

September 30, 2022

RE: Tribal Notification (22-29) of the release of the Turquoise Care Medicaid Managed Care Request for Proposals (RFP# 23-630-8000-0001)

Dear Tribal Leadership, Indian Health Service, Tribal Health Providers, and Other Interested Parties:

On Friday, September 30, 2022, the State of New Mexico's Human Services Division will release the Turquoise Care Medicaid Managed Care Organizations Request for Proposals (RFP# 23-630-8000-0001). The purpose of this Request for Proposals (RFP) is to solicit competitive, sealed proposals from Managed Care Organizations (MCOs) to provide services to Members of the New Mexico Medicaid managed care program. New Mexico's current Medicaid program is known as Centennial Care. Beginning in 2024, the State's Medicaid program will be referred to as Turquoise Care. This RFP sets forth the New Mexico Human Services Department's (HSD's) process for soliciting, evaluating, and scoring proposals, and for selecting Contractors to provide the scope of work identified in this RFP and comply with the terms of the Model Contract (Appendix L).

The focus of New Mexico's current Medicaid managed care program has been to strengthen facets of the program that are fundamental to delivering high quality and effective health care services to members, while advancing emerging managed care strategies and practices to improve the efficacy of services, efficiency of service delivery, and member satisfaction. While this area of focus will continue to be foundational to the program, Turquoise Care will introduce new and transformational practices for 2024 and beyond, improve access for members, drive even greater accountability, and promote delivery of quality care over volume.

To advance to our vision, HSD will operate a data-driven Medicaid program that measures quality based on population health outcomes.:

Goal 1: Build a New Mexico health care delivery system where every Medicaid member has a dedicated health care team that is accessible for both preventive and emergency care that supports the whole person - their physical, behavioral, and social drivers of health.

Goal 2: Strengthen the New Mexico health care delivery system through the expansion and implementation of innovative payment reforms and value-based initiatives.

Goal 3: Identify groups that have been historically and intentionally disenfranchised and address health disparities through strategic program changes to enable an equitable chance at living healthy lives.

Working in collaboration with its partners and stakeholders, the State has developed a comprehensive suite of programs and initiatives that align with the future Medicaid program's vision and goals. With over eighty percent (80%) of New Mexico's Medicaid population receiving care through the Managed Care delivery system, it is essential that the State selects Managed Care partners that understand these goals and can help ensure the success of Turquoise Care.

Turquoise Care programs and initiatives reflect member- and provider-centric philosophies and are designed to better support historically underserved populations while pursuing efficiencies in cost and quality of care through value-based purchasing (VBP), care coordination, and investments in providers and community-based care. HSD selected the following five populations, historically disparately impacted by societal inequities and higher needs for health supports and services, to target for improved population health outcomes:

1. Prenatal, postpartum, and members parenting children, including children in state custody;
2. Seniors and members with long-term services and supports (LTSS) needs;
3. Members with behavioral health conditions;
4. Native American members; and
5. Justice-involved individuals.

Offerors may find additional detail about Turquoise Care programs and initiatives for 2024 and beyond described in the draft Section 1115 demonstration waiver renewal application, which is available online at <https://www.hsd.state.nm.us/medicaid-1115-waiver-renewal/>.

The final Section 1115 demonstration waiver renewal application for Turquoise Care will be informed by input obtained from stakeholder meetings, public comments, and tribal consultations and submitted to CMS by December 2022. HSD will update the Model Contract (Appendix L) to reflect requirements related to the 1115 demonstration waiver renewal upon its approval. The Model Contract (Appendix L) is subject to modifications necessary for CMS approval of the Contract and additional modifications by the State.

Through this procurement, New Mexico seeks to contract with MCOs that continue to advance the goals of Centennial Care 2.0 and offer innovative strategies for the implementation of Turquoise Care. MCOs must have the experience, methods of approach, and capability to provide an integrated, comprehensive delivery system that offers the full array of Medicaid services, including physical health, behavioral health, and LTC on a statewide basis.

Over the course of Turquoise Care, HSD will continue to introduce progressive quality goals focused on health outcomes, implement pilot projects (based on geography and/or specific populations), and challenge its MCOs to work collaboratively with the provider community, each other, and the State to achieve a health care delivery system that is efficient and effective, reduces health disparities, improves the health of the individuals and populations it serves, and therefore increases the value of each taxpayer dollar spent.

New Mexico's 1115 Demonstration Waiver requires mandatory managed care enrollment for most of New Mexico's Medicaid population. The populations that are exempt from mandatory enrollment in managed care are:

- Individuals who are identified as Native American in the State's eligibility and enrollment system and not in need of LTC or who have opted out of managed care and are receiving services through the New Mexico Medicaid fee-for-service program;
- Individuals who receive care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID);
- Individuals who are enrolled only in the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLIMB), or Qualified Individuals program;
- Individuals who are covered only under the Medicaid Family Planning program;
- Individuals who are enrolled in the Program of All-Inclusive Care for the Elderly (PACE); and
- Individuals who receive emergency services under the Emergency Medical Services for Non-Citizens (EMSNC) program.

Individuals enrolled in a 1915(c) HCBS Waiver Program (the Developmental Disabilities Waiver Program, the Mi Via Self-Directed Waiver Program, and the Medically Fragile Waiver Program) are required to enroll in a MCO for ancillary services but receive Home- and Community-Based Services (HCBS) through the 1915(c) HCBS Waiver Program.

MMIS Replacement (MMISR)

During the course of this procurement and term of the Turquoise Care Contracts (2024 and beyond), a new Medicaid Management Information System (MMIS) is being developed and implemented by HSD. MCOs under contract with HSD during that time must exhibit flexibility in working with changing systems and business processes that will result from the MMIS replacement. MCOs must understand that New Mexico Medicaid systems and processes as they exist now (in 2022) will change in the next several years, and the MCOs, led by and in partnership with HSD, will work to effectuate a smooth transition and effective implementation of the new MMIS and any changes in systems and processes that result from it.

The Turquoise Care Medicaid Managed Care Organizations Request for Proposals and Procurement Library is available on the HSD website at <https://www.hsd.state.nm.us/2022-turquoise-care-mco-rfp-procurement-library/>.

Sincerely,



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