access to and cultural competency in healthcare, and environmental factors.

**Multi-directional closed-loop e-referral service:** A multi-directional e-referral service supports the electronic exchange of information sharing across multiple systems (healthcare, community-based organizations, human (social) services organizations) thereby allowing the different service providers to help “close the loop” in patient care.

**Social Determinants of Health (SDOH):** the conditions, circumstances, and broader societal factors outside of individual medical care that influence a person's overall health and well-being. These determinants play a significant role in shaping health outcomes and health disparities among populations.

**State Agency (also known as a state department or state entity):** a government organization or administrative unit established and operated by a state government within a specific U.S. state. State agencies are responsible for various functions, services, and regulatory duties that are essential to the functioning of the state and the well-being of its residents. These agencies have specific areas of jurisdiction and authority, which can vary widely depending on the state's laws, constitution, and government structure.

**Statewide Closed-Loop Referral Service (CLRS):** provides multi-directional means for healthcare professionals, government agencies and community-based organizations (CBO) to send patient/client information to an organization that can appropriately address a patient’s or client’s needs.

### 5.3 FUNCTIONALITY

The functionalities below should serve as a high-level description of the expected functionalities for the New Mexico CLRS.

CLRS Functionality	Description
<i>Primary Functionalities</i>	
Resource Directory	A searchable, regularly updated directory of CBOs and agencies providing services that can help address patients’ social needs.
Referral Management	The ability to send referrals inclusive of pertinent patient information to community organizations and to track referral outcomes (i.e., close the loop).

Interoperability & Service Integration	Interoperability with other medical or community resource and referral platforms <sup>2</sup> . The ability to seamlessly move from the referral platform to the EHR and vice versa, and to automatically transfer data between the two platforms.
<i>Other Functionalities &amp; Characteristics</i>	
Privacy protection	Compliance with HIPAA and other privacy regulations
Custom Forms	Provide the ability to insert custom forms (surveys, screening tools) that can be shared with clients.
Social needs screening	The capacity to record patients' responses to a questionnaire and identify social needs.
Care coordination/case management	Longitudinal needs and care tracking, ability to define care goals and see referrals, services, and other activities.
Reporting and analytics	The capacity to analyze social needs screening and referral activities, links between physical and HRSN, and outcomes.
Auto-suggested resources	The ability to tailor resource lists to the patients' social needs screening results and/or other data.
Vendor responsiveness and capacity	The vendor's willingness and ability to tailor the product to the users' needs. The perceived capacity of the vendor to provide the desired level of product support.
Billing (desired, not required)	Has a module that user can utilize to track and submit billing to Medicaid.

## 6 EXPECTATIONS OF VENDOR

HSD expects the awarded contractor to implement, operate, and maintain the solution and community-based partnership framework in a phased approach.

**6.1 Design and Implementation Planning Phase:** During this phase, HSD anticipates the contractor will provide a Design and Implementation Workplan and Timeline following the best practices below. HSD will review the implementation plan and timeline, provide feedback, and expects recommendations will be incorporated.

- 6.1.1 Ensure Complete Referral Lifecycle Management: Track and manage referrals from the point of initiation to the point of resolution, ensuring no referral gets lost in the platform.
- 6.1.2 Improve Communication: Facilitate seamless communication between the referring entity and the receiving entity, ensuring clarity and understanding regarding the referral's purpose, needs, and outcomes.
- 6.1.3 Enhance Patient or User Experience: Minimize wait times, reduce the need for repetitive information provision, and ensure users or patients receive the necessary services promptly and efficiently.
- 6.1.4 Increase Accountability: Ensure that each referral is acted upon, and feedback is provided to the referring entity, making entities accountable for the referrals they receive.
- 6.1.5 Provide Real-time Tracking: Allow referring entities to monitor the status of their referrals in real-time, offering transparency and timely updates.

<sup>2</sup> Adopting a Community Resource and Referral Platform: Considerations for Texas Medicaid Stakeholders - Center for Health Care Strategies. Accessed September 6, 2023. <https://www.chcs.org/resource/adopting-a-community-resource-and-referral-platform-considerations-for-texas-medicaid-stakeholders/>

- 6.1.6 Data Collection and Analytics: Gather data on referral patterns, outcomes, bottlenecks, and other metrics, providing insights to improve the referral process and facilitate broader service delivery.
- 6.1.7 Reduce Duplication and Inefficiencies: Eliminate redundant processes, minimize manual work, and optimize resource utilization by ensuring every referral is efficiently managed.
- 6.1.8 Ensure Consistency: Ensure that all referrals, regardless of who makes or receives them, are treated consistently in terms of process, prioritization, and follow-up.
- 6.1.9 Improve Outcome Reporting: Generate regular reports detailing the outcomes of referrals, ensuring that the benefits and gaps in the platform are clearly understood and addressed.
- 6.1.10 Enhance Collaboration: Foster a collaborative environment between different service providers, departments, or agencies by facilitating easy information exchange and cooperative care.
- 6.1.11 Ensure Data Security and Compliance: Protect sensitive information related to referrals, ensuring compliance with regulatory standards and best practices for data protection.
- 6.1.12 Ensure Interoperability: Establish core technical capacities necessary to enable interoperability at a statewide scale – including standards for data exchange and identity management services.<sup>3</sup>
- 6.1.13 Establish a Resource Directory Information: Establish a reliable supply of resource directory information to be provisioned as a public good.<sup>2</sup>
- 6.1.14 Establish Framework for Legal Agreements: Establish a statewide framework for legal agreements that aligns with existing regulatory frameworks while addressing data collection in contexts that are not otherwise regulated; and establish an ethical framework in the form of a “Bill of Rights” for consumers and communities.<sup>2</sup>
- 6.1.15 Ensure Aggregation of Data: Ensure that aggregation of longitudinal data about people and populations can occur with the informed consent of data subjects.<sup>2</sup>
- 6.1.16 Designate ‘Coordinating Entities’: Designate and support ‘Coordinating Entities’ in the process of facilitating activity among CBOs, government agencies, and healthcare institutions – and ensure that these entities uphold fiduciary responsibilities for the people and organizations that they serve.<sup>2</sup>
- 6.1.17 Establish systems of governance: Establish federated systems of governance through which standards and policies are set statewide, while priorities and implementations can be decided and evaluated locally.<sup>2</sup>

**6.2 Operations and Maintenance Phase:** The Operations and Maintenance shall begin after the completion of the Design and Implementation planning phase and includes:

- 6.2.1 Ongoing Solution maintenance, community support services, and Solution enhancements
- 6.2.2 Maintain the Community Resource Directory (CRD). The CRD should be available for organizations across New Mexico.
- 6.2.3 Maintain CBO recruitment/engagement, platform training and technical assistance.
- 6.2.4 Maintain CLRS analytics, including service/performance reports and Dashboards.
- 6.2.5 Maintain technical staff, end-user, and help desk training.
- 6.2.6 Conduct data transfers from other CLRS platforms used across New Mexico.

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<sup>3</sup> Community Information Exchange (CIE) Task Force Final Report. Accessed September 17, 2023. <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Inside-MDHHS/Policy-and-Planning/Social-Determinants-of-Health-Strategy/CIE/CIE-TF-Final-Report-FINAL-08092023.pdf>

**6.3 Partnerships & Collaboration:** The success of a closed-loop referral service is dependent on close collaboration with CBOs, healthcare organizations, state agencies, and individuals. The New Mexico Social Determinants of Health Collaborative (NM SDOH-C) is a grass-roots community organization whose vision, mission, and goals align with the needs of HSD and DOH in creating a CLRS for New Mexico. The NM SDOH-C has the structure and community engagement needed to both inform the creation of and solicit involvement in the closed-loop referral service.

Building a successful closed-loop referral service relies on a comprehensive solution to refer, provide, and track a wide array of public health services across the state. Many of these services are being provided by CBOs, large health systems, and state agencies who are expected to be incorporated into the information sharing and referral coordination capabilities of the eventual solution. Many of these agencies and organizations are represented on the NM SDOH-C Steering Committee and will be actively engaged in the identification of project needs and prioritization.

HSD requires that the selected vendor work in partnership with the NM SDOH-C, state agencies, and other stakeholders as necessary to successfully implement the CLRS.

## **7 QUOTE FORMAT AND CONTENT**

### **8.1 QUOTE REQUIREMENTS**

Potential Vendors must include the following four requirements in their response:

*Requirement 1:* Submission of required organizational information.

*Requirement 2:* A narrative (not to exceed 2000 characters for each question) that captures the information requested in the narrative. Requested information is subject to change.

*Requirement 3:* Applicants must upload a sample workplan and timeline including project milestones and deliverables.

*Requirement 4:* Applicants must upload a detailed quote including a breakdown of costs associated with the project.

#### ***Requirement 1: Organizational Information***

- Organization Name
- Name and contact information (phone, email) of Chief Executive Officer or Executive Director
- Name and contact information (phone, email) of the primary contact person
- Name and contact information (phone, email) of person submitting the application
- Organization address
- Federal Tax ID
- NM Tax ID (if applicable)
- DFA Vendor Code (if applicable)
- Legal status (e.g., for-profit, nonprofit, public institution, Native American Government, State/Local Government)
- Affiliation with a Pueblo, Nation, or Tribe



## ***Requirement 2: Narrative Questions***

### **1. Platform Functionality and Features**

- What are the primary features of your referral platform?
- Does the platform support real-time tracking of referrals?
- Can the platform handle multi-tiered referrals including medical and social needs (e.g., referrals to specialists and/or food banks after a primary care visit)?
- Can the platform be used for care management and/or case coordination?
- Does your platform have, or can it have a module for billing?

### **2. Integration and Compatibility:**

- How does your platform integrate with existing Electronic Health Record (EHR) platforms, Health Information Exchange (HIE), other referral services, and other databases?
- Can it easily integrate with other third-party tools or platforms?
- What type of integration will be implemented? APIs? MFTs?

### **3. User Experience and Accessibility:**

- How user-friendly is the interface for both providers and patients? - Is there a mobile application or mobile-responsive interface?
- Can users access the platform remotely?
- How will you measure useability?
- How will you ensure that there is adherence to federal standards for web accessibility?
- Have you performed and user satisfaction surveys for the platform? If so, please provide a summary of the survey results.

### **4. Data Security and Compliance:**

- What security measures do you have in place to protect sensitive data?
- Is the platform compliant with relevant regulations, such as HIPAA?
- How often do you conduct security audits?
- What access controls and audit tracking exist?
- Is the platform built on a role-based security model?
- Does the platform offer granular security down to the field level?

### **5. Customization and Scalability:**

- Can the platform be customized to meet HSD's specific needs?
- How easily can the platform scale up as need grows or referral volume increases?

### **6. Implementation and Training:**

- What does the implementation process look like, and what is the expected timeframe?
- Do you provide training for staff? If so, what does that entail?
- Are there resources or support materials available for new users?

### **7. Support and Maintenance:**

- What type of customer support do you offer (e.g., 24/7, business hours, ticket system)?
- How often do you release platform updates or upgrades?
- Is regular maintenance required, and if so, how is that handled?

8. Reporting and Analytics:

- Does the platform offer analytics and reporting tools?
- Can reports be customized based on our requirements?
- Is it possible to monitor key performance indicators (KPIs) related to referral processes?

9. Cost and Contractual Details:

- How is the platform priced? Is it a one-time fee, subscription-based, or per-user?
- Are there any hidden fees, like for updates, additional features, or support?
- Provide examples of other major projects including when a project was completed on time.

10. Client References and Case Studies:

- Can you provide references or case studies from similar organizations that have used your platform?
- What feedback have you received from other clients regarding the platform's efficiency and benefits?
- Is the platform capable of engaging with bordering state CBOs including Arizona, Colorado, and Texas. How would this be similar or different from engaging with New Mexico CBOs?

11. Redundancy and Backup:

- How is data backed up, and how frequently?
- In case of a platform failure, what redundancies are in place to ensure data integrity and availability?

12. Vendor's Track Record and Experience:

- How long have you been providing closed-loop referral services?
- What experience does your team have in healthcare or the specific sector we operate in?

13. Future Roadmap:

- How do you plan to enhance and develop the platform in the future?
- Are there upcoming features or integrations we should be aware of?

14. Transition:

- If we choose to transition to a different platform or vendor in the future, how is data migration handled?

***Requirement 3: Project Workplan Timeline & Deliverables***

Applicants should provide sample workplan that includes deliverables, and time and effort associated with completing workplan objectives and tasks within the funding period.

***Requirement 4: Quote***

Include a quote in Microsoft Excel format that ties costs to the project timeline and deliverables.

**8 QUOTE RESPONSE**

Each Quote must be:

- Submitted no later than 11:59pm (MST) on Friday, November 10.
- Completed according to the guidelines outlined in this RFQ.
- Submitted using the Bonfire Site at <https://newmexicohsd.bonfirehub.com/login>

**Incomplete quotes and quotes submitted in any other manner than the online application will not be accepted.**

A confirmation email will be generated by Bonfire when Prospective Vendor has completed and submitted the quote. Prospective Vendor must consider an application not received by HSD until Prospective Vendor has received a system generated email confirmation. If a Prospective Vendor does not receive such confirmation, contact the Point of Contact listed in Section 1.4 immediately. Prospective Vendor will be required to provide proof of timely submission of the Quote. HSD shall not be responsible for Quotes that are captured, blocked, filtered, quarantined, or otherwise prevented from reaching the proper destination server including Prospective Vendor anti-virus or other security software.