

State of New Mexico



New Mexico Human Services
Department

Request for Proposals

for

Managed Care Organization

Contractors

for Turquoise Care

RFP # 23-630-8000-0001

Issue Date: September 30, 2022

Proposal Due Date: 5:00 PM (MST), December 2, 2022

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SECTION 1: INTRODUCTION

1.1 General Information

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, hereinafter referred to as “Turquoise Care”, beginning in 2024.

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 attached Model Contract (Appendix L).

Although the resulting Managed Care Services Agreement (“Contract”) is exempt from New Mexico’s procurement code, HSD, the New Mexico Children, Youth, and Families Department (“CYFD”), the New Mexico Early Childhood Education and Care Department (“ECECD”), and the New Mexico Behavioral Health Purchasing Collaborative (“the Collaborative”) will follow the procurement process set forth in New Mexico’s procurement code (NMSA 1978, Section 13-1-98.1 [1989] *Hospital and health care exemption*).

References to HSD in this RFP and the Contract related to Behavioral Health also include the Collaborative, whether or not such sections explicitly reference the Collaborative.

This document can be accessed electronically in the RFP procurement library at <https://www.hsd.state.nm.us/2022-turquoise-care-mco-rfp-procurement-library/> and is also available through Bonfire at [New Mexico Human Services Department \(bonfirehub.com\)](https://www.bonfire.com/new-mexico-human-services-department).

1.2 Background Information

Managed care has been the primary service delivery model for Medicaid in New Mexico since 1997 for physical health, and since 2008 for behavioral health and Long-Term Services and Supports (LTSS). Today, the managed care program, currently known as Centennial Care 2.0, covers approximately 881,500 individuals (as of June 2022) with three (3) MCOs providing a full array of physical health, behavioral health, and Long-Term Care (LTC) services through an integrated delivery system.

HSD implemented Centennial Care through a Section 1115 Demonstration Waiver approved by the federal Centers for Medicare & Medicaid Services (CMS) for a five (5) year period, from January 2014 through December 2018, and renewed Centennial Care 2.0 for five (5) years from January 2019 through December 2023. Centennial Care and Centennial Care 2.0 modernized the Medicaid program by improving the efficiency and effectiveness of health care delivery; integrating physical, behavioral, and LTSS; advancing person-centered models of care; and

slowing the growth of program costs.

Turquoise Care

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 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.

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 covered pursuant to Emergency Medical Services for Non-Citizens (EMSNC).

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 an 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.

1.3 Summary of Scope of Work

HSD requests competitive proposals from Offerors to provide covered services under a capitated risk-bearing contract, and to comply with all State and federal Medicaid managed care requirements, including but not limited to the requirements in this RFP and those in the attached Model Contract (Appendix L). Selected Offerors will provide physical health, behavioral health, and LTC services on a statewide basis and meet or exceed the scope of work requirements to achieve Turquoise Care program goals, improve Member health outcomes, and advance program efficiencies, effectiveness, and value.

The Contract is subject to approval by HSD, the State of New Mexico, and CMS.

1.4 Scope of Procurement

The purpose of this competitive RFP is to select Offerors that have the experience, capabilities, and methods of approach to successfully perform the scope of work requirements described in this RFP and in the Model Contract (Appendix L).

HSD intends to contract with three (3) Turquoise Care MCOs (Contractors) unless HSD determines it is in the State's best interest to do otherwise. The number of Contractors selected and awarded through this procurement process is solely at HSD's discretion, based on the best interests of the State.

HSD also intends to contract with one (1) of the selected Turquoise Care MCOs (CISC Contractor) to provide covered services to Children in State Custody (CISC) on a statewide basis. CISC, other than Native American CISC, will be mandatorily enrolled into the CISC Contractor selected to provide services and benefits to CISC. Native American CISC Members will have the option to enroll into the CISC Contractor. All Offerors must respond to CISC Technical Proposal questions.

The Turquoise Care Contracts awarded to the selected Offerors as a result of this RFP are anticipated to be effective January 1, 2024 through December 31, 2026. Prior to the expiration of the Turquoise Care Contract, HSD may elect to renew the Turquoise Care Contract(s), at HSD's sole discretion, for one-year period(s), not to exceed eight (8) years for the total Contract period, consistent with NMSA 1978, § 13-1-191. Capitation Rates will be re-evaluated every year.

Prior to the Go-Live date for the Contracts resulting from this procurement, each selected Offeror must work with HSD to demonstrate its ability and readiness to provide all Covered Services and implement all Contract requirements. Selected Offerors must participate, without compensation, in readiness and implementation activities that will begin upon notification from HSD in 2023 and continue through the end of Calendar Year (CY) 2023. Selected Offerors, through readiness and implementation activities, must demonstrate the Offerors' ability as determined by HSD to perform under the Contract by the Go-Live date of January 1, 2024.

1.5 Reprocurement of Services

During any period, either before the execution of the initial Contract or thereafter, HSD reserves the right to issue requests for proposal or offers to other potential contractors for performance of any portion of the services covered by this procurement or similar or comparable services.

1.6 Procurement Manager

HSD has designated a Procurement Manager who is responsible for the conduct of this procurement. All inquiries or requests regarding this procurement must be submitted directly to the Procurement Manager via the email listed below. Offerors must add "[SECURE]" to the beginning of the subject line of any emails sent to the Procurement Manager.

The RFP identification number must be referenced in all communications regarding the RFP. Questions must be clearly labeled and clearly reference the relevant Section of the RFP, heading, and page number where the content that forms the basis of the question can be located.

Offerors must contact only the Procurement Manager regarding this procurement. Other State

employees, consultants, and agents do not have the authority to respond on behalf of HSD. HSD shall not assume responsibility for any answers or clarifications provided by other HSD staff, or by any other State employee or agent. An Offeror that contacts another State employee or agent in violation of this requirement will be excluded from further participation in the procurement.

The Procurement Manager's decision on any matter regarding this procurement shall be final.

Contact information for the Procurement Manager is as follows:

Charles Canada
Turquoise Care Procurement Manager
Medical Assistance Division Special Projects Officer
New Mexico Human Services Department
PO Box 2348
Santa Fe, NM 87504-2348

Phone: (505) 660-9361

Email: TurquoiseCare.rfp@state.nm.us

1.7 Offeror Qualifications/Conflicts of Interest

This RFP is open to any Offeror capable of performing the work as described in the Model Contract (Appendix L) and addressed in Section 1.3 of this RFP, Summary of Scope of Work, subject to the following stipulations and submissions:

1. An Offeror must be licensed by the New Mexico Public Regulation Commission, Division of Insurance, to assume risk and enter into prepaid capitation contracts at least six (6) months before the Go-Live date. No exceptions will be granted for this provision.
2. An Offeror must be either (i) National Committee for Quality Assurance (NCQA) accredited in the State of New Mexico, or (ii) NCQA accredited in another state where the Offeror currently provides Medicaid services and initiates the NCQA accreditation process for the State of New Mexico upon notice of award and achieves NCQA accreditation for New Mexico's program within one (1) year from Go-Live.
3. Pursuant to the Governmental Conduct Act, NMSA 1978, 10-16-1 et seq., an Offeror shall have no direct or indirect interest that conflicts with the performance of services covered under this Contract.
4. Pursuant to NMSA 1978, § 13-1-191, § 30-24-1 through 30-24-2, and §§ 30-41-1 through 30-41-3, an Offeror shall not provide or offer bribes, gratuities, or kickbacks to applicable State personnel.

5. An Offeror shall ensure that it will comply with the New Mexico Governmental Conduct Act, NMSA 1978, 10-16-1 et seq.
6. An Offeror shall complete any and all required disclosure forms, including but not limited to campaign disclosure forms and other attestations.
7. The burden is on the Offeror to present sufficient assurance to HSD that awarding the Contract to the Offeror shall not create a conflict of interest.
8. An Offeror must disclose to HSD its relationship to other entities contracting with the State, noting all entities, organizations and contractors doing work for both the State and the Offeror, and the nature of that work. Offerors must use the format provided in the Disclosure of Contractor Relationships form (Appendix A) and submit this information in the Exhibits Electronic File Submission.

1.8 Procurement Library

The Procurement Manager has established an online procurement library, which can be accessed at <https://www.hsd.state.nm.us/2022-turquoise-care-mco-rfp-procurement-library/>. The procurement library includes electronic documents and web links. All items are available online. Offerors are encouraged to review the materials contained in the online procurement library. HSD may continue to update the materials in the procurement library after this RFP is released; however, Offerors will be evaluated based upon the content contained in the RFP procurement library as of the final date for HSD to post responses to questions (see Section 2.1, Procurement Schedule). Prior to that date, Offerors are advised to check the procurement library frequently to see if new and revised material has been added.

The Procurement Library includes, but is not limited to, the following:

- This RFP (#23-630-8000-0001) including Appendices
- Appendix L: RFP Model Contract/SOW – Turquoise Care Model Contract
- 2022 Centennial Care Fact Sheet
- Managed Care Policy Manual (1/2019, 10/2020)
- MAD Contracts, including Centennial Care 2.0 Contracts through Amendment #7
- Centennial Care Letters of Direction (LODs) for MCOs
- Centennial Care Reports - List, Templates (32) and Instructions (40)
- DSIPT Report Template
- 2022 Value Added Services
- Centennial Care Annual and Quarterly Reports, 2014 – 2017 (Q1) and Hospital Quality Improvement Incentive (2016 & 2017)
- 2022 1115 Draft Waiver Renewal Application

- 2017 1115 Waiver Renewal Application and CMS Approvals
- HSD Standardized Health Risk Assessment (HRA) Form
- Quality Strategy for NM Medicaid Managed Care Program
- Critical Incident Reporting
- Critical Incident Management System Training Guide
- Nursing Facility Level of Care (NFLOC) Guidelines and Forms
- Agency-Based Community Benefits Forms and Documents
- Nursing Facility Level of Care Training Presentations
- Community Based Services Questionnaire and Report Template
- MAD Form 614 Employer of Record Self-Assessment
- Financial Report Templates
- MCO Systems Manual (rev 7/2017)
- MITA State Self-Assessment
- MMISR Documentation
- HHS 2021 IT Enterprise Framework
- MMISR Schedule
- CareLink NM website (NM Health Homes Program)
- Health Homes (CareLink) Policy Manual
- NM BH Collaborative Webpage
- NM BH Collaborative Presentations, Notes and Strategic Plan; BH Planning Council
- Office of Peer Recovery and Engagement
- Office of Substance Abuse Prevention (OSAP) website and Evaluation Reports
- NMAC Eligibility Rule Manual
- NMAC Program Rules
- Supplements to MAD NMAC Program Rules – 2022
- HSD NM Medicaid Recent Eligibility Reports, by Category of Eligibility, by MCO by County, Summaries
- HSD NM State Plans and SPAs
- HSD NM State Plans and SPAs
- 5010 HIPAA Guides, FAQs and Submission Procedures
- MAD Rules and Billing Overview
- HSD 2022 Strategic Plan
- NM HSD Website
- HSD Turquoise Care Webpage
- NMAC – New Mexico Administrative Code
- CMS Medicaid and Managed Care
- CMS Medicaid and CHIP Managed Care Final Rule
- CMS Behavioral Health Services and Mental Health Parity (MHPAEA)

- CMS Federal Policy Guidance

1.9 Data Book

A data book summarizing MCO encounter data for CY2019-CY2021 and supplemental narrative is available through Bonfire and the Procurement Library. Offerors are encouraged to review the exhibits contained in the data book.

1.10 Definitions

This Section contains definitions that are used throughout this RFP. Acronyms used in this RFP can be found in the Acronym List, (Appendix B). Offerors may also refer to Section 2 of the Model Contract (Appendix L) for additional definitions, acronyms, and terminology related to the scope of work.

Affiliates means all entities that have a common ownership relationship with the Offeror, whether or not these entities are used to perform functions specified in the Contract.

Children in State Custody (CISC) Contractor means a successful Offeror who enters into a binding Contract as the single, statewide Contractor to administer benefits to CISC.

Close of Business or **COB** means 5:00 p.m. Mountain Standard or Mountain Daylight Time, whichever is in effect on the given date.

Contract means a written agreement between HSD and an Offeror to provide the services as described in this RFP.

Contractor means a successful Offeror who enters into a binding Contract.

Determination means the written documentation of a decision by the Procurement Manager, including findings of fact supporting a decision. A determination becomes part of the procurement file.

Electronic Submission means a successful submittal of an Offeror's proposal in the Bonfire system.

Evaluation Committee means a body appointed by HSD to evaluate Offerors' proposals.

Go-Live means the date on which the Contractor assumes responsibility for the provision of Covered Services to Members and the start of compensation to Contractor(s). The Go-Live date for the Contract issued under this RFP is anticipated to be January 1, 2024.

Major Subcontractor means an entity with which the Contractor has, or intends to have, an executed agreement to deliver or arrange for the delivery of any of the Covered Services under the Agreement.

Mandatory means “required.” The terms “must,” “shall,” “will,” “is required,” or “are required” identify a mandatory item or factor. Failure to meet a mandatory item or factor will result in the rejection of the Offeror's proposal at HSD’s discretion.

Offeror refers to any person, corporation, or partnership that submits a proposal.

Procurement Manager means the person or designee authorized by HSD to manage or administer a procurement requiring the evaluation of competitive, sealed proposals.

Request for Proposal or **RFP** refers to all documents used to solicit proposals, including those attached or incorporated by reference.

Responsible Offeror means an Offeror who submits a Responsive Proposal and who has furnished (when required) information and data to prove that the Offeror’s financial resources, production or service facilities, personnel, service reputation, experience, and proposed method of approach are adequate to make satisfactory delivery of the services or items of tangible personal property described in the proposal.

Responsive Offer or **Responsive Proposal** means an offer or proposal that conforms in all material respects to the requirements set forth in the RFP. Material respects of a Responsive Offer include but are not limited to price, quality, quantity, and delivery requirements.

Subcontractor means an entity with which the Contractor has, or intends to have, an executed agreement to perform any functions required under the Agreement and does not include a Provider or Contract Provider.

Waiver refers to the authority granted to states under the Social Security Act to allow them flexibility in operating Medicaid programs, including authorization to apply for home- and community-based waivers.

SECTION 2: CONDITIONS GOVERNING THE PROCUREMENT

This Section of the RFP contains the procurement schedule and describes the major procurement events as well as the conditions governing the procurement.

2.1 Procurement Schedule

The schedule set forth below represents HSD’s best estimate of the procurement schedule that will be followed. Unless stated otherwise, the event deadline will be at Close of Business on the dates specified below. If the date of an event in this schedule (e.g., Proposals Due - Deadline: 5:00 pm MST) is delayed, the rest of the schedule will likely, but not necessarily, be shifted by the same number of days. The Procurement Schedule is subject to change at HSD’s discretion.

| Turquoise Care MCO Procurement Schedule | |
|---|--|
| Event | Date¹ |
| Release of RFP and Procurement Library | September 30, 2022 |
| Acknowledgment of Receipt Form due to HSD | October 17, 2022 |
| Pre-Proposal Conferences – Morning: RFP; Afternoon: Actuarial | October 18, 2022 |
| Deadline for submission of RFP questions for HSD response | October 28, 2022 |
| HSD’s final date to post responses to questions and Amendment(s) to RFP | November 18, 2022 |
| Submission of Proposal – Deadline: 5:00 pm MST | December 2, 2022 |
| Evaluation and Scoring of Proposals | December 5, 2022 – January 13, 2023 |
| Notifications to Offerors that do not meet Mandatory Requirements | December 16, 2022 |
| Notice of Intent to Award | January 16, 2023 |
| Contract Negotiations | January 17 – February 3, 2023 |
| CMS Contract Approval Period | February 4 – March 4, 2023 |
| Signature process (Contractors and State) | March 6 – March 21, 2023 |
| Contract Award Date | March 22, 2023 |
| Protest period – fifteen (15) days from contract award | March 23 – April 6, 2023 |
| Submission of Transition Management Agreement | April 14, 2023 |
| Transition Management Agreement Effective Date | April 14, 2023 |
| Effective Date for Readiness Period (<i>no compensation</i>) | April 14, 2023 |
| Readiness Period | April 14- Dec. 31, 2023 |
| Go-Live Date | January 1, 2024 |

2.2 Explanation of Events

2.2.1 Release of RFP

This RFP is issued on behalf of the State of New Mexico Human Services Department/Medical Assistance Division on the date stated in Section 2.1, Procurement Schedule. The RFP and amendments, if any, may be downloaded from the following address: <https://www.hsd.state.nm.us/2022-turquoise-care-mco-rfp-procurement-library/>

2.2.2 Acknowledgment of Receipt Form

HSD requests that all potential Offerors submit the Acknowledgment of Receipt Form that accompanies this document (Appendix C) via email to the Procurement Manager no later than

¹ All dates are subject to change at HSD’s discretion.

the date stated in Section 2.1, Procurement Schedule. Submission of this form to HSD is preferred, but is not a mandatory requirement to participate in the procurement process.

2.2.3 Pre-Proposal Conferences

Two pre-proposal conferences will be held to give Offerors an opportunity to ask questions and clarify issues concerning this RFP and procurement process. While attendance is encouraged, attendance at the Pre-Proposal Conferences is not a mandatory requirement for submitting a Proposal. Both conferences will be held virtually, using Zoom, on the same day.

The morning RFP pre-proposal conference will focus on the RFP and proposal requirements. The afternoon actuarial pre-proposal conference will focus on data, rates, costs, and actuarial content related to this procurement.

Potential Offerors may ask clarifying questions regarding the RFP during the pre-proposal conferences; however, HSD's verbal response to any question at the pre-proposal conferences is preliminary and non-binding. Potential Offerors must submit written questions in accordance with Section 2.2.4 to receive formal responses to questions.

The pre-proposal conferences will be held virtually on Zoom at the following times:

Tuesday, October 18, 2022:

- 9:00 am (MDT): RFP pre-proposal conference
Dial In: 312-626-6799
Meeting ID: 910 1971 7419
Password: 603415
Link: <https://mmc.zoom.us/j/91019717419>
- 2:00 pm (MDT): Actuarial pre-proposal conference
Dial In: 312-626-6799
Meeting ID: 910 1971 7419
Password: 603415
Link: <https://mmc.zoom.us/j/91019717419>

All representatives will be required to virtually sign in through Zoom. HSD will keep a public log of the names of representatives of potential Offerors that attend the pre-proposal conferences.

2.2.4 Submission of RFP Questions

Potential Offerors may submit questions to clarify this RFP and its appendices. **All questions must be in writing using the Template for Submission of Questions (Appendix D) and submitted as a Word document via email to the Procurement Manager no later than the date stated in Section 2.1, Procurement Schedule.**

Questions submitted after the date stated in Section 2.1, Procurement Schedule, for submitting questions will not be answered.

The purpose of the Question and Answer process is to enable Offerors to obtain clarification about the RFP requirements in order to prepare a response. HSD, at its sole discretion, may not answer questions that are submitted for reasons other than to obtain RFP clarifications.

Offerors must use the Template for Submission of Questions (Appendix D), which clearly labels the RFP number, and fully complete the Template and information required for each question. HSD, at its sole discretion, may disregard any questions that are not submitted using the Template or that do not contain complete information relevant to the prompts in the column headers (e.g., source, section number, page number) for each question in the Template table.

Clarifying questions regarding the submission process, communication process, or use of Bonfire may be raised during the Pre-Proposal Conferences; however, responses to questions provided during the Pre-Proposal Conference will be considered unofficial. Potential Offerors must submit questions in writing to receive formal responses to the question.

2.2.5 Responses to Questions/RFP Amendments

HSD will post written responses to written questions received and any RFP amendments on the Turquoise Care MCO RFP and Procurement Library page (<https://www.hsd.state.nm.us/2022-turquoise-care-mco-rfp-procurement-library/>) on or before the estimated date stated in Section 2.1, Procurement Schedule. HSD's written response to questions constitutes a formal response but does not constitute an amendment to the RFP. If warranted, HSD will amend the RFP at a later date to address the specific issues. HSD's response to a question will note if an amendment is necessary and forthcoming. HSD will not reveal the identity of the potential Offeror submitting the question(s).

HSD shall make every effort to provide answers on or before the estimated date stated in Section 2.1, Procurement Schedule.

HSD reserves the right to amend this RFP, including all appendices, any time before the closing date for submitting proposals.

HSD will not notify Offerors of the posting of written responses to questions or amendments to the RFP. It is the Offerors' responsibility to check the Turquoise Care MCO RFP and Procurement Library page (<https://www.hsd.state.nm.us/2022-turquoise-care-mco-rfp-procurement-library/>) frequently to review HSD responses to

questions and any amendment(s) to the RFP.

2.2.6 Submission of Proposal

Proposals in response to this RFP must meet the requirements in Section 3, Proposal Submission Requirements. The Offeror's complete proposal must be received by HSD no later than the date and time specified in Section 2.1, Procurement Schedule. Failure to submit the proposal before the deadline will result in the Offeror being disqualified from further evaluation and selection.

A public log will be kept of the names of all Offerors that submit proposals. Pursuant to NMSA 1978, § 13-1-116, the contents of any proposal shall not be disclosed to competing Offerors or the general public before the Contract is awarded.

2.2.7 Review of Mandatory Requirements and Notification to Offerors That Do Not Meet Mandatory Requirements

HSD will review each Offeror's RFP proposal to confirm that Mandatory Requirements are met. Offerors who submit proposals that do not meet Mandatory Requirements will receive an email from the Procurement Manager notifying the Offeror that their Technical Proposal will not be reviewed due to failure to meet Mandatory Requirements.

If HSD determines all Mandatory Requirements are met, the Offeror's Technical Proposals will be reviewed, evaluated, and scored.

2.2.8 Evaluation and Scoring of Proposals

Technical Proposal Evaluation

Technical Proposals will be evaluated and scored by an Evaluation Committee appointed by HSD for proposals that meet Mandatory Requirements. Subject matter experts may be used by the Evaluation Committee to review responses to specific parts of the technical proposal and provide feedback for the Evaluation Committee's consideration. Such subject matter experts are advisors and are not members of the Evaluation Committee.

During the evaluation period, the Procurement Manager may initiate discussions with Offerors who submit responsive or potentially Responsive Proposals for the purpose of clarifying aspects of their proposals. The Procurement Manager will initiate and track these discussions; discussions must not be initiated by Offerors.

The evaluation and scoring of Technical Proposals will include the review of the required materials provided in the Exhibits Electronic File Submission.

Selection of Finalists

Based upon the evaluation and scoring of Offerors' proposals, HSD will select successful Offerors.

CISC Technical Proposal Evaluation

Following the selection of successful Offerors, HSD will evaluate and score the CISC Technical Proposals of Offerors selected as Turquoise Care MCOs. The CISC Technical Proposals of Offerors who were not selected as Turquoise Care MCOs will not be reviewed or evaluated. The evaluation and scoring of CISC Technical Proposals will include the review of the required materials provided in the Exhibits Electronic File Submission.

2.2.9 Oral Presentations

HSD will not offer or require Oral Presentations as part of this RFP.

2.2.10 Notice of Intent to Award Contract

Based on HSD's selection of the successful Offerors, including the MCO selected to provide covered services and benefits to CISC, the Procurement Manager shall send all successful Offerors a notice of intent to award.

2.2.11 Contract Negotiation and Finalization

HSD reserves the right to negotiate with successful Offerors regarding provisions that are in addition to or different from those contained in this RFP or the Model Contract (Appendix L). The contents of this RFP, as revised and/or supplemented, and the successful Offeror's proposal will be incorporated into and become part of the Contract at HSD's discretion.

2.2.12 Contract Awards

Upon receipt of the signed contractual agreement, the Agency Procurement office will award on the date stated in Section 2.1, Procurement Schedule, or as soon as possible thereafter. The award is subject to appropriate Department and State approval.

2.2.13 Approval of Contract

HSD will review and approve the final Contract. The Contract is subject to review and approval by CMS and the State of New Mexico.

2.2.14 Protest Deadline

Any protest by an Offeror must be timely and conform to NMSA 1978 § 13-1-172, and applicable procurement regulations. The fifteen (15) Calendar Day protest period for Responsive Offerors shall begin on the calendar day following the Contract award and will end at Close of Business fifteen (15) Calendar Days after the Contract award. Protests must be written and must include the protestor's name and address as well as the RFP number.

Protests must also contain a statement of grounds for protest, including appropriate supporting exhibits, and must specify the ruling requested. Protests must be addressed and delivered to the Cabinet Secretary, with a copy to the Procurement Manager and the General Counsel:

P.O. Box 2348
Santa Fe, NM 87504-2348

For hand deliveries or express mail deliveries, the following address may be used:

1 Plaza la Prensa
Santa Fe, NM 87505

Protests received after the deadline will not be accepted. The State reserves the right to implement the terms of the Contract with the successful Offerors during the pendency of the protest.

2.2.15 Submission of Transition Management Agreement

Each Offeror awarded a Contract must enter into a Transition Management Agreement with HSD on the date stated in Section 2.1, Procurement Schedule, that meets the requirements in Section 3.2.1 of the Model Contract (Appendix L).

2.2.16 Contract Effective Date

As stated above, the Contract is subject to the appropriate State and federal approvals. No compensable work may be performed by the Offeror until the effective date of the fully executed and approved Contract. The intended effective date for the Contract is April 14, 2023, for the start of the uncompensated readiness period. The intended start date for compensable work under the Contract is the Go-Live date of January 1, 2024.

2.2.17 Readiness Reviews

Each Offeror awarded a Contract must demonstrate to HSD's satisfaction that it is able to meet the requirements of this RFP and the Contract prior to the January 1, 2024, Go-Live

date. Offerors must participate in “readiness reviews,” which will commence shortly after the Contract is executed and run throughout CY2023, as directed by HSD.

The scope of the readiness reviews may include any and all requirements of this RFP and the Model Contract (Appendix L), as determined by HSD.

Contractors may not start the work under the compensable work under the Contract until they have completed the readiness review and met the requirements to the satisfaction of HSD. Offerors understand that they will receive no compensation for their efforts during the mandatory readiness review period prior to Go-Live.

2.3 General Requirements

Although the resulting Managed Care Services Agreement (“Contract”) is exempt from New Mexico’s procurement code, HSD, CYFD, ECECD, and the Collaborative will follow the procurement process set forth in the code (NMSA 1978, Section 13-1-98.1 (1989) Hospital and health care exemption).

2.3.1 Acceptance of Conditions Governing the Procurement and Other Factors

Offerors must indicate their acceptance of the conditions governing the procurement in the Letter of Transmittal Form (Appendix E). Submission of a proposal constitutes acceptance of the evaluation process and scoring contained in Section 4 of this RFP.

2.3.2 Incurring Cost

Any costs incurred by the Offeror in preparing, transmitting, or presenting its proposal or other material submitted in response to this RFP must be borne solely by the Offeror. Costs associated with the readiness review and preparation for Contract implementation must also be borne solely by the Offeror.

2.3.3 Offeror/Contractor Responsibility

Any Contract that may result from this RFP shall specify that the successful Offeror is solely responsible for fulfillment of the Contract with HSD. HSD will make Contract payments only to the Offeror/Contractor.

2.3.4 Subcontractors

The Offeror’s proposed use of Subcontractors and Major Subcontractors must be identified by name and clearly explained in the Offeror’s proposal. The Contractor must not assign, transfer, or delegate any key functions to a Subcontractor or Major Subcontractor without prior written approval of HSD. The Contractor shall be wholly responsible for meeting the

performance requirements in the entire contract, regardless of whether Subcontractors or Major Subcontractors are used. The Offeror's list of proposed Subcontractors and Major Subcontractors must be submitted using the Proposed Subcontractors Template (Appendix F) and included in the Exhibits Electronic File Submission.

See Definitions in Section 1.10 above for definitions of Subcontractors and Major Subcontractors. See Section 7.14 of the Model Contract (Appendix L) for additional information on requirements related to Subcontractors and Major Subcontractors.

2.3.5 Amended Proposals

An Offeror may submit an amended proposal before the deadline for receipt of proposals. An amended proposal must be a complete replacement for a previously submitted proposal and must be clearly identified as such in the transmittal letter. HSD personnel will not merge, collate, or assemble proposal materials.

2.3.6 Offerors' Rights to Withdraw Proposal

An Offeror may withdraw its proposal at any time prior to the deadline for receipt of proposals. The Offeror must submit a written withdrawal request signed by the Offeror's duly authorized representative, addressed to the Procurement Manager. The approval or denial of withdrawal requests received after the deadline for receipt of proposals is governed by applicable procurement regulations.

2.3.7 Proposal Offer Firm

Responses to this RFP will be considered firm for one hundredtwenty (120) Calendar Days after the due date for receipt of proposals.

2.3.8 Disclosure of Proposal Contents

Proposals will be kept confidential until Contracts are awarded. At that time, all proposals and documents pertaining to the proposals will be open to the public, except for the material that is proprietary or confidential. The Procurement Manager will not disclose or make public any pages of a proposal on which the Offeror has stamped or imprinted "proprietary" or "confidential," subject to the following requirements. **Blanket labeling of the entire document as "confidential" or "proprietary," however, shall result in the proposal being determined non-responsive.**

Proprietary or confidential data must be readily separable from the proposal in order to facilitate eventual public inspection of the non-confidential portion of the proposal. Confidential data is normally restricted to confidential financial information concerning the

Offeror's organization and data that qualifies as a trade secret in accordance with the Uniform Trade Secrets Act, NMSA 1978, §§ 57-3A-1 to 57-3A-7. The price of products offered or the cost of services proposed must not be designated as proprietary or confidential information.

If a request is received for disclosure of data which an Offeror has designated as confidential or proprietary, the Procurement Manager shall examine the Offeror's designation of confidential materials and issue a written determination that specifies which portions of the proposal should be disclosed. Unless the Offeror takes legal action to prevent the disclosure, the proposal will be so disclosed. The proposal shall be open to public inspection subject to any continuing prohibition on the disclosure of confidential data.

The State of New Mexico maintains the right to use all ideas, or adaptations of those ideas, contained in any proposal received in response to this RFP. Selection or rejection of the proposal shall not affect this right.

2.3.9 No Obligation

This procurement in no manner obligates the State of New Mexico or any of its agencies to use any proposed professional services until a valid written Contract is awarded and approved by the appropriate authorities.

2.3.10 Termination

This RFP may be canceled at any time, and any and all proposals may be rejected, in whole or in part, if HSD determines such action to be in the best interest of the State of New Mexico.

2.3.11 Sufficient Appropriation

Any Contract awarded as a result of this RFP process may be terminated if sufficient appropriations or authorizations do not exist. Such termination will be effected by sending written notice to the Contractor. HSD's decision as to whether sufficient appropriations and authorizations are available will be accepted by the Contractor as final.

2.3.12 Legal Review

HSD requires that all Offerors agree to be bound by the General Requirements contained in Section 2.3 of this RFP. Any Offeror concerns must be promptly brought to the attention of the Procurement Manager.

2.3.13 Governing Law

This procurement and any agreement with Offerors that may result from it shall be governed by the laws of the State of New Mexico.

2.3.14 Basis for Proposal

Only information supplied by HSD in writing through the Procurement Manager or in this RFP should be used as the basis for the preparation of Offeror proposals.

2.3.15 Contract Terms and Conditions

The Contract between HSD and an Offeror will follow the format specified by HSD and contain the terms and conditions set forth in the Model Contract (Appendix L). However, HSD reserves the right to negotiate provisions in addition to or different from those contained in this RFP or Model Contract (Appendix L) with successful Offerors. The contents of this RFP, as revised and/or supplemented, and the successful Offeror's proposal will be incorporated into and become part of the Contract. Only terms and conditions that are added and agreed to by HSD, as evidenced by inclusion in the duly executed Contract, will be included in the Contract.

If an Offeror objects to any of HSD's terms and conditions as contained in this Section or in the Model Contract (Appendix L), that Offeror must propose specific alternative language as part of its response to this RFP. HSD may or may not accept the alternative language. HSD's decision on alternative language is final and cannot be appealed. General references to the Offeror's terms and conditions, or attempts at complete substitutions, are not acceptable to HSD, and will result in disqualification of the Offeror's proposal.

Proposed changes shall be submitted via Bonfire as a separate electronic file within the Mandatory Requirements electronic file submission clearly labeled as "Proposed Changes to Contract Terms and Conditions." Offerors must provide a brief discussion of the purpose and impact (if any) of each proposed change, followed by the specific proposed alternate wording (see 2.3.16 below). Any proposed change to Contract terms and conditions that may be the subject of negotiations will be discussed only between HSD and the selected Offeror and shall not be deemed an opportunity to amend the Offeror's proposal.

2.3.16 Offeror Terms and Conditions

Offerors must submit with proposals a complete set of any additional terms and conditions that they want included. General references to the Offeror's terms and conditions, or

attempts at complete substitutions, are not acceptable to HSD and will result in disqualification of the Offeror's proposal.

HSD reserves the right to negotiate such requested terms and conditions. Only terms and conditions that are additional, and agreed to by HSD, as evidenced by inclusion in a duly executed Contract, will be included in the Contract between the parties. Proposed changes shall be submitted via Bonfire as a separate electronic file within the Mandatory Requirements electronic file submission clearly labeled as "Proposed Changes to Contract Terms and Conditions."

The opportunity for an Offeror to propose changes in terms and conditions is purely optional, not a mandatory requirement. No evaluation or scoring points are associated with this option.

2.3.17 Offeror Qualifications

HSD may make such investigations as necessary to determine the Offeror's ability to adhere to the requirements specified within this RFP. HSD will reject the proposal of any Offeror that is not a Responsible Offeror or that fails to submit a Responsive Offer as defined in NMSA 1978, §§ 13-1-83 and 13-1-85.

2.3.18 Right to Waive Irregularities

HSD reserves the right to waive minor irregularities. HSD also reserves the right to waive mandatory requirements, provided that all of the otherwise Responsive Proposals fail to meet the same mandatory requirements and/or doing so does not otherwise materially affect the procurement. This right is at the sole discretion of HSD.

2.3.19 Change in Contractor Representatives

HSD reserves the right to require a change in Contractor representatives if the assigned representatives are not, in the opinion of HSD, adequately meeting its needs.

At its sole discretion, HSD reserves the right to refuse key personnel, of the Contractor or a Subcontractor as defined in the Contract, for use in the performance of a Contract pursuant to this RFP.

2.3.20 Notice

Offerors are advised that any violation of federal or State law or regulation regarding attempts to improperly influence this procurement may result in criminal and/or civil penalties.

2.3.21 HSD Rights

HSD reserves the right to accept all or a portion of an Offeror's proposal.

2.3.22 Right to Publish

Throughout this procurement process and Contract term, potential Offerors, Offerors, and Contractors must secure from HSD written approval prior to the release of any information that pertains to the potential work or activities covered by this procurement or the subsequent Contract. Failure to adhere to this requirement may result in disqualification of the Offeror's proposal or termination of the Contract.

2.3.23 Ownership of Proposals

All documents submitted in response to the RFP shall become the property of HSD, CYFD, ECECD, the Collaborative and the State of New Mexico.

2.3.24 Electronic Mail Address Requirement

A large part of the communication regarding this procurement will be conducted by electronic mail (email). Offerors must have a valid email address to receive this correspondence.

2.3.25 Use of Electronic Versions of this RFP

This RFP is being made available electronically. If accepted by such means, the Offeror acknowledges and accepts full responsibility to ensure that no changes are made to the RFP. In the event of conflict between a version of the RFP in the Offeror's possession and the version maintained by HSD, the version maintained by HSD shall govern.

Please refer to:

[Open RFPs | New Mexico Human Services Department \(state.nm.us\)](https://state.nm.us)

2.3.26 Lobbying

No federally appropriated funds can be paid at any time by or on behalf of the Contractor or any other person, for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, or the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or modification of any federal contract, grant, loan, or cooperative

agreement. Further, such persons are also bound to the New Mexico Lobbyist Regulation Act, as amended, at NMSA 2-11-1 through 10. If any funds other than federally appropriated funds have been paid or will be paid to any person influencing or attempting to influence an officer or employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the Contractor must complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. (Include in the Mandatory Requirements Electronic File Submission if applicable.)

2.3.27 Conflict of Interest

A conflict of interest may exist when an Offeror qualifies for approval to enter into a Turquoise Care MCO contract and a contract for the MMIS/MMISR Quality Assurance and/or Financial Services modules with the State; this includes an Offeror that is a Contractor and/or a Subcontractor. To avoid the conflict, HSD, in its sole discretion, has the right to deny approval of the Offeror to enter into MMIS/MMISR (specifically the Quality Assurance and/or Financial Services modules) and/or MCO contracts.

SECTION 3: PROPOSAL SUBMISSION REQUIREMENTS

This Section describes the proposal submission requirements. Failure of the Offeror to conform to these requirements may, at HSD's sole discretion, result in the disqualification of the proposal. HSD reserves the right to waive minor irregularities that would not provide the Offeror(s) an advantage as compared to other Offerors. HSD may also offer the Offeror(s) an opportunity to cure minor irregularities within a timeframe specified by HSD.

3.1 Number of Proposals

Each Offeror must submit only one (1) proposal. Alternative proposals will not be accepted. A Responsive Proposal includes required content in response to: (i) Mandatory Requirements; (ii) Technical Proposal and Supporting Exhibits; and (iii) CISC Technical Proposal and Supporting Exhibits.

3.2 Proposal Format

The Offeror's proposal must comply with the following formatting requirements:

1. Written using an 8.5" x 11" page size;
2. Have one (1)-inch margins;
3. Be printed in font size twelve (12) point Times New Roman (smaller font is

- permissible for charts, diagrams, graphics, and similar visuals);
4. Have single line spacing within a paragraph and one (1) blank line between paragraphs; and
 5. Include a header and/or footer on every page that includes: the name of Offeror, RFP title and number, and the page number.

3.3 Electronic Submission and Formatting Requirements

The Offeror's entire proposal must be submitted electronically via Bonfire, which can be accessed at [New Mexico Human Services Department \(bonfirehub.com\)](https://bonfirehub.com). Offerors must register with Bonfire in order to log in and submit proposals.

The Offeror's proposal must be submitted through Bonfire no later than 5:00 pm (MST) on the date stated in Section 2.1, Procurement Schedule (December 2, 2022), in accordance with the electronic formatting requirements outlined below. Proposals submitted outside of Bonfire will not be accepted. Bonfire will record the date and time of receipt of the proposal. Proposals will be time-stamped in the system when the Offeror clicks "OK" after "Review and Submit." Such electronic submissions will be considered sealed in accordance with statute. A late proposal cannot be accepted, and an Offeror's failure to submit a proposal before the deadline shall cause the proposal to be disqualified.

The Offeror's proposal must be organized and electronically submitted in five (5) separate electronic file submissions as follows:

- one (1) electronic file submission for the Mandatory Requirements;
- one (1) electronic file submission for the Technical Proposal;
- one (1) electronic file submission for the Technical Proposal Supporting Exhibits;
- one (1) electronic file submission for the CISC Technical Proposal; and
- one (1) electronic file submission for CISC Technical Proposal Supporting Exhibits.

Single electronic files that exceed fifty (50) Megabytes may be submitted as multiple electronic file submissions, but must be the least number of electronic files necessary to fall under the fifty (50) Megabytes limit.

If Offeror's proposal contains confidential information, as defined and detailed in Section 2.3.8, the Offeror must submit two (2) additional separate electronic file submissions:

- One (1) electronic file submission of the unredacted version for evaluation purposes; and
- One (1) electronic file submission of the redacted version for the public file, in order to facilitate the potential eventual public inspection of the non-confidential version of Offeror's proposal. Redacted versions must be clearly marked as "REDACTED" or

“CONFIDENTIAL” on the first page of the electronic file.

Each electronic file submission must prominently identify the title of the submission on the file name and the front page of each uploaded submission as specified below.

3.3.1 Mandatory Requirements

One (1) electronic file submission that is organized in accordance with the Mandatory Requirements outlined in Section 5, Mandatory Requirements. The Offeror’s electronic file name and front page of the uploaded submission must be clearly marked:

“Mandatory Requirements in Response to RFP # 23-630-8000-0001”

The electronic copy of the Mandatory Requirements must include searchable PDF files or MS Word files of the entire Mandatory Requirements.

3.3.2 Technical Proposal

One (1) electronic file submission must be organized in accordance with **Section 6, Technical Proposal**. All information for the Technical Proposal must be combined into a single electronic file for submission through Bonfire. The Offeror’s electronic file name and front page of the uploaded submission must be clearly marked:

“Technical Proposal in Response to RFP #23-630-8000-0001”

The electronic copy of the Technical Proposal must include searchable PDF files or MS Word files of the entire Technical Proposal.

3.3.3 Technical Proposal Supporting Exhibits

One (1) electronic file submission containing only the Technical Proposal Supporting Exhibits that are specifically requested in Section 6, Technical Proposal. All Technical Proposal Supporting Exhibits must be combined into a single electronic file for submission through Bonfire. The Offeror’s electronic file name and front page of the uploaded submission must be clearly marked:

“Technical Proposal Supporting Exhibits in Response to RFP #23-630-8000-0001”

The electronic copies of the Technical Proposal Supporting Exhibits must include searchable PDF files or MS Word files of the entire Technical Proposal Supporting Exhibits. Exhibits must only be submitted for questions as specified in Section 6: Technical Proposal. Any exhibits submitted for questions that are not specified in Section 6 will not be considered.

3.3.4 CISC Technical Proposal

One (1) electronic file submission must be organized in accordance with **Section 7, CISC Technical Proposal**. All information for the CISC Technical Proposal must be combined into a single electronic file for submission through Bonfire. The Offeror’s electronic file name and front page of the uploaded submission must be clearly marked:

“CISC Technical Proposal in Response to RFP #23-630-8000-0001”

The electronic copy of the CISC Technical Proposal must include searchable PDF files or MS Word files of the entire CISC Technical Proposal.

3.3.5 CISC Technical Proposal Supporting Exhibits

One (1) electronic file submission containing only the CISC Technical Proposal Supporting Exhibits that are specifically requested in Section 7, CISC Technical Proposal. All CISC Technical Proposal Supporting Exhibits must be combined into a single electronic file for submission through Bonfire. The Offeror’s electronic file name and front page of the uploaded submission must be clearly marked:

“CISC Technical Proposal Supporting Exhibits in Response to RFP #23-630-8000-0001”

The electronic copies of the CISC Technical Proposal Supporting Exhibits must include searchable PDF files or MS Word files of the entire CISC Technical Proposal Supporting Exhibits. Exhibits must only be submitted for questions as specified in Section 7: CISC Technical Proposal. Any exhibits submitted for questions that are not specified in Section 7 will not be considered.

3.4 Proposal Organization

3.4.1 Table of Contents

The first page in each electronic file submission must be the table of contents. It must contain a list of all sections of the proposal in the electronic file submission and the corresponding page numbers. The table of contents in the electronic file must be linked to appropriate sections in the proposal.

3.4.2 Dividers

Each section or topic area within the electronic file submission must be separated by a divider page that is labeled with the name of the section (e.g., Letter of Transmittal,

Compliance and Acceptance Statement) or topic area (e.g., Experience and Qualifications, Network Development and Management) followed by all information required for that section or topic area in accordance with this RFP.

3.4.2.1 The Mandatory Requirements Electronic File Submission must include and have dividers labeled clearly with the corresponding document separating the following sections:

1. Letter of Transmittal
2. Compliance and Acceptance Statement
3. Proposed Changes to Contract Terms and Conditions (if applicable)
4. Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters
5. Campaign Contribution Disclosure Form
6. New Mexico Employees Health Coverage
7. Conflict of Interest Affidavit
8. Statement of Pending or Recent Litigation
9. Statement of Filed Bankruptcy or Insolvency Proceeding
10. Audited Financial Statements
11. New Mexico Licensure
12. Copy of Dual Eligible Special Needs Plan (D-SNP) agreement with CMS or statement of intent to apply for a D-SNP agreement.
13. Systems Manual Agreement
14. Disclosure of Lobbying Activities (see Appendix G of this RFP)
15. Proposal Summary and Offeror Information

3.4.2.2 The Technical Proposal Electronic File Submission must include and have dividers separating the following topic areas:

1. Experience and Qualifications
2. Network Development and Management
3. Benefits/Services
4. Care Coordination
5. Behavioral Health/Integration
6. Operational Requirements
7. Population Health Management and Quality Assurance
8. VBP and Community Reinvestment
9. Case Scenarios

3.4.2.3 The Technical Proposal Supporting Exhibits Electronic File Submission must include the following exhibit(s) if the Offeror intends to use a Subcontractor to fulfill any part of the response to technical questions:

1. Proposed Subcontractor Template (Appendix F) for each Subcontractor the Offeror intends to use

3.4.2.4 The **CISC Technical Proposal Electronic File Submission** must include and have dividers separating the following topic areas:

1. Experience and Qualifications
2. Communication and Education
3. Network Development and Management and Benefit Package
4. Care Coordination
5. Quality Management and Quality Improvement
6. Case Scenarios

3.4.2.5 The **CISC Technical Proposal Supporting Exhibits Electronic File Submission** must include the following exhibit(s) if the Offeror intends to use a Subcontractor to fulfill any part of the response to CISC technical questions:

1. Proposed Subcontractor Template (Appendix F) for each Subcontractor the Offeror intends to use.

3.4.3 Page Numbers

The pages in each electronic file submission must be numbered sequentially and include the proposal submission type (e.g., Mandatory Requirements – Page 1, Technical Proposal – Page 1).

Numbering of pages within the electronic file submission must restart with each new separate section or topic area. For example, for the Mandatory Requirements response, the “Letter of Transmittal” would begin with the page one following the last page of the response to “Acknowledgment of Receipt Form”; for the Technical Proposal, the “Network Development and Management” response would begin with page one following the last page number of the response to “Experience and Qualifications”; and for the CISC Technical Proposal, the “Communication and Education” response would begin with page one following the last page number of the response to “Experience and Qualifications.”

3.5 Proposal Response

The Offeror’s proposal response must be complete and reflect an understanding of applicable requirements of the Model Contract (Appendix L) and the requirements and materials included or referenced in this RFP.

The language used by the Offeror to respond to RFP questions must be straightforward, concise, and binding. Use of technical language in the Offeror’s responses to questions should be limited

and used only to describe a technical process. The Evaluation Committee will not infer or make assumptions when evaluating the Offeror's responses to questions that are not clear, explicit or thoroughly presented. The Evaluation Committee will not give weight to responses that contain contingent or non-binding language, such as "exploring" or "considering" during the evaluation and scoring process.

The Technical Proposal and CISC Technical Proposal must comply with the page limits noted in Sections 6 and 7 of this RFP. Supporting Exhibits specified in Sections 6 and 7 of this RFP must be included in the Offeror's electronic file submission, but will not be counted towards the page limits in the Technical Proposal or CISC Technical Proposal. Pages that exceed the page limits for topic areas as specified in Section 6 and 7 of this RFP will not be reviewed by the Evaluation Committee.

Responses to Technical Proposal and CISC Technical Proposal questions must not reference the Offeror's response to other questions within the proposal, unless the reference is to an exhibit. Only exhibits that are allowed or requested will be reviewed.

A policy, brochure, manual, or reference to a policy, brochure, or manual does not constitute an adequate response unless specifically requested. Exhibits must be referenced and described in the narrative and cannot contain a continued response. When referencing an Exhibit in the narrative, the Offeror must identify the name of Exhibit and Exhibit number. Offerors may only submit exhibits in response to explicit questions or requests as specified in this RFP; any unsolicited exhibit materials will not be reviewed by the evaluation teams.

The Offeror must not embed documents within any document/file submitted as part of its proposal. Any documents embedded by the Offeror will not be reviewed by the Evaluation Committee.

SECTION 4: EVALUATION PROCESS AND SCORING

4.1 Evaluation Process

HSD will evaluate the proposals using a phased approach. The evaluation of proposals will be conducted in the following phases:

Phase I:

- Review of Mandatory Requirements

Phase II

- Review and Scoring of Technical Proposal and Exhibits

- Selection of Turquoise Care MCOs

Phase III

- Review and Scoring of CISC Technical Proposal and Exhibits of Offerors selected as Turquoise Care MCOs
- Selection of Turquoise Care MCO for CISC Program

Phase I

Review of Mandatory Requirements

Proposals must meet all Mandatory Requirements identified in Section 5 of this RFP. No points will be awarded for this review, but failure to meet one or more of the Mandatory Requirements will eliminate a proposal from further consideration. HSD reserves the right to waive minor irregularities that would not provide the Offeror(s) an advantage as compared to other Offerors. HSD may also permit Offerors to cure minor irregularities if there is sufficient time prior to the Contract award date.

The Mandatory Requirements include the following:

- The proposal was submitted prior to the closing date and time for proposals (refer to Section 2.1 Procurement Schedule of this RFP).
- The Mandatory Requirements, Technical Proposal and Supporting Exhibits, and the CISC Technical Proposal and Supporting Exhibits were submitted in accordance with proposal submission requirements described in Section 3 of this RFP.
- The proposal contains the necessary information in the proper order.
- The Offeror has provided all forms and met all requirements in Section 5 of this RFP.

Phase II

Review and Scoring of Technical Proposal and Exhibits

Proposals that meet Phase I Mandatory Requirements will be evaluated and scored by the Evaluation Committee. Subject matter experts may be used by the Evaluation Committee to review responses to specific parts of the technical proposal and provide feedback for the Evaluation Committee's consideration.

The evaluation of the response to each question will focus on one (1) or more of the following evaluation criteria: the Offeror's method of approach, experience, and capability.

The Evaluation Committee will evaluate the response to each question using the evaluation criteria to assign a rating. The Evaluation Committee will use a rating scale ranging from one (1) to five (5) to assign a rating to each of the Offeror's responses to technical questions. The rating assigned to each response will be used to calculate the total number of points earned for that response.

The Offeror's total Technical Proposal score will be the sum of the points given to each of the Offeror's responses to the scored technical questions.

Selection of Turquoise Care MCOs

Offerors with the highest point totals from the Technical Proposal will be considered for selection. Selection of Turquoise Care MCOs will be based on the proposals that are deemed to be the most advantageous to the State. Although not mandatory, it is anticipated that the selection of Turquoise Care MCOs will be made based upon the highest scoring Offerors. The number of Turquoise Care MCO awards for this RFP is not pre-determined and will be decided at the State's discretion.

Phase III

Review and Scoring of CISC Technical Proposal and Exhibits

Following the selection of Turquoise Care MCOs in Phase III, the Evaluation Committee will evaluate and score the CISC Technical Proposals and Exhibits of Offerors selected as Turquoise Care MCOs. HSD will not review, evaluate, or score CISC Technical Proposals and Exhibits for Offerors not selected as Turquoise Care MCOs.

The Evaluation Committee may use subject matter experts to review responses to specific parts of the CISC technical proposal and provide feedback for consideration by the Evaluation Committee.

The evaluation of the response to each question will focus on one (1) or more of the following evaluation criteria: the Offeror's method of approach, experience, and capability.

The Evaluation Committee will evaluate the response to each question using the evaluation criteria to assign a rating. The Evaluation Committee will use a rating scale ranging from one (1) to five (5) to assign a rating to each of the Offeror's responses to technical questions. The rating assigned to each response will be used to calculate the total number of points earned for that response.

The Offeror's total CISC Technical Proposal score will be the sum of the points given to each of the Offeror's responses to the scored technical questions.

Selection of Turquoise Care MCO for CISC Program

The selection of the Turquoise Care MCO for the CISC Program will be based on the proposal that is deemed to be the most advantageous to the State. Although not mandatory, it is anticipated that the selection of the Turquoise Care MCO for the CISC Program will be made based upon the selected Turquoise Care MCO with the highest scoring CISC Technical Proposal.

4.2 Evaluation Committee

HSD will establish an Evaluation Committee that will evaluate and score technical proposals. HSD may, at its discretion, designate the same or different members to the Evaluation Committee to evaluate and score CISC proposals, and/or designate members to the Evaluation Committee who are employees of other State agencies with expertise in specific areas of the RFP.

Evaluation and scoring will be done through a consensus approach. The Evaluation Committee may use subject matter experts to review responses to specific parts of technical proposals and provide feedback for consideration by the Evaluation Committee.

4.2.1 Scoring Summary

The table below captures a summary of the scoring and maximum points available for the Turquoise Care MCO Proposal and Turquoise Care MCO Proposal for the CISC Program.

Turquoise Care MCO Proposal Scoring Summary

| Section | Points |
|-------------------------------|---------------|
| Mandatory Requirements | |
| Sections 5.1 – 5.15 | Pass/Fail |
| Technical Proposal | |
| Section 6 | 1,815 |
| Total | 1,815 |

Turquoise Care MCO for the CISC Program Proposal Scoring Summary

| Section | Points |
|--------------------------------|---------------|
| CISC Technical Proposal | |
| Section 7 | 850 |
| Total | 850 |

SECTION 5: MANDATORY REQUIREMENTS

Unless otherwise explicitly stated otherwise herein, Offerors must submit an electronic file submission for Mandatory Requirements as described in Section 3.3.1 with the documentation and information below and meet Mandatory Requirements to be considered for further review and possible selection. The failure to provide the documents requested and meet Mandatory Requirements may result in the disqualification of the Offeror's proposal. The Mandatory

Requirements for this RFP are as follows:

5.1 Letter of Transmittal

The electronic file submission for the Mandatory Requirements must include a signed Letter of Transmittal (see Appendix E of this RFP).

5.2 Compliance and Acceptance Statement

The Letter of Transmittal Form (Appendix E) noted above in Section 5.1 includes a statement that explicitly indicates acceptance of the Conditions Governing the Procurement stated in Section 2 of this RFP and the Offeror's agreement to comply with all requirements as described in this RFP, including all appendices, attachments, written clarifications, and amendments provided during the procurement process. If the Offeror is unwilling to comply with any terms, conditions, or other requirements of this RFP, the Offeror must clearly describe any deviations from the terms, conditions, or requirements, and must include a complete explanation of alternative terms and the reasons such deviations are proposed. Proposed changes and supporting information must be submitted via Bonfire as a separate electronic file within the Mandatory Requirements electronic file submission clearly labeled as "Proposed Changes to Contract Terms and Conditions."

5.3 Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters

The Offeror must complete the Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters form to certify compliance with federal regulations relating to suspension and debarment (see Appendix H of this RFP).

5.4 Campaign Contribution Disclosure

The Offeror must complete the Campaign Contribution Disclosure Form (see Appendix I of this RFP).

5.5 New Mexico Employees Health Coverage

The Offeror must agree with the terms of the New Mexico Employees Health Coverage Form and submit a signed copy with their proposal (see Appendix J of this RFP).

5.6 Conflict of Interest Affidavit

The Offeror must include signed and notarized Conflict of Interest Affidavits for all key personnel who are former employees of the State of New Mexico (see Appendix K of this RFP).

5.7 Statement of Pending or Recent Litigation

A statement of whether there is any pending or recent (within the past five [5] years) litigation against the Offeror where the amount in controversy or the damages sought or awarded is one (1) million or more. This includes, but is not limited to litigation involving the failure to provide timely, adequate, or quality health care services. If there is pending or recent litigation against the Offeror, the Offeror must describe the litigation and the damages being sought or awarded and the extent to which an adverse judgment is/would be covered by insurance or reserves set aside for that purpose. If there has been a judgment against the Offeror, the Offeror must provide the details of the judgment and whether the judgment will affect the Offeror's solvency and/or impair the Offeror's ability to perform under the Model Contract (Appendix L). If applicable, the Offeror must include any Securities Exchange Commission (SEC) filings discussing any pending or recent litigation.

The statement must also include Directed Corrective Action Plans within the past five (5) years to include, but is not limited to, matters involving the failure to provide timely, adequate, or quality health care services due to deficiencies in performance of contractual requirements related to an agreement with each State.

The Offeror's statement must include requested litigation and Directed Corrective Action Plan information for the Offeror, its parent organization, affiliates, and subsidiaries.

5.8 Statement of Filed Bankruptcy or Insolvency Proceeding

Include a statement of whether, in the last ten (10) years, Offeror, a predecessor company, Offeror's parent organization, affiliates, and/or subsidiaries has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation detailing relevant facts, including the date on which your company emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of and anticipated timeframe for approval of a plan of reorganization.

5.9 Audited Financial Statements

Provide copies of Offeror's most recent audited financial statements for each line of business operated, showing a separation between commercial and public accounts and among various contracts and various public fund sources for which Offeror is responsible.

Describe any findings in any of Offeror's prior three (3) years of audits (including parent company, subsidiaries or other organizational entities sharing the same financial management and accounting staff) in which the finding is associated with the management or expenditure of public or governmental funding sources. Explain any corrective action

taken in the past, or currently being taken, to address these findings.

5.10 New Mexico Licensure

Offeror must provide a copy of the Offeror's New Mexico license or proof of application for a New Mexico license, as issued by the New Mexico Office of Superintendent of Insurance (OSI) that allows the Offeror to do risk-based contracting through a managed care network of Providers as provided for in the New Mexico Insurance Code, NMSA 1978, Chapter 59A et seq. The Offeror must include a written statement from OSI that the Offeror has sufficient risk-based capital to meet the requirements in this RFP and Model Contract.

5.11 D-SNP Agreement

Offeror must provide a copy of its D-SNP agreement with CMS, or a statement of intent to apply for a D-SNP agreement.

5.12 Systems Manual Agreement

Offeror must provide a statement attesting that it has reviewed and understands the MCO Systems Manual, and that it agrees to follow the standards and requirements set forth in that manual.

5.13 Disclosure of Lobbying Activities

The Offeror must provide a signed Disclosure of Lobbying Activities form (see Appendix G of this RFP).

5.14 Proposal Summary and Offeror Information

Offerors must provide a Proposal Summary and information about the Offeror as follows. The Proposal Summary and Offeror Information will not be scored.

1. Proposal Summary that provides an overview of the Offeror, its relevant experience, and a high-level description of its proposed approach to meeting program requirements. The Proposal Summary is limited to a maximum of three (3) pages. The Proposal Summary will not be evaluated or scored, but it will be reviewed by the Evaluation Committee, and it may be used in whole or part by HSD in public notifications regarding the selection of successful Offerors.
2. Description of Offeror's form of business (e.g., individual, sole proprietor, corporation, nonprofit corporation, partnership, limited liability company) and detail the names, addresses, and telephone numbers of its officers and directors and any partners, if applicable, as well as the person the State should contact regarding the proposal. Provide Offeror's federal and State taxpayer identification

- numbers.
3. Copies of all Offeror's articles of incorporation, bylaws, partnership agreements, or similar business entity documents, including any legal entity having an ownership interest of five percent (5%) or more.
 4. Description of Offeror's relationship and provide any relevant documentation regarding Offeror's relationship to parent, affiliated, and/or related business entities, including but not limited to subsidiaries, joint ventures, or sister companies. Include a copy of the management agreement with any parent organization, if Offeror is owned by a corporation or are an affiliate or subsidiary.
 5. Statement of whether there have been any mergers, acquisitions, or sales of the Offeror's company that occurred within the last ten (10) years, are currently pending, or are currently in process, and if so, provide relevant details. The Offeror must include the Offeror's parent organization, affiliates, and subsidiaries.
 6. Organizational chart or diagram of the Offeror's organizational structure to fulfill the requirements of this RFP. The organizational chart or diagram must present information clearly and concisely and include, at a minimum, health plan functions including but not limited to key staff and roles in areas (e.g., quality management and improvement, population health management, care coordination, network management, utilization management, credentialing and recredentialing, Member rights and responsibilities, Member connections, Medicaid benefits and services, contract management, program integrity, IT/data systems [includes claims processing, encounter data submission and reporting], finance, actuarial support, etc.), lines of reporting, and the physical location of staff and functional/program areas. The organizational chart must show the corporate structure and lines of responsibility and authority in the administration of the Offeror's business as a health plan. Include a description to supplement the chart.

SECTION 6: TECHNICAL PROPOSAL

The Offeror must complete all requirements in this Section, including the responses to technical questions and all required supporting exhibits.

The Technical Proposal must be labeled "Technical Proposal in Response to RFP #23-630-8000-0001" and contain the Offeror's response to each of the questions in this Section. For each question, the Offeror must start a new page and include both the number of the question, the text of the question, and then provide the response.

If the Offeror intends to use a Subcontractor to fulfill any part of the response to technical questions, the Offeror must provide the name of the Subcontractor and the work the Subcontractor will perform in the technical response, complete a Proposed Subcontractors Template (Appendix F) for each Subcontractor the Offeror intends to use, and include the completed template(s) as Technical Proposal Supporting Exhibits.

The Technical Proposal Supporting Exhibits Electronic File Submission must be labeled "Technical

Proposal Supporting Exhibits in Response to RFP #23-630-8000-0001” and contain the Offeror’s supporting exhibits as required.

An overview of the topic areas, number of questions in each topic area, page limits per topic area, and available points for each topic area is captured in the table below. All responses in the Technical Proposal that are included in the Technical Proposal Electronic File Submission as instructed will be counted toward the per topic area maximum page limits unless otherwise noted in the Topic Area Page Limit column in the table below. Documents included in the Technical Proposal Supporting Exhibits Electronic File Submission as instructed will not be counted toward the per topic area maximum page limits.

| <i>Topic Area</i> | <i>Number of Questions/ Responses</i> | <i>Topic Area Maximum Page Limits</i> | <i>Available Points</i> |
|--|---------------------------------------|---------------------------------------|-------------------------|
| Experience and Qualifications | 1 | No Page Limit | 62 |
| Network Development and Management | 4 | 50 | 249 |
| Benefits/Services | 4 | 35 | 236 |
| Care Coordination | 3 | 30 | 200 |
| Behavioral Health/Integration | 2 | 16 | 150 |
| Operational Requirements | 2 | 14 | 125 |
| Population Health Management and Quality Assurance | 2 | 30 | 181 |
| VBP and Community Reinvestment | 2 | 20 | 138 |
| Case Scenarios | 6 | 50 | 474 |
| Totals | 26 | 245 | 1,815 |

Topic Area 1: Experience and Qualifications

1. Describe the Offeror’s managed care experience serving the same or similar populations in the past five (5) years by completing a table that includes the information listed below for each contract.
 - a. Name of state/state program;
 - b. Start and end date;
 - c. Delivery Model (e.g., ASO, MCO, etc.);
 - d. Services covered under the contract (e.g., physical health, behavioral health, pharmacy, transportation);
 - e. Covered population(s);
 - f. Average number of total member months for the most recent twelve (12) months of the contract (or most recent period if the contract has been in place less than twelve [12] months);
 - g. Instances of non-compliance under the Medicaid managed care contract, including termination or non-renewal due to performance concerns; and
 - h. Subcontractors performing delegated managed care functions and the functions the

Subcontractors performed.

Topic Area 2: Network Development and Management

2. Describe the Offeror's approach to develop, maintain, and monitor a comprehensive provider network. Include the following in the Offeror's response:
 - a. The Offeror's current understanding of network challenges in New Mexico and the Offeror's strategy to address the challenges to ensure network adequacy.
 - b. The Offeror's network development approach to ensure timely access to:
 - i. Behavioral Health providers, including higher levels of care (e.g., inpatient and residential services) and community-based, trauma-informed services to reduce unnecessary utilization of emergency room services, inpatient services, and out-of-home/out-of-state placements;
 - ii. Specialty providers; and
 - iii. Providers on and off reservation with cultural and linguistic competency to deliver services to Native American members.
 - c. The Offeror's approach to eliminating barriers for members who need an accommodation or adaptation to access and participate in services.
 - d. The Offeror's approach to monitoring to ensure network adequacy, including provider capacity.
 - e. The Offeror's approach to monitoring to ensure appointment availability standards are met.
3. There has been an exponential growing need for LTC due to shifts in population, higher life expectancies, and health needs associated with individuals of advanced age. COVID-19 has further negatively influenced LTC workforce capacity as a result of workforce shortages and an increase in demand for in-home services for Members who want to stay in their own home.

Describe the Offeror's innovative short-term and long-term strategies to recruit, retain, and monitor a direct care workforce sufficient in size and skill to meet the growing need for LTSS. Offeror's response must include an approach for monitoring and oversight to ensure high quality care provided in the community and in facilities.

4. Describe the Offeror's strategies to collaborate and invest to increase Members' equitable access to high quality primary care, improve the quality of primary care services, and expand the primary care network. Offeror's response must include the anticipated measurable impact to overall health care delivery to Members.
5. Describe the Offeror's approach to expanding the appropriate and effective use of telehealth, including the Offeror's strategy for targeting certain types of providers and health

conditions when developing telehealth options, as well as the types of providers and health conditions that would not be promoted.

Topic Area 3: Benefits/Services

6. Describe the Offeror's strategies for increasing Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screenings and referrals for New Mexico's Members. Provide an example of an innovative approach the Offeror has successfully used to increase participation in EPSDT screenings and ensure appropriate referrals are made, the results achieved, and how the Offeror will apply this experience to its Members in New Mexico. Include data in the response that demonstrate the improvement achieved using this approach.

In the Offeror's response, describe how the Offeror will track EPSDT screenings and referrals, and the resources that will be used to engage members to participate in screenings and follow-up on referrals.

7. Schools offer an important opportunity to provide health services to Medicaid eligible children and identify children who may be eligible for Medicaid and are in need of services. School-based services are a covered benefit in New Mexico, and are currently being delivered by a number of School-Based Health Centers located on school campuses. Describe the Offeror's strategy to expand School-Based Health Centers, the services delivered in School-Based Health Centers, and referrals to other appropriate services and resources.
8. Describe any value-added services the Offeror intends to offer members, including the target population, the scope of the benefit, including any limitations, the desired outcome of providing the value-added service, and how the Offeror will monitor and evaluate the effectiveness of value-added services.
9. Describe the Offeror's approach to meeting the Model Contract requirements related to a Preferred Drug List (PDL). Include the following in the Offeror's response:
 - a. Description of Offeror's experience and process for loading and using the required PDL in pharmacy claim processing;
 - b. Description of Offeror's experience and process for implementing and updating any prior authorization or utilization management requirements mandated by the PDL;
 - c. For drug coverage outside of the mandated, minimum PDL, describe your approach to the following:
 - i. Review of, and potential inclusion of, new drugs to market;
 - ii. Authorization and/or utilization management criteria for drugs covered in

- addition to the PDL; and
- iii. For all drugs covered, please describe the process for communicating with Members and providers any changes that are implemented.

Topic Area 4: Care Coordination

10. Describe the Offeror's strategies for outreaching and engaging Members in Care Coordination, including:
 - a. Members who are pregnant or post-partum;
 - b. Members with behavioral health conditions;
 - c. Members who are elderly or disabled and in need of LTSS;
 - d. Members who are justice-involved;
 - e. Members who are Native American;
 - f. Members with significant intellectual and developmental disabilities;
 - g. Members who are homeless, precariously housed, and/or transient;
 - h. Members in out-of-home or out-of-state placements;
Members who do not speak English (e.g., Native American languages, Spanish) or have other communication needs (e.g., TTY, augmentative communication devices);
 - i. Members who are difficult to contact or choose not to engage;
 - j. Adolescents transitioning to adulthood; and
 - k. Members residing in rural and/or frontier areas of New Mexico.

11. Describe the Offeror's approach to promote, support, and expand the availability and use of Full Delegation and Shared Functions Models of care coordination. Include in your response the Offeror's approach for:
 - a. Recruiting and supporting providers, health systems, agencies, and/or organizations to perform delegated care coordination activities;
 - b. Encouraging entities providing delegated care coordination to incorporate the use of Community Health Workers (CHWs) in their models of care coordination;
 - c. Promoting Member use of and engagement in delegated models of care coordination;
 - d. Communicating and exchanging data and information to support care coordination delivered through delegated models; and
 - e. Overseeing and monitoring care coordination delivered through Full Delegation and Shared Functions Models.

12. Describe the Offeror's experience with using CHWs in its managed care programs. Include a description of the infrastructure necessary to support the effectiveness of CHWs, the roles and responsibilities of CHWs in each of the three (3) Care Coordination models, and the CONTRACTOR's reimbursement strategies. Describe how the Offeror will leverage its

experience to inform the approach the Offeror will use in New Mexico's Turquoise Care.

Topic Area 5: Behavioral Health/Integration

13. Describe the Offeror's experience with and approach to creating and monitoring a comprehensive behavioral health crisis continuum that interfaces with other crisis resources and models to meet the needs of Members and the community twenty-four (24) hours a day, seven (7) days a week. Describe how the Offeror will measure and evaluate the effectiveness of its behavioral health crisis system.
14. Describe the strategies and process the Offeror will use to:
 - a. Expand physical health/behavioral health integration;
 - b. Build behavioral health capacity through tele-behavioral clinical supervision and tele-psychiatry development; and
 - c. Collect and validate data used to report quality measures to the State.

Topic Area 6: Operational Requirements

15. Describe how the Offeror will develop, implement, and monitor the effectiveness of its organizational structures, systems, and processes to fully achieve the following objectives of having a companion D-SNP:
 - a. Integrate the delivery and coordination of Medicare and Medicaid services for dual eligible Members;
 - b. Align provider networks and improve member access; and
 - c. Align administrative activities that create unnecessary burden or confusion for providers and members.
16. Describe the Offeror's proposed approach to meet the following Non-Emergency Medical Transportation (NEMT) requirements:
 - a. Transportation timeliness standards;
 - b. Providing NEMT to Members residing in rural and frontier parts of the State;
 - c. Ensuring timely NEMT to critical care appointments;
 - d. Addressing NEMT provider no shows to ensure Members' ability to attend critical care appointments;
 - e. Ensuring the sufficient availability of NEMT providers that are equipped to meet the transportation needs of Members with special needs; and
 - f. How the Offeror will monitor and oversee NEMT providers.

Topic Area 7: Population Health Management and Quality Assurance

17. Describe the Offeror's experience in improving quality and outcomes in the delivery of

LTSS in Medicaid managed care programs. Include an example and supporting data in the response to demonstrate how the approaches used by the Offeror were successful in improving quality and outcomes for LTSS. Include the targeted areas for improvement, quality improvement activities, metrics and/or measures to assess the impact of quality improvement activities, measurable outcomes, and response to the outcomes as part of a continuous quality improvement cycle. Describe how the Offeror's experience will be used to support the Offeror's proposed approach to improve the quality and outcomes of LTSS in New Mexico's Turquoise Care.

18. Describe the Offeror's approach to meet the following Population Health Management requirements:
 - a. The Offeror's Population Health Management goals and objectives;
 - b. The sources and type of data, technology, and tools the Offeror will use to identify and stratify populations;
 - c. How the Offeror will outreach and engage Members in the context of its Population Health Management efforts;
 - d. The Offeror's internal and external resources to support its Population Health Management strategies and targeted interventions, including the Offeror's efforts to increase its investment in primary care;
 - e. How the Offeror will identify and address social determinants of health impacting its Members;
 - f. How the Offeror will measure, monitor, and evaluate population health outcomes to promote continuous quality improvement.

Topic Area 8: VBP and Community Reinvestment

19. It is important to New Mexico that Value-Based Purchasing (VBP) arrangements are grounded in whole-person care.
 - a. Describe how the Offeror will define and develop VBP arrangements to include, incentivize, and measure whole-person care, to include the Member's (and the Member's family, as applicable) overarching care experience. Describe the Offeror's experience with developing and implementing VBP arrangements grounded in whole-person care, and how the Offeror will structure New Mexico's VBP arrangements to achieve this objective;
 - b. Describe the Offeror's approach to supporting providers interested or participating in VBP arrangements;
 - c. Describe the Offeror's approach to sharing the Offeror's VBP rewards with high performing providers that have significantly contributed to the Offeror achieving the VBP targets set by HSD, and the Offeror's strategies to promote shared savings/risk that offer provider return on investment. Include how the Offeror will ensure VBP

- rewards are shared with direct service providers; and
- d. Describe the strategies and approach the Offeror will take to minimize administrative burden and complexity for providers that participate in VBP arrangements.

20. Describe the Offeror's experience with developing and implementing a community reinvestment plan. In the example(s) the Offeror includes, describe the community reinvestment goals, strategies, activities, and measurable impact of the community reinvestment. Describe the lessons learned from the example(s) and how the Offeror will use its experience to create and implement a community reinvestment plan to develop, expand, and retain in-state behavioral health residential providers to reduce the unnecessary utilization of inpatient, emergency room, and out-of-state services.

Topic Area 9: Case Scenarios

21. Alejandra is a forty-one (41)-year-old Latina woman who is pregnant with her second child and lives near Las Cruces. She is a first generation immigrant originally from Mexico who moved to the United States with her parents when she was seven (7) years old. Alejandra is speaks limited English. Her first child is ten (10) years old and though there were no major complications at birth, she was born underweight and spent several days in NICU following her birth. She is ten (10)-weeks pregnant, has not yet found an OBGYN, and indicates that she prefers to use a midwife. Her health history indicates that she has been treated for high blood pressure for the last thirteen (13) months; however, a review of her claims shows she has not filled her blood pressure medication consistently and has missed at least five thirty (30)-day fills in the last thirteen (13) months. She has a good relationship with her Primary Care Provider (PCP) but has missed appointments several times over the last eighteen (18) months.

Lenore, a care coordinator outreaches to Alejandra and learns that Alejandra has been struggling financially since she lost her full-time job due to COVID-19. She found a part-time job that pays much less that allows her to work from home, but she is at risk of losing her apartment, as she has not been able to pay her rent for six (6) months. She does not own a car and has frequently been unable to pick up her blood pressure medications or make it to her doctor appointments. A brief assessment demonstrates significant food insecurities for Alejandra and her family over the last year. Her husband works in construction and has had very little work over the last year. Alejandra shares with Lenore that she is overwhelmed, cries frequently, and feels very stressed most days.

- a. Describe the Offeror's approach to meeting the Member's needs based on the information provided in the scenario and how the Offeror will coordinate the care of this Member; and

- b. Describe the Offeror's experience with identifying and reducing health disparities in pregnant and postpartum Medicaid members. Include a description of the disparities identified, populations, strategies for addressing the disparities, any measurable improvement, whether the improvement has been sustained, and how the Offeror will apply the lessons learned to address health disparities to improve health outcomes for Members in New Mexico.

22. Mitena is a thirty-two (32) year old, Native American, single mother of three who lives in Santa Fe and calls the Offeror's member services line to ask for help for her thirteen (13)-year-old daughter, Tallulah. Tallulah has increasingly withdrawn from her family and friends over the course of the past two months. Mitena reports that Tallulah has periodically had cuts on her arms, which Tallulah blamed on the cat. Mitena also reported that Tallulah seems like she has lost a significant amount of weight in a relatively short period of time.

Tallulah just came home from school, complaining to her mother that she hated school and her friends, and locked herself in her room. When Mitena tried to talk to Tallulah, Tallulah told her mother that she doesn't want to live.

As a single mother of three (3) without the use of a car, Mitena cannot bring her oldest daughter, Tallulah, to the emergency room without calling an ambulance. Mitena wants to make sure calling an ambulance is the right thing to do.

Describe how the Offeror will assist the Tallulah and her mother to respond to the Tallulah's immediate and ongoing needs.

23. Emmalee is a recently enrolled, four (4)-year-old female. Emmalee lives with her mom and grandmother and is an only child. Emmalee's mom has not had insurance and Emmalee has not had regular wellness checks. Emmalee's mom contacts the Offeror's nurse advice line to talk to the nurse and get guidance about what she should do to address her concerns about Emmalee. Mom states that Emmalee does not seem "normal" – she was significantly delayed in talking and walking; barely speaks; primarily uses hand gestures to communicate; regularly rocks in place or flaps her hands; and has periodic "melt downs" in response to seemingly normal situations.

Describe how the Offeror will respond to the call to the nurse advice line and coordinate care to meet the immediate and ongoing needs of Emmalee and her mother.

24. Ronny is an eight (8)-year-old Caucasian male with Attention Deficit Disorder, anxiety, violent tantrums, low IQ, and developmental delays. Ronny lives with his adoptive parents and a six (6)-year-old sister. Ronny experienced significant abuse at the hands of his biological parents. His adoptive parents have been actively involved in getting Ronny the

treatment he needs to address his behavioral health conditions and childhood trauma.

Ronny has a history of aggressive and assaultive behavior against his adoptive parents and causing property damage. Ronny is remorseful after "an event," but he doesn't fully comprehend what he has done and appears to be unable to control his behavior. Outpatient therapies and treatment have not been successful and Ronny and his parents have a history of frequent crisis interventions, emergency room visits, and inpatient admissions.

Ronny was recently admitted to an inpatient psychiatric facility following an incident in which he physically assaulted and threatened to kill his younger sister. This was the first time Ronny's aggression was directed to his sister. The inpatient facility is recommending an age appropriate, behavioral health residential provider capable of addressing Ronny's childhood trauma, assaultive behavior, and behavioral health needs and is requesting care coordination support. The Offeror does not currently have an available behavioral health residential provider capable of addressing Ronny's needs. Ronny's parents agree with the need for a residential placement and are refusing to take Ronny home even if that means relinquishing custody.

Describe how the Offeror will work with the inpatient provider, member, and family to develop a discharge plan, address access to a provider to meet Ronny's care needs, and engage Ronny and his family in care coordination. Include how the Offeror will offer and provide high fidelity wraparound services as an alternative to residential treatment.

Describe the Offeror's experience with providing high fidelity wraparound services and data that demonstrates the effectiveness of the Offeror's services to reduce unnecessary out-of-home placements.

25. Dee is a sixty-seven (67)-year-old African American female, diagnosed with type 2 diabetes on insulin, obesity, hyperlipidemia, and hypertension. Dee is Medicare and Medicaid eligible and enrolled in the Offeror's D-SNP. The Offeror has made several attempts to engage Dee into care coordination, but she has refused.

Dee has had a long time relationship with her PCP. In addition to medications, Dee's PCP has recommended dietary changes and exercise. Dee enjoys having big family gatherings with "treats and sweets" and has expressed no interest in changing her lifestyle.

Dee has had three emergency room visits in the last twelve (12) months precipitated by "chest pain" that Dee thought might be a heart attack. The emergency room found no evidence of heart attack, but each time referred her back to her PCP.

Dee's PCP contacted the Offeror's care coordination unit. The PCP reported that Dee was seen that day because she had been feeling nauseous and "just off." Dee reported that she was experiencing brain fog, periodic muscle cramps, and general malaise. The PCP also shared that during his examination, he noticed edema in the member's feet and ankles. The PCP states that he is concerned about potential Diabetic Kidney Disease and has ordered additional testing to confirm.

The PCP believes that the member needs care coordination and is requesting care coordination on her behalf from the Offeror. Describe how the Offeror will respond to the PCP, and how the Offeror will address Dee's immediate and ongoing care coordination and health care needs.

26. Heather is a twenty-one (21)-year-old female who has a history of Attention Deficit Disorder and is now struggling with substance abuse and anxiety. Heather had multiple prescriptions filled at more than four different pharmacies for Adderall last month. Describe the Offeror's processes and data/systems used to identify this event and how the Offeror will respond to this information from a Member care and operational perspective.

SECTION 7: CISC TECHNICAL PROPOSAL

The Offeror must complete all requirements in this Section, including the responses to CISC technical questions and all required supporting exhibits.

The CISC Technical Proposal must be labeled "CISC Technical Proposal in Response to RFP #23-630-8000-0001" and contain the Offeror's response to each of the questions in this section. For each question, the Offeror must start a new page and include both the number of the question, the text of the question, and then provide the response.

If the Offeror intends to use a Subcontractor to fulfill any part of the response to technical questions, the Offeror must provide the name of the Subcontractor and the work the Subcontractor will perform in the CISC technical response, complete a Proposed Subcontractors Template (Appendix F) for each Subcontractor the Offeror intends to use, and include the completed templates as CISC Technical Proposal Supporting Exhibits.

The CISC Technical Proposal Supporting Exhibits Electronic File Submission must be labeled "CISC Technical Proposal Supporting Exhibits in Response to RFP #23-630-8000-0001" and contain the Offeror's supporting exhibits as required.

An overview of the topic areas, number of questions in each topic area, page limits per topic area, and available points for each topic area is captured in the table below. All responses in the CISC Technical Proposal that are included in the CISC Technical Proposal Electronic File Submission as

instructed will be counted toward the per topic area maximum page limits unless otherwise noted in the Topic Area Page Limit column in the table below. Documents included in the CISC Technical Proposal Supporting Exhibits Electronic File Submission as instructed will not be counted toward the per topic area maximum page limits.

| <i>Topic Area</i> | <i>Number of Questions/ Responses</i> | <i>Topic Area Maximum Page Limits</i> | <i>Available Points</i> |
|--|---------------------------------------|---|-------------------------|
| Experience and Qualifications | 2 | Question 1 – No page limit Question 2 – 10 pages | 162 |
| Communication and Education | 1 | 6 | 50 |
| Network Development and Management and Benefit Package | 2 | 21 | 100 |
| Care Coordination | 1 | 15 | 87 |
| Quality Management and Quality Improvement | 2 | 18 | 126 |
| Case Scenarios | 3 | 35 | 325 |
| Totals | 11 | 105 | 850 |

Topic Area 1: Experience and Qualifications

1. Describe the Offeror’s managed care experience serving children in state custody or similar populations in the past five (5) years by completing a table that includes the information listed below for each contract.
 - a. Name of state/state program;
 - b. Start and end date;
 - c. Delivery Model (e.g., ASO, MCO, etc.);
 - d. Services covered under the contract (e.g., physical health, behavioral health, pharmacy, transportation);
 - e. Covered population(s);
 - f. Average number of member months for the most recent twelve (12) months of the contract (or most recent period if the contract has been in place less than twelve [12] months) of children in state custody;
 - g. Instances of non-compliance under the Medicaid managed care contract, including termination or non-renewal due to performance concerns; and
 - h. Major Subcontractors performing delegated managed care functions and the functions the Subcontractors performed.

2. Provide two (2) examples of innovative and effective approaches used by the Offeror in programs with similar populations, benefits, and challenges as compared to those of New

Mexico's CISC program, the resulting outcomes, and how the Offeror will implement similar approaches to improve New Mexico's CISC program. Include data in the response that demonstrates how the approaches used by the Offeror were successful in improving outcomes.

Topic Area 2: Communication and Education

3. Mandatory enrollment into a single, statewide MCO for CISC Recipients may cause concern for CISC Recipients and their Caregivers. Additionally, Native American CISC Recipients will have the option to enroll and may not fully understand the advantages of a single, statewide MCO dedicated to serve the CISC population.

Describe how the Offeror will educate CISC Recipients, caregivers, and other involved parties about the CISC program, including: the advantages of a single, statewide MCO; the available services and how to access them; the listing of the Offeror's contract providers; availability of care coordination; member rights and how to resolve questions and concerns; and how to request assistance for communication needs. Include the Offeror's approach for evaluating the ongoing effectiveness of its communication strategies.

Topic Area 3: Network Development and Management and Benefit Package

4. Children in state custody often have significant and complex physical, behavioral health, developmental, and oral health needs and conditions due to abuse and neglect. Those conditions may also be compounded by trauma and unmet social needs. Respond to the following:
 - a. Describe the Offeror's current understanding of network challenges for the CISC population in New Mexico and the Offeror's recruitment strategy to address the challenges to ensure network adequacy;
 - b. Describe the Offeror's approach to ensuring that PCPs, specialty providers, behavioral health providers, and dental providers have the requisite training and/or experience necessary to provide trauma-informed services to CISC Members;
 - c. Describe the Offeror's approach to expanding the availability of community-based, trauma-informed, covered services to reduce unnecessary utilization of emergency room services, inpatient services, and out-of-home placements, and to eliminate the need for out-of-state placements;
 - d. Describe how the Offeror will ensure adequate access to higher levels of care (e.g., inpatient and residential services) while, at the same time, ensure that care and treatment occur in the least restrictive setting;
 - e. Describe how the Offeror will use telehealth for CISC Members;
 - f. Describe how the Offeror will provide trauma-informed training to its employees;and

- custody;
- i. The Offeror's care coordination approach to transition planning and support for inpatient and placement discharges and age transitions; and
- j. How the Offeror will monitor, including the Full Delegation and Shared Functions Models of care coordination.

Topic Area 5: Quality Management and Quality Improvement

7. Identify New Mexico's CISC stakeholders and how the Offeror will engage those stakeholders to improve the quality of services, member outcomes, and stakeholder satisfaction.
8. Describe how the Offeror will develop its Quality Management/Quality Improvement (QM/QI) annual program plan to reflect CISC Program-specific quality goals and activities to improve health outcomes for CISC Members, including:
 - a. The QM/QI structure for the CISC program, leadership involvement, and communication/collaboration with other operational areas within the Offeror;
 - b. How the Offeror will incorporate CISC stakeholder feedback to inform its quality goals and activities;
 - c. The proposed CISC-specific goals;
 - d. Targeted QM/QI activities to improve the CISC program;
 - e. The identification and approach for reducing health disparities for CISC Members;
 - f. The development and implementation of a population health approach for CISC Members; and
 - g. Key CISC-specific measures, metrics, or other mechanisms the Offeror will use to monitor and oversee the quality and impact of services provided.

Topic Area 6: Case Scenarios

9. Thelma is a fifteen (15)-year-old, Navajo female enrolled in the CISC CONTRACTOR residing in McKinley County. Thelma was a victim of sexual abuse. Upon entering state custody, testing confirmed that she was five (5) months pregnant. Thelma did not know she was pregnant and has not received any pre-natal care. Thelma has not yet thought about her pregnancy options.

Thelma was placed with a foster family off reservation. The foster family has significant experience working with children who have been subjected to trauma; however, they are not Native American and have limited awareness of cultural considerations.

Thelma is receiving level three (3) care coordination from the CISC CONTRACTOR due to her high risk pregnancy, behavioral health needs, and trauma. Blood tests also show signs of

elevated A1c level (prediabetes range) and Thelma reported both her mother and father have type 2 diabetes. She has been diagnosed with depression and is not currently taking psychotropic medications, but has been receiving specialized counseling services for victims of sexual abuse from a contract provider in the CISC CONTRACTOR'S network. Thelma has been seeing the therapist for several weeks, but her participation during the sessions has been limited.

Thelma's foster mother contacted the CISC CONTRACTOR care coordinator and informed her that Thelma said she didn't want to attend therapy anymore because her therapist inappropriately touched her in a sexual way. Her foster mother said that Thelma appeared to be truthful, but was not sure if Thelma was "making this up" to avoid going to therapy.

Thelma's biological mother contacted the CISC CONTRACTOR's Member services line expressing concern about Thelma and wanting to know what is happening.

- a. Describe who the Offeror will notify of the allegation, internally and externally, the process for notification, and how the allegation is documented;
- b. Describe how the Offeror's Member services area will be aware of disclosure restrictions and how the Offeror will respond to Thelma's biological mother's call;
- c. For each of the assumptions below, describe how the Offeror will respond to the allegation, coordinate with CYFD and HSD, use population health management strategies to address Thelma's health care needs, support the foster family, and how necessary resources will be identified and provided.
 - i. Assume the allegation is not substantiated and that Thelma made up the story to avoid seeing the therapist because she finds counseling "invasive." Thelma misses her community and would prefer traditional cultural approaches that she is more comfortable with and are less stigmatizing approaches; and
 - ii. Assume the allegation is substantiated.

10. Jimmy is a fourteen (14)-year-old Caucasian male enrolled with the CISC CONTRACTOR who, before going into state custody, was living with his mother and stepfather in a rural and remote area. When he was thirteen (13), Jimmy confidentially shared with his mother that he was attracted to other boys and was concerned that he might be gay. Jimmy also shared that he was being taunted by other children at school. His mother shared the information with his stepfather. The stepfather began bullying behaviors towards Jimmy. The bullying escalated from verbal abuse to physical abuse. Jimmy's teachers reported suspected abuse due to bruising, weight loss, decline in school performance, and reclusive demeanor.

In addition to the trauma experience from the abuse, Jimmy has significant anxiety issues and suffers from anorexia nervosa. Prior to being taken into state custody, Jimmy was treated for both by his PCP due to the lack of pediatric and psychiatric providers where he

lives. He is currently at eighty-three percent (83%) of body weight expected for his age and height.

Criminal charges were brought against Jimmy's stepfather and his mother wants to regain custody of Jimmy.

Assume the Offeror will be delivering care coordination services directly and that the area Jimmy lives in is ninety (90) miles away from a provider specializing in eating disorders. Describe how the Offeror, in collaboration with Children, Youth and Families Department (CYFD) Permanency Planning Worker and the Caregivers, will assess, plan for, coordinate, and deliver services to ensure that Jimmy's needs are met. Include how the Offeror will ensure access to providers with the specialized experience Jimmy needs for his eating disorder, anxiety, and trauma.

11. Jesse is a thirteen (13)-year-old black male enrolled with the CISC CONTRACTOR. Jesse's mother was tragically killed in an auto accident when Jesse was five (5) years old, and he has been raised by his father since that time. His father was the driver in the accident and has developed a significant drug and alcohol problem since the death of his wife. Though his father has made multiple attempts to maintain sobriety, he has had multiple relapses that have resulted in Jesse going in and out of state custody over the last eight (8) years. Due to Jesse's violent outbursts that have escalated in frequency and intensity over time, CYFD has had difficulties in finding foster care placement options.

Jesse has been receiving behavioral health services from a Core Service Agency. His current diagnoses include depression, oppositional defiant disorder, conduct disorder, and asthma. He has a history of multiple psychiatric inpatient admissions primarily due to suicidal behaviors or violent outbursts. Attempts to manage his care on an outpatient basis have not been successful and he has recently been admitted to a psychiatric residential treatment center out of state. His medication regimen at the treatment center includes fluoxetine, clozapine, Pulmicort, and albuterol as needed.

The treatment center has had difficulty managing Jesse's violent outbursts, including assaults on staff and other patients, and is requesting the Offeror's support in getting CYFD approval to prescribe and use haloperidol and lorazepam, in combination, for rapid tranquilization to help manage Jesse's outbursts and aggressive behavior. Without such support, the treatment center is requesting the Offeror's approval to discharge Jesse from the facility.

Describe how the Offeror will respond to this situation, collaborate and coordinate with each of parties involved, and ensure Jesse's care and safety needs are met.

SECTION 8: APPENDICES

| | |
|------------|--|
| Appendix A | Disclosure of Contractor Relationships |
| Appendix B | Acronym List |
| Appendix C | Acknowledgment of Receipt Form |
| Appendix D | Template for Submission of Questions |
| Appendix E | Letter of Transmittal Form |
| Appendix F | Proposed Subcontractors Template |
| Appendix G | Disclosure of Lobbying Activities |
| Appendix H | Debarment and Suspension Requirement |
| Appendix I | Campaign Contribution Disclosure Form |
| Appendix J | New Mexico Employees Health Coverage Form |
| Appendix K | Affidavit – Conflict of Interest |
| Appendix L | Model Contract for Turquoise Care (<i>attached as a separate document</i>) |

Appendix A

Disclosure of Contractor Relationships

RFP # 23-630-8000-0001

Complete the following for all entities, organizations, and Subcontractors/Contractors doing work – or proposed to do work – for both the Offeror and the State of New Mexico (as of Sept. 2022).

To be included in the Exhibits Electronic File Submission.

1. Name of entity, organization or contractor currently (or proposed) working with the Offeror, which also performs contracted work for the State of New Mexico.

2. Describe the work performed (currently or proposed) for the Offeror.

Appendix B

Acronym List

RFP # 23-630-8000-0001

Acronyms used in this RFP

- BH – Behavioral Health
- CHIP – Children’s Health Insurance Program
- CHW – Community Health Worker
- CMS – US Centers for Medicare & Medicaid Services
- COB – Close of Business
- CY – Calendar Year
- CYFD – NM Children Youth and Families Dept.
- D-SNP – Dual Special Needs Plan
- EMSA –Emergency Medical Services for Aliens
- EPSDT – Early and Periodic Screening Diagnosis and Treatment
- ER – Emergency Room
- HCBS – Home- and Community-Based Services
- HIPAA – Health Insurance Portability and Accountability Act
- HRA – Health Risk Assessment
- HSD – NM Human Services Department
- ICF-IID – Intermediate Care Facilities for Individuals with Intellectual Disabilities
- LARC – Long-Acting Reversible Contraceptives
- LTC – Long-Term Care
- LTSS – Long-Term Services and Supports
- MAD – NM HSD Medical Assistance Division
- MCO – Managed Care Organization
- MDT – Mountain Daylight Time
- MITA – Medicaid Information Technology Architecture
- MMIS – Medicaid Management Information Systems
- MMISR – Medicaid Management Information System Replacement
- MST – Mountain Standard Time
- NCQA – National Committee for Quality Assurance
- NEMT – Non-Emergency Medical Transportation
- NF – Nursing Facility
- NF LOC – Nursing Facility Level of Care
- NM – New Mexico
- NMAC – NM Administrative Code
- NMSA – NM Statutes Annotated
- PACE – Program of All-Inclusive Care for the Elderly
- PCP – Primary Care Physician
- PDL – Preferred Drug List
- PMPM – Per Member Per Month
- QI – Quality Improvement
- QM – Quality Management
- QMB – Qualified Medicare Beneficiary
- RFP – Request For Proposals
- SBHC – School-Based Health Center
- SEC – US Securities and Exchange Commission
- SLIMB – Specified Low-Income Medicare Beneficiary
- SPA – State Plan Amendment
- VBP – Value-Based Purchasing

Appendix C Acknowledgment of Receipt Form

RFP # 23-630-8000-0001

In acknowledgment of receipt of this Request for Proposal, the undersigned agrees that they have received a complete copy, beginning with the title page and table of contents, and ending with Appendix L, and is a potential Offeror.

Submission of this form by potential Offerors to HSD is highly encouraged. The Acknowledgment of Receipt Form must be signed and returned to the Procurement Manager no later than October 17, 2022, as noted in Section 2.1 (Procurement Schedule).

FIRM: _____

REPRESENTED BY: _____

TITLE: _____ PHONE NO.: _____

E-MAIL: _____ FAX NO.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

This name and address will be used for all correspondence related to the Request for Proposal.

Firm **does** / **does not** (circle one) intend to respond to this Request for Proposal.

Submit Acknowledgment of Receipt Form to:

To: Charles Canada

Email: TurquoiseCare.rfp@state.nm.us

Appendix D

Template for Submission of Questions

RFP # 23-630-8000-0001

Questions must be submitted in this format as a Word document.

Name of Offeror: _____

Date: _____

| Offeror Q # | Source: RFP, Contract, or Data Book | Section # (& question # if applicable) | Page # | Text from RFP, Contract, or Data Book related to question | Offeror Question |
|-------------|-------------------------------------|--|--------|---|------------------|
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Add on as needed

Appendix E

Letter of Transmittal Form

RFP # 23-630-8000-0001

Offeror Name: _____

Items #1 to #7 EACH MUST BE COMPLETED IN FULL Failure to respond to all seven items WILL RESULT IN THE DISQUALIFICATION OF THE PROPOSAL!

1. Identity (Name) and Mailing Address of the submitting organization:

2. For the person authorized by the organization to contractually obligate on behalf of this Proposal:

Name _____

Title _____

E-Mail Address _____

Telephone Number _____

3. For the person authorized by the organization to negotiate on behalf of this Offer:

Name _____

Title _____

E-Mail Address _____

Telephone Number _____

4. For the person authorized by the organization to clarify/respond to queries regarding this Offer:

Name _____

Title _____

E-Mail Address _____

Telephone Number _____

5. Use of Subcontractors (Select one)

____ No Subcontractors will be used in the performance of any resultant contract OR

____ The following Subcontractors will be used in the performance of any resultant contract:

____ (list) _____

(Each proposed Subcontractor must be identified, described using the Proposed Subcontractor Template [Appendix F], and included in the Exhibits Electronic File Submission for the Technical Proposal and CISC Technical Proposal.)

6. Please describe any relationship with any entity (other than Subcontractors listed in 5 above) which will be used in the performance of any resultant contract.

(Attach extra sheets, as needed, and submit with this Letter of Transmittal form, Appendix E.)

7. ____ On behalf of the submitting organization named in item #1, above, I accept the Conditions Governing the Procurement as required in Section 2.3.1.

____ I concur that submission of our proposal constitutes acceptance of the Evaluation Factors contained in Section 4 of this RFP.

____ I acknowledge receipt of any and all amendments to this RFP.

_____, 2022

Authorized Signature and Date (Must be signed by the person identified in item #2, above.)

Appendix F

Proposed Subcontractors Template

RFP # 23-630-8000-0001

Name of Offeror: _____ Date: _____

Provide the following information for each proposed Subcontractor (and Major Subcontractor) providing services to Members and Providers and processing Medicaid business, including administration and systems functions. *To be included in the Exhibits Electronic File Submission.*

1. Name of proposed Subcontractor.
2. Describe delegated functions in detail.
3. Location(s) of Subcontractor; include corporate address(es) and New Mexico address(es).
4. Identify if the Subcontractor will be co-located in New Mexico.
5. Subcontractor qualifications.
6. Ownership of subcontracting firms; list all owners with greater than 5% ownership stake.
7. Describe performance monitoring of Subcontractor by Offeror.
8. Describe information transfer (e.g., claims, encounter, etc.) from Subcontractor to Offeror.
9. Describe communication protocols and practices that will ensure seamless care coordination for Members;
10. How will the Subcontractor's primary point of contact for Members with complex needs be determined?

Appendix G

Disclosure of Lobbying Activities

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

| | | |
|---|---|--|
| 1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance | 2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | 3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____ |
| 4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: | 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known: | |
| 6. Federal Department/Agency: | 7. Federal Program Name/Description: CFDA Number, if applicable: _____ | |
| 8. Federal Action Number, if known: | 9. Award Amount, if known: \$ _____ | |
| 10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> | b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> | |
| 11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the fier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less that \$10,000 and not more than \$100,000 for each such failure. | Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____ | |
| Federal Use Only: | | Authorized for Local Reproduction Standard Form LLL (Rev. 7-97) |

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Appendix H

Debarment and Suspension Requirement

RFP # 23-630-8000-0001

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, PROPOSED DEBARMENT, AND OTHER RESPONSIBILITY MATTERS

The entering of a Contract between HSD and the successful Offeror pursuant to this RFP is a “covered transaction,” consistent with all applicable federal and/or state laws and regulations, as applicable. HSD’s Contract with the successful Offeror must contain a provision relating to debarment, suspension, and responsibility substantially in the form contained in Section 7.30. All Offerors must provide as a part of their proposals a certification to HSD in the form provided below. Failure of an Offeror to furnish a certification or provide such additional information as requested by the Procurement Manager for this RFP will render that Offeror non-responsible. Additionally, the Offeror must provide immediate written notice to the Procurement Manager for this RFP if, at any time prior to Contract award, the Offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

Although HSD may review the veracity of the certification through the use of the federal Excluded Parties Listing System or by other means, the certification provided by the Offeror in paragraph (a), below, is a material representation of fact upon which HSD will rely when making a Contract award. If it is later determined that the Offeror knowingly rendered an erroneous certification, in addition to other remedies available to HSD, HSD may terminate the Contract resulting from this request for proposals for default.

The certification provided by the Offeror in paragraph (a), below, will be considered in connection with a Determination of the Offeror's responsibility. A certification that any of the items in paragraph (a), below, exists may result in rejection of the Offeror’s proposal for non-responsibility and the withholding of an award under this RFP. If the Offeror’s certification indicates that any of the items in paragraph (a), below, exists, the Offeror must provide with its proposal a full written explanation of the specific basis for, and circumstances connected to, the item; the Offeror’s failure to provide such explanation will result in rejection of the Offeror’s proposal. If the Offeror’s certification indicates that any of the items in paragraph (a), below, exists, HSD, in its sole discretion, may request, that the U.S. Department of Health and Human Services grant an exception if HSD believes that the procurement schedule so permits and an exception is applicable and warranted under the circumstances. In no event will HSD award a Contract to an Offeror if the requested exception is not granted for the Offeror.

(1) By signing and submitting a proposal in response to this RFP, the Offeror certifies, to the best of its knowledge and belief, that:

(i) The Offeror and/or any of its Principals-

- (A) Are are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of Contracts by any Federal department or Agency;
- (B) Have have not within a three-year period preceding the date of the Offeror's proposal, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, State, or local) Contract or subcontract; violation of federal or State antitrust statutes relating to the submission of Offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false Statements, tax evasion, or receiving stolen property;
- (C) Are are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity (federal, State or local) with, commission of any of the offenses enumerated in paragraph (a) (1) (i) (B) of this certification;
- (D) Have have not, within a three-year period preceding the date of Offeror's proposal, had one or more public agreements or transactions (federal, State or local) terminated for cause or default; and
- (E) Have have not been excluded from participation from Medicare, Medicaid or other federal health care programs pursuant to Title XI of the Social Security Act, 42 U.S.C. § 1320a-7.

(ii) "Principal," for the purposes of this certification, shall have the meaning set forth in federal regulations and shall include an officer, director; owner, partner, principal investigator, or other person having management or supervisory responsibilities related to a covered transaction.

"Principal" also includes a consultant or other person, whether or not employed by the participant or paid with Federal funds, who: is in a position to handle Federal funds; is in a position to influence or control the use of those funds; or occupies a technical or professional position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction.

(iii) For the purposes of this certification, the terms used in the certification, such as *covered transaction*, *debarred*, *excluded*, *exclusion*, *ineligible*, *ineligibility*, *participant*, and *person* have the meanings set forth in the definitions and coverage rules of applicable federal regulations.

(iv) Nothing contained in the foregoing certification shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph

(a) of this provision. The knowledge and information of an Offeror is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

OFFEROR: _____

SIGNED BY: _____

TITLE: _____

DATE: _____

Appendix I

Campaign Contribution Disclosure Form

RFP # 23-630-8000-0001

Pursuant to NMSA 1978, § 13-1-191.1 (2006), any person seeking to enter into a contract with any state agency or local public body for professional services, a design and build project delivery system, or the design and installation of measures the primary purpose of which is to conserve natural resources must file this form with that state agency or local public body. This form must be filed even if the contract qualifies as a small purchase or a sole source contract. The prospective contractor must disclose whether they, a family Member or a representative of the prospective contractor has made a campaign contribution to an applicable public official of the state or a local public body during the two years prior to the date on which the contractor submits a proposal or, in the case of a sole source or small purchase contract, the (2) two years prior to the date the contractor signs the contract, if the aggregate total of contributions given by the prospective contractor, a family Member or a representative of the prospective contractor to the public official exceeds two hundred and fifty dollars two hundred fifty dollars (\$250) over the two year period.

Furthermore, the state agency or local public body shall void an executed contract or cancel a solicitation or proposed award for a proposed contract if: 1) a prospective contractor, a family Member of the prospective contractor, or a representative of the prospective contractor gives a campaign contribution or other thing of value to an applicable public official or the applicable public official's employees during the pendency of the procurement process or 2) a prospective contractor fails to submit a fully completed disclosure statement pursuant to the law.

THIS FORM MUST BE FILED BY ANY PROSPECTIVE CONTRACTOR WHETHER OR NOT THEY, THEIR FAMILY MEMBER, OR THEIR REPRESENTATIVE HAS MADE ANY CONTRIBUTIONS SUBJECT TO DISCLOSURE.

The following definitions apply: "Applicable public official" means a person elected to an office or a person appointed to complete a term of an elected office, who has the authority to award or influence the award of the contract for which the prospective contractor is submitting a competitive sealed proposal or who has the authority to negotiate a sole source or small purchase contract that may be awarded without submission of a sealed competitive proposal.

“Campaign Contribution” means a gift, subscription, loan, advance or deposit of money or other thing of value, including the estimated value of an in-kind contribution, that is made to or received by an applicable public official or any person authorized to raise, collect or expend contributions on that official’s behalf for the purpose of electing the official to either statewide or local office. “Campaign Contribution” includes the payment of a debt incurred in an election campaign, but does not include the value of services provided without compensation or unreimbursed travel or other personal expenses of individuals who volunteer a portion or all of their time on behalf of a candidate or political committee, nor does it include the administrative or solicitation expenses of a political committee that are paid by an organization that sponsors the committee.

“Family Member” means spouse, father, mother, child, father-in-law, mother-in-law, daughter-in-law or son-in-law.

“Pendency of the procurement process” means the time period commencing with the public notice of the request for proposals and ending with the award of the contract or the cancellation of the request for proposals.

“Person” means any corporation, partnership, individual, joint venture, association or any other private legal entity.

“Prospective contractor” means a person who is subject to the competitive sealed proposal process set forth in the Procurement Code or is not required to submit a competitive sealed proposal because that person qualifies for a sole source or a small purchase contract.

“Representative of a prospective contractor” means an officer or director of a corporation, a Member or manager of a limited liability corporation, a partner of a partnership or a trustee of a trust of the prospective contractor.

Name(s) of Applicable Public Official(s) if any: _____

(Completed by State Agency or Local Public Body)

DISCLOSURE OF CONTRIBUTIONS BY PROSPECTIVE CONTRACTOR:

| Item | Description |
|-------------------------------------|--------------------|
| Contribution Made By | |
| Relation to Prospective Contractor: | |
| Name of Applicable Public Official | |

| | |
|------------------------------|--|
| Date Contribution(s) Made | |
| Amount(s) of Contribution(s) | |
| Nature of Contribution(s) | |
| Purpose of Contribution(s) | |

(Attach extra pages if necessary)

Signature

Date

Title (position)

--OR--

NO CONTRIBUTIONS IN THE AGGREGATE TOTAL OVER TWO HUNDRED FIFTY DOLLARS (\$250) WERE MADE to an applicable public official by me, a family Member or representative.

Signature

Date

Title (Position)

Contractor Name

Appendix J

New Mexico Employees Health Coverage Form

RFP # 23-630-8000-0001

New Mexico Employees Health Coverage Form

1. For all contracts solicited and awarded on or after January 1, 2008: If the Offeror has, or grows to, six (6) or more employees who work, or who are expected to work, an average of at least twenty (20) hours per week over a six (6) month period during the term of the contract, Offeror must agree to have in place, and agree to maintain for the term of the contract, health insurance for those employees and offer that health insurance to those employees no later than July 1, 2010 if the expected annual value in the aggregate of any and all contracts between Contractor and the State exceed two hundred fifty thousand dollars (\$250,000) .
2. Offeror must agree to maintain a record of the number of employees who have (a) accepted health insurance; (b) decline health insurance due to other health insurance coverage already in place; or (c) decline health insurance for other reasons. These records are subject to review and audit by a representative of the state.
3. Offeror must agree to advise all employees of the availability of State publicly financed health care coverage programs by providing each employee with, as a minimum, the following web site link to additional information <http://www.insurenewmexico.state.nm.us/>.
4. For Indefinite Quantity, Indefinite Delivery contracts (price agreements without specific limitations on quantity and providing for an indeterminate number of orders to be included against it); these requirements shall apply the first day of the second month after the Offeror reports combined revenue (from state and, if applicable, from local public bodies if from a state price agreement) of two hundred fifty thousand dollars (\$250,000).

Signature of Offeror: _____ Date _____

Appendix L

Model Contract for Turquoise Care

RFP # 23-630-8000-0001

Model Contract for Turquoise Care Medicaid Managed Care Organizations in New Mexico

Due to its large size, this appendix is a separate document