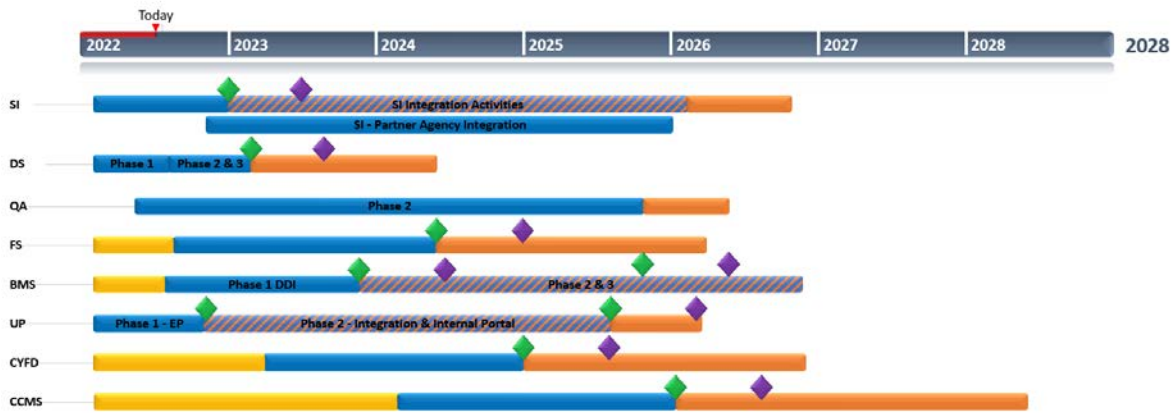


RFP Page Number	Section	Question	HSD Response
-	-	Can HSD elaborate on the current plans and/or status of the Care/Case Management module? Is a Care/Case Management Contractor and/or system currently in place?	The Care/Case Management module is in active procurement. A Care/Case Management and/or System is not currently in place.
49	III. C. – Proposal Format	The New Mexico Human Services Department Portal has the Letter of Transmittal, Campaign Contribution Disclosure Form, Suspension and Debarment Requirement, and the New Mexico Health Coverage Form as separate submissions from the Technical Proposal. The RFP includes these as required material included within the Technical Proposal. Do you want these submitted separately (as in the portal), or included in the Technical Proposal (as in the RFP), or both?	Please upload in the applicable sections in the Bonfire portal and also include in the Technical Proposal.
52 & 53	IV. A. – Technical Specifications, 1. Implementation, Requirements 1 & 2.	Does HSD have a preference for format of the work plan for mandatory requirements 1 and/or 2?	Requirement #1 should include a narrative of the requirements stated. Both Requirements, #1 and #2, should include a work plan that should be submitted in a table that includes key tasks and transition issues to be completed and/or addressed before contract operations, with estimated timeframes, milestones, responsible parties and deliverables.
53	IV. A. – Technical Specifications, 1. Implementation, Requirement 2.	Requirements 1 and 2 are closely linked. It appears that Requirement 1 relates to the transition and startup of services, while Requirement 2 is focused on the implementation of the TPA/UR system and its integration with the enterprise. Is this a correct interpretation? If not, could you elaborate on the focus of each.	This interpretation is correct.
53	IV. A. – Technical Specifications, 1. Implementation, Requirement 2.	The timeline for integrating with the ESB is contingent upon HSD's plans and schedules. Should we assume that HSD is ready to accept transactions through the ESB at contract go-live or a later date?	HSD will not be ready to accept TPA transactions through the ESB at the TPA contract go live. That integration will need to occur with the TPA post go-live.
76	IV. B. – Cost Proposal	Can we have narrative that accompanies the Cost Proposal Form, or do we only submit the completed form as the Cost Proposal?	The Cost Proposal Form is a requirement. A narrative should not be included. There may be an additional opportunity to justify the proposed cost during contract negotiations.
126	I. D. 1. Scope of Work, Program Administration	Does the psychiatrist need to be licensed and reside in NM?	The psychiatrist needs to be licensed in the state of New Mexico. It is preferred that the psychiatrist resides in NM as the state has workgroups that the psychiatrist may need to attend and participate in. At a minimum, the TPA/FIS Director and Contract Manager, key operational supervisory staff, primary reviewers, medical director, and clerical personnel shall reside in New Mexico.
126	I. D. 1. Scope of Work, Program Administration	For Behavioral Health UR determinations, would a psychologist (PsyD) with five years of experience and clinical expertise be acceptable?	For BH reviews it would be at the discretion of the TPA to determine that the individual is a health care professional who has appropriate clinical expertise. It is notable that for Applied Behavioral Analysis (ABA) reviews, they must have a BCBA.
-	-	In the spirit of encouraging more competition for this procurement, will the state please consider granting a 4 week extension?	At this time an extension for the TPA RFP cannot be granted due to state staff involvement in other upcoming procurements.
-	-	Include copies of resumes and appropriate professional licenses and/or certifications and training for all staff listed in Requirement #5 above." Question: Is HSD requesting separate documentation as evidence of "appropriate professional licenses and/or certifications and training" or simply that it be clearly identified in their resumes? If separate documentation is needed, would HSD like licenses and board certifications for physicians, or will licenses suffice?	Per Requirement #6, appropriate professional licenses and certifications must accompany resumes. Licensure and certifications must be applicable to the scope of work and requirements of this RFP.
0	General	Can the State provide the total contract value for the services requested in the RFP under the incumbent contract? Please provide a summary of annual payments the state made to the contractor currently providing these services.	The current contract value is currently \$6 Million dollars. A contract amendment was completed to increase the budget due to an increase in waiver allocations. The total expenditures for FY 22 totalled \$4,631,846.16; FY 21 totalled \$4,243,453.61; FY 20 totalled \$4,635,423.72
63	Section IV.A.7	Approximately how many fair hearings did the current contractor support in the last 12 months (or last available annual reporting period)? Of those, approximately how did the member/provider withdraw prior to the hearing?	From 1/1/2021-12/31/2021 there were 16 fair hearing requests. 7 of the 16 withdrew prior to the hearing by following the withdrawal process.
65	Section IV.	Approximately how many provider requests are submitted to the contractor for each of the allowed methods (telephone, fax, mail, and electronic) each year? If possible, please break these out by the type of request (prior authorization, LOC determinations, ISP/Budgets, request for additional information, case status, etc.).	Electronic submissions via the TPA Provider Portal were mandated in 2017 except for out of state (OOS) request that received via fax. Mi Via participants also utilize the fax to submit supporting documentation. EMSNC reviews are received by the FMA who will provide the claims in the MMIS Omnicaid system for the TPA. Most BH requests are submitted via the Provider Portal, however, currently ABA requests are mailed. 18,655 Portal requests submitted 10,031 built by TPA staff for waivers 183 – OOS faxed
65	Section IV.	Approximately how many telephone calls are received by the contractor each year from recipients or their family members/representatives?	For FY 22, the current TPA received approximately 8310 calls
66-67	Section IV.	Please provide the actual (or approximate) annual number of reviews for each of the 20 categories listed on p.66-67 the current contractor performed in the last 12 months (or last available annual reporting period)? If possible, please break these out by the type of reviews (prior authorization, concurrent, prepayment, retrospective, etc.). Also, if possible, please provide the number (or percentage) of adverse determinations made, the number of adverse determinations appealed, and the number of appealed cases overturned.	Data Dates Pulled (July 1, 2021-June 30, 2022) Alternative Benefit Plan: 2 Behavioral Health: 1847 Comprehensive Review of Practice: 0 Contact Lenses: 21 Dental Services: 2215 Durable Medical Equipment, Prosthetics and Orthotics, and Nutrition Services: 1499 Early and Periodic Screening and Diagnostics Personal Care Services: 1 Emergency Medical Services for Non-Citizens: 1016 General Hospital Inpatient (In-State): 72 Hearing Services: 44 Home and Community-Based Service Waivers: DDW: Budgets: 8043 LOC: 3572 Med Frag: Budgets: 453 LOC: 302 Mi Via: Budgets: 3011 LOC: 2007 Supports Waiver: Budgets: 462 (222-Participant Directed; 240-Agency Based) LOC: 387 Home Health Services: 118 Intermediate Care Facilities for Individuals with Intellectual Disabilities: 307 Nursing Facility: 136 Out of State Services: 496 Private Duty Nursing Services: 102 Program of All-Inclusive Care for the Elderly: 837 Rehabilitation Services (In/Outpatient): 78 Second Opinion Reviews: 0 Transplant Services: 7
74	Section IV.	Please provide the expected or estimated (or actual/historical) number of waiver in-home assessments the contractor will conduct annually. If possible, please break these out for each waiver program.	HSD is expecting that the Offeror be prepared to conduct approximately 6000 waiver in-home assessments. Currently the Mi Via waiver is the only waiver that requires the TPA to conduct an IHA, however, in the near future, the Department of Health is requesting that an IHA also be completed for all of the DDW recipients. Please also keep in mind that the state is in the process of a super allocation to eliminate the 14 year waiver wait list, therefore, all members on the waiting list will be given the opportunity to select the DDW or the Mi Via waiver allocation. Upon DOH direction, all new allocations will require an IHA and annually thereafter.
75	Section IV.	Please provide the expected or estimated (or actual/historical) number of initial level of care reviews the contractor will conduct annually. If possible, please break these out for each waiver program.	Initial DDW LOCs: 539 Initial Med Frag LOCs: 41 Initial Mi Via LOCs: 409 Initial Supports Waiver LOCs: 279 Annual DDW LOCs: 3267 Annual Med Frag LOCs: 195 Annual Mi Via LOCs: 2282 Annual Supports Waiver LOCs: 26
75	Section IV.	Please provide the expected or estimated (or actual/historical) number of level of care redetermination/recertification reviews the contractor will conduct annually. If possible, please break these out for each waiver program.	Annual DDW LOCs: 3267 Annual Med Frag LOCs: 195 Annual Mi Via LOCs: 2282 Annual Supports Waiver LOCs: 26
183-184	Appendix 1 - Cost Proposal Form	Please provide the actual (or approximate) annual volumes for each of the 11 rate categories invoiced by the current contractor in the last 12 months (or last available annual reporting period)?	(See Sheet 3)
183-184	Appendix 1 - Cost Proposal Form	Please provide the rates for each of the 11 pricing categories paid to the current contractor.	All rates are listed on the MAD website under the Utilization Review section under Amendment # 2 https://www.hsd.state.nm.us/lookingforinformation/medical-assistance-division/
6	Section I.E6	Please confirm if the initial 2 year term begins July 2023 after implementation.	Correct.
4	C. Background Info	What is the annual average FFS population size?	This link has the numbers from May 2022 https://www.hsd.state.nm.us/wp-content/uploads/May-By-Managed-Care-Organization-Fee-for-Service-1.pdf
72	A. Technical Specifications nm	What is the split of 278s, faxed, portal, mail and phoned auth requests currently?	278-0 Fax-183 Portal-18,655 Mail-4 Phone-1

		<p>"Can the State provide clarity around this statement on page 25: In order to assure the State's goals are met, the Contractor must supply technical resources to provide updates when needed using the State's approved terminology.</p> <p>What types of updates are being referenced?</p>	<p>The TPA will be expected to produce training material, such as, but not limited to checklists, quick start guides, and/or announcements for providers and/or recipients. It is imperative that training material encompasses the program names and services that the state of New Mexico uses. In addition, systems must be programmed to capture the NM program names.</p>
25	K. Contractor Role	<p>What is the state's approved terminology?"</p> <p>Does the State have a preference of medical necessity criteria vendor, MCG's Cite CareWebQI or Change Healthcare's InterQual?</p>	<p>Currently the state is using InterQual criteria, but we are open to different criteria proposals.</p>
N/A	N/A	<p>Offoror shall describe how its proposed services integrate with the Enterprise Service Bus (ESB) to include interfaces to providers' electronic health records (EHR) and include as data or attachments.</p> <p>Which EHRs are required for integration? Will the State facilitate the requirement of the EHR to integrate with the UM tool?</p>	<p>Integration with the ESB is dependent upon an operational System Integration Platform. At this time, there is no anticipated integration requirements with EHRs.</p>
83	A. Technical Specifications	<p>Are there any additional language being supported in New Mexico aside from English and Spanish?</p> <p>The IT Team must be obligated as a one hundred percent (100%) designation to the state of New Mexico.</p>	<p>The state of New Mexico requires English, Spanish, Vietnamese and Simplified Chinese. Forms require 15 language taglines. The taglines direct people how to access information in the various languages.</p>
NA		<p>Is this for the duration of the contract or just implementation?</p>	<p>In order to make system updates timely, and without having to compete for prioritization, the state is requesting that the IT team be 100% designating to the state of New Mexico throughout the duration of the contract.</p>
54	J. MMIS Approach	<p>What are the timeframes for the MMIS Replacement project?</p>	
22	J. MMIS Approach	<p>Is there a potential to integrate with two different MMIS systems through this service offering?</p>	<p>See Sheet 2</p>
53	2. Administration and Operations	<p>When surges in volumes occur it can be beneficial to augment services with qualified staff that live within the US in states other than New Mexico.</p> <p>Would the state be open to a hybrid staffing plan to allow out of state staff which could lower the overall costs of the program?</p>	<p>Hybrid staffing may be allowed upon HSD review and approval. Please note that specific positions work must be completed within the state of New Mexico.</p>

Note: All reported numbers are estimates and may not be actual numbers

MMISR Implementation Timeline



As of 7/6/22

Utilization Review and Assessment Services	Description	Approximate Volume
Prior Authorization Review	Prior authorization for the following Developmental Disabilities waiver services: adult nursing, therapies, and behavioral support consultation.	
	Prior authorization for service or programs that are exempt from managed care, including physical health and Alternative Benefit Plan and Alternative Benefit Plan Medically Fragile exemption.	6518
EMSNC Review	Retrospective medical necessity review for Emergency Medical Services for Non-Citizens.	1013
Behavioral Health Review	Prior authorization for initial, concurrent and retro reviews. Accredited Residential Treatment Centers (ARTC), Group Homes (GH), Treatment Foster Care (TFC)	110
	Prior authorization for inpatient psychiatric care.	1082
	Prior authorization for Applied Behavioral Analysis (includes any potential Fair Hearings).	3
	Prior authorization for Substance Use Disorder (SUD)-Inpatient Psychiatric Care and Residential Treatment reviews.	309
	Prior authorization for Substance Use Disorder (SUD)-Partial Hospitalization	0
Level of Care Mi Via /Developmental Disability Waivers	Initial and annual ICF/IID level of care determination plus the in-home assessment for Mi Via and Developmental Disability waiver adults and children requiring ICF/IID level of care.	1794
Level of Care All Others	Initial and annual ICF/IID level of care determinations for adults and children in the Medically Fragile, and Supports Waiver home and community-based waiver programs.	613
	Initial and annual ICF/IID level of care for recipients receiving long-term care services in an ICF/IID facility.	440
	Nursing facility level of care determinations for recipients in the Program of All-Inclusive Care for the Elderly.	838
ISP/SSP and Budgets-Initial and Annuals	Review and approval of Initial and Annual Individual Service Plans and budgets for Developmental Disabilities Waiver (DDW) and Medically Fragile Waiver (MFW).	3546
	Review and approval of Service and Support Plans and budgets for Mi Via (MV) and Supports Waiver (SW) Participants.	2439
	Review and approval of Individual Service Plans and budget revisions for DDW and MFW.	4758

ISP/SSP and Budgets-Revisions	Review and approval of Service and Support Plans and budget revisions for Mi Via and Supports Waiver Participants	1225
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****Numbers pulled from FY 22****