

Request for Proposals

ISSUED BY

The New Mexico Human Services Department



For the provision of

HHS 2020 Medicaid Enterprise Benefit Management Services

RFP # 20-630-8000-0002

Amendment 2

Human Services Department
P.O. Box 2348
Santa Fe, New Mexico 87504-2348
Dr. David Scrase, Cabinet Secretary

RFP ISSUE DATE: August 21, 2019

AMENDMENT 2 ISSUE DATE: October 11, 2019

Proposal Due Date: November 22, 2019

Request for Proposals # 20-630-8000-0002 is amended as described herein:

Change IV. DEFINITION OF TERMINOLOGY, page 21

Change From:

“**Business Hours**” means 7:30 AM through 5:30 PM Mountain Time (MT), Monday through Friday.

“**C/CMS**” means Care/Case Management Solution, which includes both a tool and services provided within this RFP.

To:

“**Business Hours**” means 7:30 AM through 5:30 PM Mountain Time (MT), Monday through Friday.

(Add:) “**Capitation Rates**” means Risk-Adjusted Capitation Rates.

“**C/CMS**” means Care/Case Management Solution, which includes both a tool and services provided within this RFP.

Change IV. DEFINITION OF TERMINOLOGY, page 22

Change From:

“**HHS**” means Health and Human Services and includes all State agencies delivering HHS-related services: Department of Health (DOH), HSD, Aging and Long-Term Services Department (ALTSD), and the Children, Youth, and Families Department (CYFD).

“**Hourly Rate**” means the proposed fully loaded maximum hourly rates that include travel, per diem, fringe benefits and any overhead costs for Contractor personnel and if appropriate, subcontractor personnel.

“**HSD**” means the New Mexico State Human Services Department.

To:

“**HHS**” means Health and Human Services and includes all State agencies delivering HHS-related services: Department of Health (DOH), HSD, Aging and Long-Term Services Department (ALTSD), and the Children, Youth, and Families Department (CYFD).

(Delete: “**Hourly Rate**”)

“HSD” means the New Mexico State Human Services Department.

Change VI. CONDITIONS GOVERNING THE PROCUREMENT, B. EXPLANATION OF BMS EVENTS, 9. Best and Final Offers, and 10. Oral Presentation, page 30

Change From:

9. Best and Final Offers

Finalist Offerors may be asked to submit revisions to their proposals for the purpose of obtaining best-and-final offers in accordance with the schedule in Section VI. A., SEQUENCE OF EVENTS, or as soon as possible. Best-and-final offers may also be clarified and/or amended at finalist Offerors’ oral presentations and demonstrations.

Prior to presentations, Finalists will be required to submit their best and final offers. Finalists will be required to present their proposals and their key staff to the Evaluation Committees. The presentations will be held in Santa Fe, New Mexico at a specific location to be determined. An agenda will be provided by the Department.

Based on its evaluations of proposals, the Department will determine the final agenda, set up schedule, and presentation schedule. The proposal presentations may not add new or additional information and must be based on the submitted proposals.

Finalists are expected to present their approaches to the work required as indicated in this RFP. Finalists are encouraged to demonstrate their understanding of the Department’s requirements, their ability to meet those requirements, and their experience related to similar engagements. Finalists are also requested to articulate their proposed services as discussed in their proposals.

10. Oral Presentations

Finalist Offerors may be required to make an oral presentation, at a location to be determined, in accordance with the schedule in Section VI. A., SEQUENCE OF EVENTS. Scheduling of oral presentations and the time limitations of the presentations will be at the discretion of the Evaluation Committees.

To:

9. Best and Final Offers

Finalist Offerors may be asked to submit a “Best and Final Offer” (BAFO). The BAFO may include revisions and additions to their Technical and Cost Proposals. Submissions of BAFOs will be done in accordance with the schedule in Section VI. A., SEQUENCE OF EVENTS, and prior to Oral Presentations. BAFOs may also be clarified at the Finalist Offerors’ Oral Presentations.

Submitted BAFOs will be evaluated as revised/amended proposals using the same criteria and methodology used in evaluating the original proposal submissions, as outlined in Section VIII. Evaluation.

10. Oral Presentations

Finalist Offerors may be required to make an oral presentation, at HSD’s sole discretion, in accordance with the schedule in Section VI. A., SEQUENCE OF EVENTS. Scheduling of oral presentations and the time limitations of the presentations will be at the discretion of the Evaluation Committees. The presentations will be held in Santa Fe, New Mexico at a specific location to be determined by the Procurement Manager.

Finalists will be required to present their proposals and their key staff to the Evaluation Committee. Based on its evaluations of proposals, the Department will determine the final agenda, set up schedule, and presentation schedule. The proposal presentations may not add new or additional information and must be based on the submitted proposals, including the BAFO.

Finalists are expected to present their approaches to the work required as indicated in this RFP. Finalists are encouraged to demonstrate their understanding of the Department’s goals and requirements, their ability to meet those requirements, and their experience related to similar engagements. Finalists are also requested to articulate their proposed services as discussed in their proposals.

Change VI. CONDITIONS GOVERNING THE PROCUREMENT, C. GENERAL REQUIREMENTS, 15. Contract Terms and Conditions, page 35

Change From:

15. Contract Terms and Conditions

Any Contract between the Agency and a Contractor will follow the format specified by the Agency and will contain the terms and conditions set forth in Appendix I, “Contract Terms and Conditions”, of the attached sample contract. However, the Agency reserves the right to negotiate with successful Offeror(s) provisions in addition to those contained

in this RFP.

HSD discourages exceptions requested by Offerors to contract terms and conditions in the RFP (Sample Contract). If, in the sole assessment of HSD (and its Evaluation Team(s)), a proposal appears to be contingent on an exception, or on correction of what is deemed by an Offeror to be a deficiency, or if an exception would require a substantial proposal rewrite, a proposal may be rejected as nonresponsive.

The sample contract in APPENDIX I is a sample generic contract.

Sample Contract Termination provisions can be found in Section 6 of the attached sample contract found in APPENDIX I.

To:

15. Contract Terms and Conditions

Any Contract between the Agency and a Contractor will follow the format specified by the Agency and will contain the terms and conditions set forth in Appendix I, “Contract Terms and Conditions”, of the attached sample contract. However, the Agency reserves the right to negotiate with successful Offeror(s) provisions in addition to those contained in this RFP.

HSD discourages exceptions requested by Offerors to contract terms and conditions in the RFP (Sample Contract). If, in the sole assessment of HSD (and its Evaluation Team(s)), a proposal appears to be contingent on an exception, or on correction of what is deemed by an Offeror to be a deficiency, or if an exception would require a substantial proposal rewrite, a proposal may be rejected as nonresponsive.

The sample contract in APPENDIX I is a sample generic contract.

Sample Contract Termination provisions can be found in Section 6 of the attached sample contract found in APPENDIX I.

All changes proposed by an Offeror to the provisions and terms and conditions in the sample contract (APPENDIX I) must be included in Binder 1, Tab 15 (Additional Items), under a sub-tab of “Proposed Contract Revisions” which includes a red-lined version of the contract sections noting the proposed changes.

Change VI. CONDITIONS GOVERNING THE PROCUREMENT, C. GENERAL REQUIREMENTS, 16. Offeror Terms and Conditions, page 36

Change From:

16. Offeror Terms and Conditions

Should an Offeror object to any of the Agency's terms and conditions, as contained in this Section or in the appendices, the **Offeror must propose specific, alternative language in writing and submit it with its proposal.** Contract variations received after the award will not be considered. The Agency may or may not accept the alternative language. Offerors agree that requested language must be agreed to in writing by the Agency to be included in the contract. If any requested alternative language submitted is not so accepted by the Agency, the attached sample contract with appropriately accepted amendments shall become the contract between the parties. General references to the Offeror's terms and conditions or attempts at complete substitutions are not acceptable to the Agency and will result in disqualification of the Offeror's proposal.

Offerors must briefly describe the purpose and impact, if any, of each proposed change, followed by the specific proposed alternate wording. Offerors must submit with the proposal a complete set of any additional terms and conditions that they expect to have included in a contract negotiated with the Agency.

To:

16. Offeror Terms and Conditions

Should an Offeror object to any of the Agency's terms and conditions, as contained in this Section or in the appendices, the **Offeror must propose specific, alternative language in writing and submit it with its proposal.** Contract variations received after the award will not be considered. The Agency may or may not accept the alternative language. Offerors agree that requested language must be agreed to in writing by the Agency to be included in the contract. If any requested alternative language submitted is not so accepted by the Agency, the attached sample contract with appropriately accepted amendments shall become the contract between the parties. General references to the Offeror's terms and conditions or attempts at complete substitutions are not acceptable to the Agency and will result in disqualification of the Offeror's proposal.

Offerors must briefly describe the purpose and impact, if any, of each proposed change, followed by the specific proposed alternate wording. Offerors must submit with the proposal a complete set of any additional terms and conditions that they expect to have included in a contract negotiated with the Agency.

All changes proposed by an Offeror to the provisions and terms and conditions in this RFP (including appendices) must be included in Binder 1, Tab 15 (Additional Items), under a sub-tab of "Proposed RFP T&C Revisions" that includes a red-lined version of the relevant sections noting the proposed changes.

Change VI. CONDITIONS GOVERNING THE PROCUREMENT, D. RESPONSE FORMAT AND ORGANIZATION, 2. NUMBER OF COPIES, page 42

Change From:

2. NUMBER OF COPIES

For each separate proposal response (i.e., one for the BMS and one for the C/CMS), the Offeror shall deliver:

- a. **Binder 1:** one (1) original and one (1) identical hard copy of their Technical proposal and required additional forms and material and twelve (12) electronic versions. Acceptable formats for the electronic version of the proposal are Microsoft Word, Excel and PDF. The original and the copy shall be in separate, labeled binders. Any confidential information in the proposal shall be clearly identified and easily segregated from the rest of the proposal. Binder 1 **MUST NOT** include any cost information.

In addition, the entire proposal including all materials in Binder 1 (not Binder 2) shall be submitted on a single CD. Contents of Binder 2 must be submitted on a separate CD. Proposals submitted on CD must include **THREE** versions: (1) a version in secure PDF; (2) a version in unsecured Microsoft **WORD** and/or Excel to enable the Department to organize comparative review of submitted documents; and (3) a redacted PDF for release to public under Inspection of Public Records Act requests. Electronic versions of the proposal must not exceed 10 MB per file, not for the entire proposal submission. Security policies do not allow the State to receive electronic copies via a USB drive.

Within each section of the proposal, Offerors should address the items in the order in which they appear in this RFP. All forms provided in this RFP must be thoroughly completed and included in the appropriate section of the proposal. All discussion of proposed costs, rates or expenses must occur only in Binder #2 on the cost response form.

- b. **Binder 2:** one (1) original and one (1) copy of their Cost proposal. The original and each copy shall be in separate, labeled binders. Offerors are to provide, as part of their budget narrative accompanying their Cost Response (found in APPENDIX B), their estimated implementation schedule for services and the assumptions made in developing the proposed schedule. After final integration testing, all Offerors are expected to be prepared for at least a six (6) month parallel run with the incumbent MMIS Contractor.

Any and all confidential or proprietary information shall be clearly identified and shall be segregated in the electronic version, mirroring the hard-copy submission(s).

Any proposal that does not adhere to the requirements of this Section may be

deemed non-responsive and may be rejected on that basis.

To:

1. NUMBER OF COPIES

For each separate proposal response (i.e., one for the BMS and one for the C/CMS), the Offeror shall deliver:

- a. **Binder 1:** Provide one (1) original (paper hard copy) and one (1) identical copy (paper hard copy) of their Technical Proposal and other required responses, forms and other material, and fifteen (15) electronic versions (on 15 flash drives). Acceptable formats for the electronic version of the proposal are Microsoft Word, Excel and PDF. The paper hard copies (original and the copy) shall be in separate, labeled binders. Any confidential information in the proposal shall be clearly identified and easily segregated from the rest of the proposal. Binder 1 **MUST NOT** include any cost information.

As noted above, the entire proposal including all materials in Binder 1 shall be submitted on fifteen (15) unsecured/unprotected flash drives (“thumb drives”). Proposals submitted on flash drives must include **THREE** versions: (1) a complete version in secure PDF; (2) a version in unsecured Microsoft **WORD** and/or Excel to enable the Department to organize comparative review of submitted documents; and, if the Offeror proposes that some of their materials shall be deemed confidential, (3) a redacted PDF version (with the Offeror’s proposed confidential materials redacted) for release to public under Inspection of Public Records Act requests.

Any and all confidential or proprietary information shall be clearly identified and shall be segregated in the electronic version(s), mirroring the hard copy submission(s), and labelled as the “redacted version” as noted above. All claims of material being confidential or proprietary (and not subject to IPRA requests) must be accompanied by citations to New Mexico statutes the Offerors feels substantiates those claims.

Within each section of the proposal, Offerors must address the items in the order in which they appear in this RFP. All forms provided in this RFP must be thoroughly completed and included in the appropriate section of the proposal.

All discussion of proposed costs, rates or expenses must occur only in Binder #2.

- b. **Binder 2:** Provide one (1) original (paper hard copy) and one (1) identical copy (paper hard copy) of their Cost Proposal and one (1) electronic version (on 1 flash drive). The hard copies (original and copy) shall be in separate, labeled binders. Contents of Binder 2 must also be submitted on a single unsecured/unprotected flash drive. Offerors are to provide, as part of their budget narrative accompanying their

Cost Response (found in APPENDIX B for BMS proposals, and APPENDIX L for C/CMS proposals), their estimated implementation schedule for services and the assumptions made in developing the proposed schedule. After final integration testing, all Offerors are expected to be prepared for at least a six (6) month parallel run with the incumbent MMIS Contractor.

As noted above, the entire Cost Proposal including all materials in Binder 2 shall be submitted on one (1) unsecured/unprotected flash drive (“thumb drive”). Proposals submitted on the flash drive must include TWO versions: (1) a complete version in secure PDF; and, if the Offeror proposes that some of their Cost Proposals materials shall be deemed confidential, (2) a redacted PDF version (with the Offeror’s proposed confidential materials redacted) for release to public under Inspection of Public Records Act requests.

Any and all confidential or proprietary information shall be clearly identified and shall be segregated in the electronic version(s), mirroring the hard copy submission(s), and labelled as the “redacted version” as noted above. All claims of material being confidential or proprietary (and not subject to IPRA requests) must be accompanied by citations to New Mexico statutes the Offerors feels substantiates those claims.

Any proposal that does not adhere to the requirements of this Section may be deemed non-responsive and may be rejected on that basis.

- c. **Binder 3:** A single hard copy version of the required Financial Statements is to be placed in Binder 3, along with one (1) electronic version (on a flash drive). Only one Binder 3 is required.

Change VI. CONDITIONS GOVERNING THE PROCUREMENT, D. RESPONSE FORMAT AND ORGANIZATION, 3. PROPOSAL FORMAT, page 43

Change From:

3. PROPOSAL FORMAT

This section describes the required format, content and organization for all proposals. Please note, in the below Proposal Content and Organization, Offerors are expected to provide all numbered items (1-13) listed under the Technical proposal (Binder 1). For items 11 and 12, Offerors are expected to provide response specifications based on Offerors proposal submission(s) (i.e., BMS or C/CMS). All discussion of proposed costs, rates or expenses must occur only in Binder 2 (one for BMS and/or one for C/CMS) on the appropriate Cost Response Forms (i.e., APPENDIX B or APPENDIX L). Hard copy proposals shall be submitted typewritten, Times Roman twelve (12) (tables, header, footer,

original RFP requirement text, and proposal graphics may be in 10-pt font), on standard eight and a half (8½) by eleven (11) inch paper (larger paper is permissible only for charts, spreadsheets, etc.) and shall be placed in the binders with tabs delineating each section. The original RFP requirement text (Appendix H or N) must be included in Offerors' proposal responses and cannot exceed the (300) page limit. The requirement responses must be in 12-point font. Proposals must be no more than three hundred (300) pages in length excluding the title page, table of contents, tabs, pricing, resumes, financial statements, the mandatory State required forms, detailed work plan, detailed implementation schedule and examples of documents. The State will allow all Offerors to submit one hard copy set of the financial stability statements/financial statements and of the detailed work plan with the Original proposal. The additional copies may be submitted in electronic format. The Offeror is expected to include in the 300-page limit, a summary work plan with milestones and a summary implementation schedule. For ease of review, Offerors are encouraged to place examples in an optional separate binder.

1. Proposal Content and Organization

Canned or promotional material may be used if referenced and clearly marked; however, use of promotional material should be minimized. The proposal must be organized and indexed (tabbed) in the following format and must contain, at a minimum, all listed items in the sequence indicated. Additional items may be submitted as attachments following the mandatory items listed for Binder 1.

Binder 1: Technical Proposal. *No cost information in Binder 1.*

1. Table of Contents
2. Signed Letter of Transmittal Form (APPENDIX C)
3. Two (2) Page Summary of Offeror's Approach
4. List of References
5. Financial Stability Documents
6. Performance Bond Capacity Statement
7. Signed Campaign Contribution Disclosure Form (APPENDIX E)
8. Signed New Mexico Employee Health Coverage Form (APPENDIX F)
9. Signed Pay Equity Statement
10. Signed Eligibility Statement
11. Response to Specifications (4-5 page summary response for APPENDIX G and Vision for BMS and/or 4-5 page summary response for APPENDIX M and Vision for C/CMS)
12. Response to Specifications (APPENDIX H for BMS, Experience & Personnel to include Organizational Experience (narrative) for BMS and Staffing Model for BMS or APPENDIX N for C/CMS, Experience & Personnel to include Organizational Experience (narrative) for C/CMS and Staffing Model for C/CMS)
13. Additional items (including Required Sample Documents if not included in separate binder)

Binder 2: Cost Proposal

Completed Cost Response (see APPENDIX B or APPENDIX L)

In each section of the proposal, Offerors should address the items in the order in which they appear in this RFP. All forms provided in this RFP must be thoroughly completed and must be included in the appropriate section of the proposal. All discussion of proposed costs, rates or expenses must occur only in Binder 2 on the appropriate Cost Response Forms.

To:

3. PROPOSAL FORMAT

This section describes the required format, content and organization for all proposals. Please note, in the below Proposal Content and Organization, Offerors are expected to provide all numbered items (1-15) listed under the Technical Proposal (Binder 1). Hard copy proposals shall be submitted typewritten, Times Roman twelve (12) (tables, header, footer, original RFP requirement text, and proposal graphics may be in 10-pt font), on standard eight and a half (8½) by eleven (11) inch paper (larger paper is permissible only for charts, spreadsheets, etc., folded to 8½ by 11) and shall be placed in the binders with tabs delineating each section. For the Requirements Response, the original RFP requirement text (Appendix H for BMS, or N for C/CMS) must be included in Offerors' proposal responses which cannot exceed the 350 page limit. The requirement responses must be in 12-point font.

All discussion of proposed costs, rates or expenses must occur only in Binder 2 on the appropriate Cost Response Forms (i.e., APPENDIX B for BMS or APPENDIX L for C/CMS).

The single hard copy set of the financial stability statements/financial statements and an electronic version are to be placed in Binder 3.

1. Proposal Content and Organization

HSD discourages Offerors from submitting “canned” or promotional material, but they may be included if referenced and clearly marked; however, use of promotional material should be minimized. The proposal must be organized and indexed (tabbed) in the following format and must contain, at a minimum, all listed items in the sequence indicated. Additional items may be submitted as attachments in Tab 15 (Additional Items) following the mandatory items listed for Binder 1.

Binder 1: Technical Proposal. *No cost information in Binder 1.*

1. Table of Contents
2. Signed Letter of Transmittal Form (APPENDIX C)

3. Four (4) Page Summary of Offeror's Approach
4. List of References
5. Performance Bond Capacity Statement
6. Signed Campaign Contribution Disclosure Form (APPENDIX E)
7. Signed New Mexico Employee Health Coverage Form (APPENDIX F)
8. Signed Pay Equity Statement
9. Signed Eligibility Statement
10. **Vision Response** – a response describing the Offeror's Vision for their proposed solution; a 4 page limit. (Vision Response to be based on Statement of Work in Appendix G for BMS, or Appendix M for C/CMS.)
11. **Statement of Work Response** -- a response addressing the Statement of Work (Appendix G for BMS, or Appendix M for C/CMS); see Section VII. Response Specifications and VIII. B. 1 below for required topics to be discussed in the response; a 10 page limit.
12. **Requirements Response** – a response to the requirements as noted in Appendix H for BMS, or Appendix N for C/CMS; see Section VII. Response Specifications and VIII. B. 2. below for required topics to be discussed in the response; a 350 page limit (including required RFP text). Note that some items required for this response are to be placed in Tab 15 (Additional Items) and are not counted in the page limit.
13. **Experience and Personnel Response** – a response describing the Offeror's Organizational Experience (narrative) and Staffing Model; see VIII. B. 3. below for topics to be discussed in the response; a 20 page limit, excluding resumes, which are to be placed in Tab 15 (Additional Items).
14. Sample Documents – see VIII. B. 4. for required documents.
15. Additional Items – including (tabbed):
 - a. Detailed Work Plan
 - b. Detailed Implementation Schedule
 - c. Resumes
 - d. List of Subcontractors
 - e. Disclosures
 - f. Certification Materials
 - g. Training Materials
 - h. Optional: Proposed revisions to Contract/RFP/Terms & Conditions
 - i. Other Materials

Binder 2: Cost Proposal

Completed Cost Response (see APPENDIX B for BMS or APPENDIX L for C/CMS)

All discussion of proposed costs, rates or expenses must be included only in Binder 2 on the appropriate Cost Response Forms. The Cost Response shall include:

1. Cost Form 1 for years 1 – 4;
2. Cost Form 2 for optional years 1 – 4;
3. Budget Narratives, including the estimated work schedule, assumptions made in developing the schedule, a list of licensing costs and required technical support which are included in the pricing, and staffing costs.

Binder 3: Financial Statements

A single paper hard copy version of the required financial statement(s) and a single electronic version (on a flash drive) are to be placed in a separate binder and labelled “Binder 3 – Financial Statements”. Only one hard copy set of Financial Statements and one Binder 3 is required.

Change VII. RESPONSE SPECIFICATIONS, page 45

Change From:

VII. RESPONSE SPECIFICATIONS

APPENDIX G describes the BMS services to be delivered through this procurement.

The State is requiring the entire response to Appendix G to be a 4-5 page summary that includes the following in proposal responses in the order presented below:

- Describe Offeror’s understanding of what HHS 2020 is, what the state is seeking from the BMS module, and Offeror’s ability to deliver quality services in scope.
- Describe Offeror’s methodology, plan, approach to the services and vision for BMS.
- Describe at least two successful recent BPO projects, comparable to the BMS procurement and modular in nature, on which your organization provided Business Services as the prime contractor. Describe how each experience shaped your services, what lessons were learned, and what outcomes were achieved for the client’s project. Address how you will leverage previous engagement experience to perform the BMS Contractor role for this Project.
- Provide a Work Plan timetable for BMS integration. Identify the assumptions underlying your Work Plan timetable and for the items below from your proposal:
 - A. Approach for BMS operations and maintenance;
 - B. Approach for integrating with the HHS 2020 EPMO tasks;

- C. Approach for providing HHS 2020 integration support; and
- D. Approach for business service configuration.

- Explain your ability and willingness to meet the preliminary set of SLAs and LDs in Appendix K - BMS Performance Measures. During contract negotiations, the Contractor and State will collaborate to define the SLAs which will be included in the contract. Offeror should understand and agree there will be SLAs that cannot be defined during contract negotiations for operations and will require future Contractor and State collaboration.

APPENDIX H contains the BMS requirements to which Offerors must respond. Offerors must respond to all requirements and questions in the manner described in APPENDIX H.

APPENDIX M describes C/CMS to be delivered through this procurement.

The State is requiring the entire response to Appendix M to be a 4-5 page summary that includes the following in proposal responses in the order presented below:

- Describe Offeror's understanding of what HHS 2020 is, what the state is seeking from the C/CMS, and Offeror's ability to deliver quality solution in scope.
- Describe Offeror's methodology, plan, approach to the services and vision for Care/Case Management.
- Describe at least two successful recent Care/Case Management projects, comparable to the Care/Case Management procurement and modular in nature, on which your organization provided the Solution as the prime contractor. Describe how each experience shaped your solution, what lessons were learned, and what outcomes were achieved for the client's project. Address how you will leverage previous engagement experience to perform the Care/Case Management Contractor role for this Project.
- Provide a Work Plan timetable for Care/Case Management integration. Identify the assumptions underlying your Work Plan timetable and for the items below from your proposal:
 - A. Approach for Care/Case Management operations and maintenance;
 - B. Approach for integrating with the HHS 2020 EPMO tasks;
 - C. Approach for providing HHS 2020 integration support; and

D. Approach for business service configuration.

- Explain your ability and willingness to meet the preliminary set of SLAs and LDs in Appendix O - C/CMS Performance Measures. During contract negotiations, the Contractor and State will collaborate to define the SLAs which will be included in the contract. Offeror should understand and agree there will be SLAs that cannot be defined during contract negotiations for operations and will require future Contractor and State collaboration.

APPENDIX N contains the Care/Case Management requirements to which Offerors must respond. Offerors must respond to all requirements and questions in the manner described in APPENDIX N.

Offerors must adhere to the State's required proposal format, page limitations and required content. Failure to adhere to these requirements may result in the proposal deemed nonresponsive and rejected.

A. COST

Offerors must complete the Cost Response as noted in APPENDIX B (for BMS) and APPENDIX L (for C/CMS). Cost will be evaluated by appropriateness and best value for the State. All charges listed in the Cost Response must be justified and evidence of need documented in a cost proposal response narrative in the detailed budget submitted with the proposal. Offeror shall acknowledge that it will provide full, secure access to all of its work products and tools. As the Offeror's services are part of the MMISR Solution, it will be available to the State, Stakeholder partners, State contractors and other modular Contractors without transaction fees or charges throughout all stages of development and operations.

B. OTHER REQUIREMENTS

For BMS and for C/CMS proposals, submit the following items in Binder 1 following the responses to Mandatory Specifications. Please include a labeled tab for each item.

1. Letter of Transmittal Form

The Offeror's proposal **must** be accompanied by the Letter of Transmittal Form in APPENDIX C. The form must be complete and **must** be signed by the person authorized to obligate the Offeror's organization.

2. List of References

Offerors shall provide three (3) references from similar large-scale Projects performed for private, State or large local government clients within the last three (3) years. *Offerors are required to send the Reference Questionnaire Form, APPENDIX D, to each business reference listed. The business reference, in turn, is requested to submit the completed Reference Questionnaire Form, APPENDIX D, directly to the Procurement Manager, as described in Section D of the Introduction.* It is the Offeror's responsibility to ensure the completed forms are received on or before the proposal submission deadline for inclusion in the evaluation process.

References for which the Reference Questionnaire Form is not received, or for which the Form is incomplete, may adversely affect the Offeror's score in the evaluation process. The Evaluation Committee may contact any or all references for validation of information submitted. Additionally, the Agency reserves the right to consider any and all information available to it (outside of the reference information required herein) in its evaluation of Offeror responsibility per Section VI, Paragraph C.18.

Within their proposals, Offerors must submit a list of references with the following information for each reference:

- Client name;
- Project description;
- Project dates (starting and ending);
- Staff assigned to referenced engagement who will be designated for work on BMS module services;
- Project outcomes, lessons learned and/or value delivered; and
- Client project manager name, telephone number, fax number and e-mail address.

3. Financial Stability Documents

Offerors must submit copies of the most recent year's independently audited financial statements and the most current 10-K, as well as financial statements for the preceding three (3) years, if they exist. The submission must include the audit opinion; the balance sheet; statements of income, retained earnings and cash flows; and the notes to the financial statements. If independently audited financial statements do not exist, Offeror must state the reason and submit instead sufficient information (e.g., Dunn and Bradstreet report) to enable the Evaluation Committee to assess the Offeror's financial stability. If potential offeror is privately held and/or does not have a 10-K filed with the Securities and Exchange Commission (SEC), another form of a financial stability document should be submitted, such as a current Financial Audit Statement.

4. Performance Bond Capacity Statement

Offeror must have the ability to secure a Performance Surety Bond in favor of the Agency to insure the Contractor's performance under the contract awarded pursuant to this procurement. While each engagement will be different, the option to require a Performance Surety Bond must be available to the Agency at time of contract award. **A letter or statement of concurrence must be submitted in the Offeror's proposal.**

5. Campaign Contribution Disclosure Form

The Offeror must complete an unaltered Campaign Contribution Disclosure Form (see APPENDIX E) and submit a signed copy with their proposal. This must be accomplished whether or not an applicable contribution has been made.

6. Employee Health Coverage Form

The Offeror must agree with the terms indicated in APPENDIX F. Offeror must complete the unaltered form and submit with Offeror's proposal a copy signed by the person authorized to obligate the Offeror's firm.

7. Pay Equity Reporting Statement

The Offeror must agree with the reporting requirements defined in Appendix I, Article 27. This report is due at contract award. Offeror must include a signed statement of concurrence with this requirement in their proposal. Out-of-state Contractors that have no facilities and no employees working in New Mexico are exempt if the contract is directly with the out-of-state Contractor, is fulfilled directly by the out-of-state Contractor and is not passed through a local Contractor. However, such out-of-state Offerors must still submit a statement of concurrence that reads as follows: **"Offeror concurs with the Pay Equity Reporting as defined in Appendix I, Article 27. Offeror would come under the definition of out-of-state Contractor if Offeror should be successful."**

8. Eligibility Statement

Provide a signed statement confirming the following: It is the Contractor's responsibility to warrant that the Contractor and its principals are eligible to participate in all work and transactions; have not been subjected to suspension, debarment, or similar ineligibility determined by any Federal, State or local governmental entity; that the Offeror is in compliance with the State of New Mexico statutes and rules relating to procurement; and that the Contractor is not listed on the Federal government's terrorism watch list as described in Executive Order 13224. Entities ineligible for Federal procurement are listed at http://www.generalservices.state.nm.us/statepurchasing/Debarment_Notices.aspx.

To:

VII. RESPONSE SPECIFICATIONS

A. TECHNICAL PROPOSAL – Binder 1

1. VISION Response – BMS or C/CMS (4 page limit)

Describe your vision for achieving the goals and fulfilling the goals of this RFP (BMS or C/CMS). (Vision Response to be based on Statement of Work in Appendix G for BMS, or Appendix M for C/CMS.) To be placed in Tab 10.

2. A. STATEMENT OF WORK Response – BMS (10 page limit)

The Statement of Work in APPENDIX G describes the BMS services to be delivered through this procurement. To be placed in Tab 11.

The State is requiring the BMS Statement of Work Response to be a concise 8-10 page summary that includes the following in the order presented below:

1. Describe Offeror's understanding of what HHS 2020 is, what the state is seeking from the BMS module, and Offeror's ability to deliver quality services in scope.
2. Describe Offeror's methodology, plan, approach to the services and vision for BMS.
3. Describe at least two successful recent BPO projects, comparable to the BMS procurement and modular in nature, on which your organization provided Business Services as the prime contractor. Describe how each experience shaped your services, what lessons were learned, and what outcomes were achieved for the client's project. Address how you will leverage previous engagement experience to perform the BMS Contractor role for this Project.
4. Provide a concise Work Plan for BMS integration. Identify the assumptions underlying your Work Plan and for the items below from your proposal:
 - A. Approach for BMS operations and maintenance;
 - B. Approach for integrating with the HHS 2020 EPMS tasks;
 - C. Approach for providing HHS 2020 integration support; and
 - D. Approach for business service configuration.

5. Explain your ability and willingness to meet the preliminary set of SLAs and LDs in Appendix K - BMS Performance Measures. During contract negotiations, the Contractor and State will collaborate to define the SLAs which will be included in the contract. Offeror should understand and agree there will be SLAs that cannot be defined during contract negotiations for operations and will require future Contractor and State collaboration.

2. B. STATEMENT OF WORK Response – C/CMS (10 page limit)

The Statement of Work in APPENDIX M describes the C/CMS services to be delivered through this procurement. To be placed in Tab 11.

The State is requiring the C/CMS Statement of Work Response to be a concise 8-10 page summary that includes the following in the order presented below:

1. Describe Offeror's understanding of what HHS 2020 is, what the state is seeking from the C/CMS, and Offeror's ability to deliver quality solution in scope.
2. Describe Offeror's methodology, plan, approach to the services and vision for Care/Case Management.
3. Describe at least two successful recent Care/Case Management projects, comparable to the Care/Case Management procurement and modular in nature, on which your organization provided the Solution as the prime contractor. Describe how each experience shaped your solution, what lessons were learned, and what outcomes were achieved for the client's project. Address how you will leverage previous engagement experience to perform the Care/Case Management Contractor role for this Project.
4. Provide a concise Work Plan for Care/Case Management integration. Identify the assumptions underlying your Work Plan and for the items below from your proposal:
 - A. Approach for Care/Case Management operations and maintenance;
 - B. Approach for integrating with the HHS 2020 EPMS tasks;
 - C. Approach for providing HHS 2020 integration support; and
 - D. Approach for business service configuration.

5. Explain your ability and willingness to meet the preliminary set of SLAs and LDs in Appendix O - C/CMS Performance Measures. During contract negotiations, the Contractor and State will collaborate to define the SLAs which will be included in the contract. Offeror should understand and agree there will be SLAs that cannot be defined during contract negotiations for operations and will require future Contractor and State collaboration.

3. A. REQUIREMENTS Response – BMS (350 page limit)

The BMS Detailed Requirements (APPENDIX H) contains the requirements to which Offerors must respond. Offerors must respond to all requirements and questions in the manner described in APPENDIX H. To be placed in Tab 12 (except: the following required items for this response are to be placed in Tab 15 (Additional Items) and are not subject to the page limit for this response: detailed Work Plan, detailed Implementation Schedule, resumes, list of subcontractors.)

3. B. REQUIREMENTS Response – C/CMS (350 page limit)

The C/CMS Detailed Requirements (APPENDIX N) contains the requirements to which Offerors must respond. Offerors must respond to all requirements and questions in the manner described in APPENDIX N. To be placed in Tab 12 (except: the following required items for this response are to be placed in Tab 15 (Additional Items) and are not subject to the page limit for this response: detailed Work Plan, detailed Implementation Schedule, resumes, list of subcontractors.)

4. EXPERIENCE AND PERSONNEL Response – BMS or C/CMS (20 page limit)

Describe your organizational experience and staffing model for achieving the goals and fulfilling the requirements of this RFP (BMS or C/CMS). To be placed in Tab 13, except for resumes which are to be placed in Tab 15 (Additional Items).

5. SAMPLE DOCUMENTS Response – BMS or C/CMS

Provide the required sample documents (including screen shots and statistics) as outlined below. To be placed in Tab 14.

For all responses and response components, Offerors must adhere to the State’s required content, proposal format, and page limitations. Failure to adhere to these requirements may result in the proposal deemed nonresponsive and rejected.

B. COST PROPOSAL – Binder 2

Offerors must complete the Cost Response as noted in APPENDIX B (for BMS) and APPENDIX L (for C/CMS). Cost will be evaluated for thoroughness, appropriateness and best value for the State. All charges listed in the Cost Response must be justified and evidence of need documented in a cost proposal narrative response submitted with the cost proposal. Offeror shall acknowledge that it will provide full, secure access to all of its work products and tools. As the Offeror’s services are part of the MMISR Solution, it will be available to the State, Stakeholder partners, State contractors and other modular Contractors without transaction fees or charges throughout all stages of development and operations.

C. OTHER REQUIREMENTS

For BMS and for C/CMS proposals, submit the following items in **Binder 1**. Please include a labeled tab for each item.

1. Table of Contents for Binder 1

2. Signed Letter of Transmittal Form

The Offeror’s proposal must be accompanied by the Letter of Transmittal Form in APPENDIX C. The form must be complete and must be signed by the person authorized to obligate the Offeror’s organization.

3. Four-Page Summary of Offeror’s Approach

The Offeror should provide a concise description of their approach to their solution for the work described in this RFP.

4. List of References

Offerors shall provide three (3) references from similar large-scale Projects performed for private, State or large local government clients within the last three (3) years. *Offerors are required to send the Reference Questionnaire Form, APPENDIX D, to each business reference listed. The business reference, in turn, is*

requested to submit the completed Reference Questionnaire Form, APPENDIX D, directly to the Procurement Manager, as described in Section D of the Introduction. It is the Offeror's responsibility to ensure the completed forms are received on or before the proposal submission deadline for inclusion in the evaluation process.

References for which the Reference Questionnaire Form is not received, or for which the Form is incomplete, may adversely affect the Offeror's score in the evaluation process. The Evaluation Committee may contact any or all references for validation of information submitted. Additionally, the Agency reserves the right to consider any and all information available to it (outside of the reference information required herein) in its evaluation of Offeror responsibility per Section VI, Paragraph C.18.

In Tab 4, Binder 1, Offerors must submit a list of the references being submitted with the following information for each reference:

- Client name;
- Project description;
- Project dates (starting and ending);
- Staff assigned to referenced engagement who will be designated for work on BMS module services;
- Project outcomes, lessons learned and/or value delivered; and
- Client project manager name, telephone number, fax number and e-mail address.

5. Performance Bond Capacity Statement

Offeror must have the ability to secure a Performance Surety Bond in favor of the Agency to insure the Contractor's performance under the contract awarded pursuant to this procurement. While each engagement will be different, the option to require a Performance Surety Bond must be available to the Agency at time of contract award. A letter or statement of concurrence must be submitted in the Offeror's proposal in Tab 5, Binder 1.

6. Campaign Contribution Disclosure Form

The Offeror must complete an unaltered Campaign Contribution Disclosure Form (see APPENDIX E) and submit a signed copy with their proposal. This must be accomplished whether or not an applicable contribution has been made.

7. Employee Health Coverage Form

The Offeror must agree with the terms indicated in APPENDIX F. Offeror must complete the unaltered form and submit with Offeror's proposal a copy signed by the person authorized to obligate the Offeror's firm.

8. Pay Equity Reporting Statement

The Offeror must agree with the reporting requirements defined in Appendix I, Article 27. This report is due at contract award. Offeror must include a signed statement of concurrence with this requirement in their proposal. Out-of-state Contractors that have no facilities and no employees working in New Mexico are exempt if the contract is directly with the out-of-state Contractor, is fulfilled directly by the out-of-state Contractor and is not passed through a local Contractor. However, such out-of-state Offerors must still submit a statement of concurrence that reads as follows: “Offeror concurs with the Pay Equity Reporting as defined in Appendix I, Article 27. Offeror would come under the definition of out-of-state Contractor if Offeror should be successful.”

9. Eligibility Statement

Provide a signed statement confirming the following: It is the Contractor’s responsibility to warrant that the Contractor and its principals are eligible to participate in all work and transactions; have not been subjected to suspension, debarment, or similar ineligibility determined by any Federal, State or local governmental entity; that the Offeror is in compliance with the State of New Mexico statutes and rules relating to procurement; and that the Contractor is not listed on the Federal government's terrorism watch list as described in Executive Order 13224. Entities ineligible for Federal procurement are listed at http://www.generalservices.state.nm.us/statepurchasing/Debarment_Notices.aspx.

For BMS and for C/CMS proposals, submit the following items in **Binder 3**. Please include a labeled tab for each item.

10. Financial Stability Documents

Offerors must submit copies of the most recent year’s independently audited financial statements and the most current 10-K, as well as financial statements for the preceding three (3) years, if they exist. The submission must include the audit opinion; the balance sheet; statements of income, retained earnings and cash flows; and the notes to the financial statements. If independently audited financial statements do not exist, Offeror must state the reason and submit instead sufficient information (e.g., Dunn and Bradstreet report) to enable the Evaluation Committee to assess the Offeror’s financial stability. If potential offeror is privately held and/or does not have a 10-K filed with the Securities and Exchange Commission (SEC), another form of a financial stability document should be submitted, such as a current Financial Audit Statement.

Change From:

VIII. EVALUATION

A. BMS EVALUATION POINT SUMMARY

Table 3 summarizes evaluation factors for BMS and their associated point values. These weighted factors will be used in the evaluation of Offeror proposals.

Table 1 - BMS Evaluation Point Summary

<i>Table 3- Evaluation Point Summary</i> Factors	Score
Technical Responses	100
Vision for BMS	40
Statement of Work (Appendix G)	60
Requirements (Appendix H)	360
Member Management	75
Provider Management	75
Utilization Management/Utilization Review	75
Benefit Plan Management	75
General Requirements, including project management	60
Experience & Personnel	100
Organizational Experience (narrative)	50
Staffing Model	50
Required Sample Documents	20
Cost Proposal	280
Cost Response Form #1	140
Cost Response Form #2	140
References	40
Oral Presentation (Finalists Only)	100
Total	1000

Table 3 Evaluation Point Summary

B. BMS EVALUATION FACTORS

Responses will be scored on a point system with one-thousand (1,000) total points including orals. Offerors with the highest total points prior to oral presentations will be considered Finalists. The number of Finalist Offerors will be determined at the discretion of the Evaluation Committee. Finalists will be asked to provide an Oral Presentation with a possible score of one hundred (100) points. The award for this contract will go to the Finalist deemed to be the most advantageous and to offer the best value to the State for this work.

1. Technical Responses (100 points)

Points will be awarded based on the thoroughness, innovation, and clarity of the

Offeror's response, the breadth and depth of the engagements cited and the perceived validity of the response. APPENDIX G describes services to be delivered through this procurement.

The State is requiring the entire response to Appendix G to be a 4-5 page summary that includes the following in proposal responses in the order presented below:

- Describe Offeror's understanding of what HHS 2020 is, what the state is seeking from the BMS module, and Offeror's ability to deliver quality services required by the Statement of Work.
- Describe Offeror's methodology, plan, approach to the services and vision for BMS.
- Describe at least two successful recent BPO projects, comparable to the BMS procurement and modular in nature, on which your organization provided Business Services as the prime contractor. Describe how each experience shaped your services, what lessons were learned, and what outcomes were achieved for the client's project. Address how you will leverage previous engagement experience to perform the BMS Contractor role for this Project.
- Provide a Work Plan timetable for BMS integration. Identify the assumptions underlying your Work Plan timetable and for the items below from your proposal:
 - A. Approach for BMS operations and maintenance;
 - B. Approach for integrating with the HHS 2020 EPMO tasks;
 - C. Approach for providing HHS 2020 integration support; and
 - D. Approach for business service configuration.
- Explain your ability and willingness to meet the preliminary set of SLAs and LDs in Appendix K – BMS Performance Measures. During contract negotiations, the Contractor and State will collaborate to define the SLAs which will be included in the contract. Offeror should understand and agree there will be SLAs that cannot be defined during contract negotiations for operations and will require future Contractor and State collaboration.

2. Requirements (360 points)

Points will be awarded based on the thoroughness and clarity of the Offeror's response, the breadth and depth of the engagements cited and the perceived validity of the response. These responses are to be placed in Binder 1.

3. Experience and Personnel (100 points)

Offerors shall provide a narrative describing their Organizational Experience and proposed Staffing Model describing the scope and responsibilities of each Key Personnel position, with the name, title, skill set, experience and location by phase and to include a resume for each position proposed.

4. Required Sample Documents (20 points)

Points will be awarded based on the thoroughness and clarity of the Offeror's response, the breadth and depth of the engagements cited and the perceived validity of the response. Offerors are encouraged to place examples in a separate binder. Sample documents should include at a minimum test plans, processes for Change Requests (CR) and system reports.

- Implementation Document
- Training Document
- Test Plan
- Statistics and sample documents
 - Member Management Statistics:
 - Examples include: How many automated outreach processes are executed (e.g., to assure compliance with EPSDT [Early Periodic Screening, Diagnosis, and Treatment] periodicity schedule, new program information, health improvement).
 - Member Management sample documents for outreach, health education and other member communications
 - Provider Management Statistics:
 - Examples include: Operational reports showing the volume and status of in-process enrollment applications and update requests, pending site visits, etc.,
 - Offerors must include sample screen shots of the proposed on-line provider application form.
 - Provider Management sample documents for training materials related to provider enrollment and claims billing, provider marketing/recruitment materials.
 - Utilization Management/Utilization Review Statistics:
 - Examples include: How many algorithms are executed in the evaluation of the medical necessity, appropriateness and efficiency of the use of health care services, procedures, and facilities under the provisions of the applicable health

benefits plan.

- UM/UR sample documents reflecting improved quality or efficiency. Include recommendations made as a result of algorithm results.
- Benefit Plan Management Statistics:
 - Examples include: Operational reports showing the volume and type of reference file updates.
- Benefit Plan Management sample documents for proposed changes to reimbursement methodologies, recommended updates developed in response to changes to national coding systems (e.g., ICD-10, HCPCS), and explanations/criteria for development of actuarially sound capitation rate updates.

5. Cost (280 points)

The evaluation of each Offeror’s cost proposal (the total of four years of detailed budgets) will be conducted using the following formula. This response is to be placed in Binder 2.

$$\frac{\text{Lowest Responsive Offer Total Cost for each sub-factor}}{\text{This Offeror’s Total Cost for each sub-factor}} \times \text{X Available Award Points for each sub-factor}$$

Provide costs and detailed budget explanations in a table format as shown in Appendix B.

6. References (40 points)

Offerors shall provide three (3) references from similar large-scale Projects performed for private, State or large local government clients within the last three (3) years in Binder 1, with business information for each.

7. Oral Presentation (Finalists only, 100 points)

The Evaluation Committee may require oral presentations by the highest-scoring Finalists or Finalist. Points will be awarded based on the quality and organization of information presented, how effectively the information was communicated, the professionalism of the presenters and the technical knowledge of the proposed staff. Prior to oral presentations, the Agency will provide the Finalist Offerors with a presentation agenda.

C. C/CMS EVALUATION POINT SUMMARY

Table 4 summarizes evaluation factors for Care/Case Management and their associated point values. These weighted factors will be used in the evaluation of Offeror proposals.

Table 2 - C/CMS Evaluation Point Summary

<i>Table 3- Evaluation Point Summary</i> Factors	Score
Technical Responses	100
Vision for Care/Case Management	40
Statement of Work (Appendix M)	60
Requirements (Appendix N)	360
Care/Case Management	165
General Requirements, including project management	195
Experience & Personnel	100
Organizational Experience (narrative)	50
Staffing Model	50
Required Sample Documents	20
Cost Proposal	280
Cost Response Form #1	140
Cost Response Form #2	140
References	40
Oral Presentation (Finalists Only)	100
Total	1000

Table 4 Evaluation Point Summary

D. C/CMS EVALUATION FACTORS

Responses will be scored on a point system with one-thousand (1,000) total points including orals. Offerors with the highest total points prior to oral presentations will be considered Finalists. The number of Finalist Offerors will be determined at the discretion of the Evaluation Committee. Finalists will be asked to provide an Oral Presentation with a possible score of one hundred (100) points. The award for this contract will go to the Finalist deemed to be the most advantageous and to offer the best value to the State for this work.

1. Technical Responses (100 points)

Points will be awarded based on the thoroughness, innovation, and clarity of the Offeror’s response, the breadth and depth of the engagements cited and the perceived validity of the response.

APPENDIX M describes solution and services to be delivered through this procurement. The State is requiring the entire response to Appendix M to be a 4-5 page summary that includes the following in proposal responses in the order presented below:

- Describe Offeror’s understanding of what HHS 2020 is, what the state is seeking from the C/CMS, and Offeror’s ability to deliver quality services required by the Statement of Work.
- Describe Offeror’s methodology, plan, approach to the services and vision for C/CMS.
- Describe at least two successful recent BPO projects, comparable to the Care/Case Management procurement and modular in nature, on which your organization provided the Solution as the prime contractor. Describe how each experience shaped your solution, what lessons were learned, and what outcomes were achieved for the client’s project. Address how you will leverage previous engagement experience to perform the Care/Case Management Contractor role for this Project.
- Provide a Work Plan timetable for C/CMS integration. Identify the assumptions underlying your Work Plan timetable and for the items below from your proposal:
 - A. Approach for C/CMS operations and maintenance;
 - B. Approach for integrating with the HHS 2020 EPMS tasks;
 - C. Approach for providing HHS 2020 integration support; and
 - D. Approach for business service configuration.
- Explain your ability and willingness to meet the preliminary set of SLAs and LDs in Appendix O - C/CMS Performance Measures. During contract negotiations, the Contractor and State will collaborate to define the SLAs which will be included in the contract. Offeror should understand and agree there will be SLAs that cannot be defined during contract negotiations for operations and will require future Contractor and State collaboration.

2. Requirements (360 points)

Points will be awarded based on the thoroughness and clarity of the Offeror’s response, the breadth and depth of the engagements cited and the perceived validity of the response. These responses are to be placed in Binder 1.

3. Experience and Personnel (100 points)

Offerors shall provide a narrative describing their Organizational Experience and proposed Staffing Model describing the scope and responsibilities of each Key Personnel position, with the name, title, skill set, experience and location by phase

and to include a resume for each position proposed.

4. Required Sample Documents (20 points)

Points will be awarded based on the thoroughness and clarity of the Offeror’s response, the breadth and depth of the engagements cited and the perceived validity of the response. Offerors are encouraged to place examples in a separate binder. Sample documents should include at a minimum test plans, processes for CRs, system reports.

- Implementation Document
- Training Document
- Test Plan
- Statistics and sample documents
 - Care/Case Management Statistics:
 - Examples include: How many automated cases created
 - Care/Case Management sample documents for outreach, and other member communications

5. Cost (280 points)

The evaluation of each Offeror’s cost proposal (the total of four years of detailed budgets) will be conducted using the following formula. This response is to be placed in Binder 2.

$$\frac{\text{Lowest Responsive Offer Total Cost for each sub-factor}}{\text{This Offeror’s Total Cost for each sub-factor}} \times \text{Available Award Points for each sub-factor}$$

Provide costs and detailed budget explanations in a table format as shown in Appendix L.

6. References (40 points)

Offerors shall provide three (3) references from similar large-scale Projects performed for private, State or large local government clients within the last three (3) years in Binder 1, with business information for each.

7. Oral Presentation (Finalists only, 100 points)

The Evaluation Committee may require oral presentations by the highest-scoring Finalists or Finalist. Points will be awarded based on the quality and organization of information presented, how effectively the information was communicated, the professionalism of the presenters and the technical knowledge of the proposed staff. Prior to oral presentations, the Agency will provide the Finalist Offerors with a

presentation agenda.

E. OTHER REQUIREMENTS

Provide the following in tabbed sections in Binder 1:

1. Letter of Transmittal (Appendix C)
Pass/Fail only. No points assigned.
2. References (40 points) (Appendix D)
Offeror submits a list of three (3) references in Binder 1, with business information for each. *Offerors are required to send the Reference Questionnaire Form, APPENDIX D, to each business reference listed. The business reference, in turn, is requested to submit the completed Reference Questionnaire Form, APPENDIX D, directly to the Procurement Manager, as described in the Introduction Paragraph D.* Points will be awarded based on evaluation of the responses to a series of questions asked of the references concerning quality of the Offeror's services, timeliness of services, responsiveness to problems and complaints and the level of satisfaction with the Offeror's overall performance.
3. Financial Stability – Financials (Section VII. B .3)
Pass/Fail only. No points assigned.
4. Performance Bond Capacity Statement (Section VII. B .4)
Pass/Fail only. No points assigned.
5. Campaign Contribution Disclosure Form (Appendix E)
Pass/Fail only. No points assigned.
6. New Mexico Employee Health Coverage Form (Appendix F)
Pass/Fail only. No points assigned.
7. Pay Equity Reporting Statement (Appendix I, Article 27)
Pass/Fail only. No points assigned.
8. Eligibility Statement (Section VII. B .8)
Pass/Fail only. No points assigned.

To:

IX. EVALUATION

A. BMS EVALUATION POINT SUMMARY

Table 3 summarizes evaluation components for BMS and their associated point values. These weighted factors will be used in the evaluation of Offeror proposals.

Table 3 - BMS Evaluation Point Summary

Components	Score
Technical Proposal (600 points total)	
1. Vision Response	40
2. Statement of Work Response (Appendix G)	60
3. Requirements Response (Appendix H)	
1. Member Management	75
2. Provider Management	75
3. Utilization Management/Utilization Review	75
4. Benefit Plan Management	75
5. General Requirements, including project management	60
4. Experience & Personnel Response	
1. Organizational Experience (narrative)	50
2. Staffing Model	50
5. Required Sample Documents	40
Cost Proposal (340 points total)	
1. Cost Response Form #1	200
2. Cost Response Form #2	140
References (3)	60
<i>Total for selecting finalists</i>	1000
Oral Presentation	100
<i>Total for selecting contractor</i>	1100

Table 3 Evaluation Point Summary

B. BMS EVALUATION FACTORS

Responses will be scored on a point system with 1,100 total points including Oral Presentations. Offerors with the highest total points prior to oral presentations will be considered Finalists. The number of Finalist Offerors will be determined at the discretion of the Evaluation Committee. Finalists will be asked to provide an Oral Presentation with a possible score of one hundred (100) points. The award for this contract will go to the Finalist deemed to be the most advantageous and to offer the best value to the State for

this work.

1. Vision Response (40 points, 4 page limit)

Points will be awarded based on clarity and alignment of the Offeror's vision for their solution to the RFP and HHS 2020 goals.

2. Statement of Work Response (60 points, 10 page limit)

Points will be awarded based on the thoroughness, innovation, and clarity of the Offeror's response, the breadth and depth of the engagements cited and the perceived validity of the response. APPENDIX G describes services to be delivered through this procurement.

The State is requiring the entire response to Appendix G to be a concise 8-10 page summary that includes responses to the following in the order presented below:

1. Describe Offeror's understanding of what HHS 2020 is, what the state is seeking from the BMS module, and Offeror's ability to deliver quality services required by the Statement of Work.
2. Describe Offeror's methodology, plan, approach to the services and vision for BMS.
3. Describe at least two successful recent BPO projects, comparable to the BMS procurement and modular in nature, on which your organization provided Business Services as the prime contractor. Describe how each experience shaped your services, what lessons were learned, and what outcomes were achieved for the client's project. Address how you will leverage previous engagement experience to perform the BMS Contractor role for this Project.
4. Provide a concise Work Plan for BMS integration. Identify the assumptions underlying your Work Plan and for the items below from your proposal:
 - E. Approach for BMS operations and maintenance;
 - F. Approach for integrating with the HHS 2020 EPMO tasks;
 - G. Approach for providing HHS 2020 integration support; and
 - H. Approach for business service configuration.
5. Explain your ability and willingness to meet the preliminary set of SLAs and LDs in Appendix K – BMS Performance Measures. During contract negotiations, the Contractor and State will collaborate to define the SLAs

which will be included in the contract. Offeror should understand and agree there will be SLAs that cannot be defined during contract negotiations for operations and will require future Contractor and State collaboration.

3. Requirements Response (360 points, 350 page limit)

Points will be awarded to the responses to the detailed requirements in APPENDIX H based on the thoroughness and clarity of the Offeror's response, the breadth and depth of the engagements cited and the perceived validity of the response. The response should include answers to questions, a work plan, and an implementation schedule. Responses to requirements are organized in five areas:

1. Member Management
2. Provider Management
3. Utilization Management/Utilization Review
4. Benefit Plan Management
5. General Requirements, including project management, answers to questions, summary work plan, and summary implementation schedule. (Detailed Work Plan and detailed Implementation Schedule are to be placed in Tab 15 (Additional Items) and are not part of the page limit.)

4. Experience and Personnel (100 points, 20 page limit)

Offerors shall provide the following. Points will be awarded for thoroughness, clarity and appropriateness.

1. A narrative describing their Organizational Experience
2. A proposed Staffing Model describing the scope and responsibilities of each Key Personnel position, with the name, title, skill set, experience and location by phase and to include a resume for each position proposed. (Resumes are to be placed in Tab 15 (Additional Items) and are not part of the page limit.)

5. Required Sample Documents (40 points)

Points will be awarded based on the thoroughness and clarity of the Offeror's response, the breadth and depth of the engagements cited and the perceived validity of the response. Sample documents should include:

1. Implementation Document
2. Training Document
3. Test Plan

Statistics and sample documents

4. Member Management Statistics:

- Examples include: How many automated outreach processes are executed (e.g., to assure compliance with EPSDT [Early Periodic Screening, Diagnosis, and Treatment] periodicity schedule, new program information, health improvement).
5. Member Management sample documents for outreach, health education and other member communications
 6. Provider Management Statistics:
 - Examples include: Operational reports showing the volume and status of in-process enrollment applications and update requests, pending site visits, etc.,
 - Offerors must include sample screen shots of the proposed on-line provider application form.
 7. Provider Management sample documents for training materials related to provider enrollment and claims billing, provider marketing/recruitment materials.
 8. Utilization Management/Utilization Review Statistics:
 - Examples include: How many algorithms are executed in the evaluation of the medical necessity, appropriateness and efficiency of the use of health care services, procedures, and facilities under the provisions of the applicable health benefits plan.
 9. UM/UR sample documents reflecting improved quality or efficiency.
 - Include recommendations made as a result of algorithm results.
 10. Benefit Plan Management Statistics:
 - Examples include: Operational reports showing the volume and type of reference file updates.
 11. Benefit Plan Management sample documents for proposed changes to reimbursement methodologies, recommended updates developed in response to changes to national coding systems (e.g., ICD-10, HCPCS), and explanations/criteria for development of actuarially sound capitation rate updates.

6. Cost Proposal (340 points)

The evaluation of each Offeror’s cost proposal will be conducted using the following formula for each of the 4-year terms (first four years, optional additional four years), scored separately.

Provide costs in the table format as shown in Appendix B.

All elements of the Cost Proposal response are to be placed in Binder 2.

1. Cost Response Form #1, years 1-4
2. Cost Response Form #2, optional years 1-4

$$\frac{\text{Lowest Responsive Offer Total Cost for each sub-factor}}{\text{This Offeror's Total Cost for each sub-factor}} \times \text{X Available Award Points for each sub-factor}$$

7. References (60 points)

Offerors shall provide a list of three (3) references from similar large-scale projects performed for private, State or large local government clients within the last three (3) years in Binder 1 (Tab 4), with business information for each. Reference Forms are submitted directly to the State (NMHSD) by the reference party (not the Offeror), as noted in this RFP. Points will be awarded based on evaluation of the responses to a series of questions asked of the references concerning quality of the Offeror’s services, timeliness of services, responsiveness to problems and complaints and the level of satisfaction with the Offeror’s overall performance.

8. Oral Presentation (Finalists only, 100 points)

The Evaluation Committee may require Oral Presentations by the highest-scoring Finalists or Finalist. Points will be awarded based on the quality and organization of information presented, how effectively the information was communicated, the professionalism of the presenters and the technical knowledge of the proposed staff. Prior to oral presentations, the Agency will provide the Finalist Offerors with a presentation agenda. Oral Presentations are held at HSD’s sole discretion.

C. C/CMS EVALUATION POINT SUMMARY

Table 4 summarizes evaluation components for C/CMS and their associated point values. These weighted factors will be used in the evaluation of Offeror proposals.

Table 4 – C/CMS Evaluation Point Summary

Components	Score
Technical Proposal (600 points total)	
1. Vision Response	40
2. Statement of Work Response (Appendix M)	60
3. Requirements Response (Appendix N)	
1. Care/Case Management	165
2. Other Requirements, including project management	195
4. Experience & Personnel Response	
1. Organizational Experience (narrative)	50
2. Staffing Model	50

Components	Score
5.Required Sample Documents	40
Cost Proposal (340 points total)	
1. Cost Response Form #1	200
2. Cost Response Form #2	140
References (3)	60
Total for selecting finalists	1000
Oral Presentation	100
Total for selecting contractor	1100

Table 4 Evaluation Point Summary

D. C/CMS EVALUATION FACTORS

Responses will be scored on a point system with one-thousand-ten (1,100) total points including Oral Presentations. Offerors with the highest total points prior to Oral Presentations will be considered Finalists. The number of Finalist Offerors will be determined at the discretion of the Evaluation Committee. Finalists will be asked to provide an Oral Presentation with a possible score of one hundred (100) points. The award for this contract will go to the Finalist deemed to be the most advantageous and to offer the best value to the State for this work.

1. Vision Response (40 points, 4 page limit)

Points will be awarded based on clarity and alignment of the Offeror’s vision for their solution to the RFP and HHS 2020 goals.

2. Statement of Work Response (60 points, 10 page limit)

Points will be awarded based on the thoroughness, innovation, and clarity of the Offeror’s response, the breadth and depth of the engagements cited and the perceived validity of the response. APPENDIX M describes services to be delivered through this procurement.

APPENDIX M describes solution and services to be delivered through this procurement. The State is requiring the entire response to Appendix M to be a 8-10 page summary that includes the following in proposal responses in the order presented below:

1. Describe Offeror’s understanding of what HHS 2020 is, what the state is seeking from the C/CMS, and Offeror’s ability to deliver quality services required by the Statement of Work.
2. Describe Offeror’s methodology, plan, approach to the services and vision

for C/CMS.

3. Describe at least two successful recent BPO projects, comparable to the Care/Case Management procurement and modular in nature, on which your organization provided the Solution as the prime contractor. Describe how each experience shaped your solution, what lessons were learned, and what outcomes were achieved for the client's project. Address how you will leverage previous engagement experience to perform the Care/Case Management Contractor role for this Project.

4. Provide a Work Plan for C/CMS integration. Identify the assumptions underlying your Work Plan and for the items below from your proposal:

- A. Approach for C/CMS operations and maintenance;
- B. Approach for integrating with the HHS 2020 EPMO tasks;
- C. Approach for providing HHS 2020 integration support; and
- D. Approach for business service configuration.

5. Explain your ability and willingness to meet the preliminary set of SLAs and LDs in Appendix O - C/CMS Performance Measures. During contract negotiations, the Contractor and State will collaborate to define the SLAs which will be included in the contract. Offeror should understand and agree there will be SLAs that cannot be defined during contract negotiations for operations and will require future Contractor and State collaboration.

3. Requirements Response (360 points, 350 page limit)

Points will be awarded to the responses to the detailed requirements in APPENDIX N based on the thoroughness and clarity of the Offeror's response, the breadth and depth of the engagements cited and the perceived validity of the response. The response should include answers to questions, a work plan, and an implementation schedule. Responses to requirements are organized in two areas:

- 1. Care/Case Management
- 2. Other Requirements, including project management, service expectations, etc., answers to questions, summary work plan, and summary implementation schedule. (Detailed work plan and detailed implementation schedule are to be placed in Tab 16 (Additional Items) and are not part of the page limit.)

4. Experience and Personnel Response (100 points, 20 page limit)

Offerors shall provide the following. Points will be awarded for thoroughness, clarity and appropriateness.

1. A narrative describing their Organizational Experience
2. A proposed Staffing Model describing the scope and responsibilities of each Key Personnel position, with the name, title, skill set, experience and location by phase and to include a resume for each position proposed. (Resumes are to be placed in Tab 15 (Additional Items) and are not part of the page limit.)

5. Required Sample Documents (40 points)

Points will be awarded based on the thoroughness and clarity of the Offeror’s response, the breadth and depth of the engagements cited and the perceived validity of the response. Sample documents should include:

3. Implementation Document
4. Training Document
5. Test Plan
6. Statistics and sample documents
 - A. Care/Case Management Statistics:
 - Examples include: How many automated cases created
 - B. Care/Case Management sample documents for outreach, and other member communications

6. Cost Proposal (340 points)

The evaluation of each Offeror’s cost proposal will be conducted using the following formula for each of the 4-year terms (first four years, optional additional four years), scored separately.

Provide costs in the table format as shown in Appendix L.

All elements of the Cost Proposal response are to be placed in Binder 2.

1. Cost Response Form #1, years 1-4
2. Cost Response Form #2, optional years 1-4

Lowest Responsive Offer Total Cost for each sub-factor	X	Available Award Points for each sub-factor
This Offeror’s Total Cost for each sub-factor		

7. References (60 points)

Offerors shall provide a list of three (3) references from similar large-scale projects performed for private, State or large local government clients within the last three (3) years in Binder 1 (Tab 4), with business information for each. Reference Forms are submitted directly to the State (NMHSD) by the reference party (not the Offeror), as noted in this RFP. Points will be awarded based on evaluation of the responses to a series of questions asked of the references concerning quality of the Offeror's services, timeliness of services, responsiveness to problems and complaints and the level of satisfaction with the Offeror's overall performance.

8. Oral Presentation (Finalists only, 100 points)

The Evaluation Committee may require oral presentations by the highest-scoring Finalists or Finalist. Points will be awarded based on the quality and organization of information presented, how effectively the information was communicated, the professionalism of the presenters and the technical knowledge of the proposed staff. Prior to oral presentations, the Agency will provide the Finalist Offerors with a presentation agenda. Oral Presentations are held at HSD's sole discretion.

E. OTHER REQUIREMENTS

Provide the following in tabbed sections in **Binder 1**:

1. **Table of Contents** for Binder 1 (Section VII. C 1.)

Pass/Fail only. No points assigned.

2. **Signed Letter of Transmittal** (Appendix C) (Section VII. C. 2.)

Pass/Fail only. No points assigned.

3. **Four-Page Summary of Approach** (Section VII. C. 3.)

Pass/Fail only. No points assigned.

4. **List of References (60 points)** (Appendix D) (Section VII. C. 4.)

Offeror submits a list of three (3) references in Binder 1, with business information for each. *Offerors are required to send the Reference Questionnaire Form, APPENDIX D, to each business reference listed. The business reference, in turn, is requested to submit the completed Reference Questionnaire Form, APPENDIX D, directly to the Procurement Manager, as described in the Introduction Paragraph D.* Points will be awarded based on evaluation of the responses to a series of questions asked of the references

concerning quality of the Offeror’s services, timeliness of services, responsiveness to problems and complaints and the level of satisfaction with the Offeror’s overall performance.

5. Performance Bond Capacity Statement (Section VII. C. 5.)

Pass/Fail only. No points assigned.

6. Campaign Contribution Disclosure Form (Appendix E) (Section VII. C. 6.)

Pass/Fail only. No points assigned.

7. New Mexico Employee Health Coverage Form (Appendix F) (Section VII. C. 7.)

Pass/Fail only. No points assigned.

8. Pay Equity Reporting Statement (Appendix I, Article 27) (Section VII. C. 8.)

Pass/Fail only. No points assigned.

9. Eligibility Statement (Section VII. C. 9.)

Pass/Fail only. No points assigned.

Provide the following in tabbed sections in **Binder 3:**

10. Financial Stability – Financials (Section VII. C. 10.)

Pass/Fail only. No points assigned.

Change APPENDIX B. BMS COST RESPONSE FORM #1, pages 62

Change From:

APPENDIX B – BMS COST RESPONSE FORM #1

New Mexico Human Services Department

BENEFIT MANAGEMENT SERVICES

Provide an all-inclusive price for all components and activities related to Benefit Management Services, including project management. Offerors should price below all components related to the Benefit Management Services in this RFP as a Fixed Price. The cost of each specific

deliverable will be negotiated at time of contract but shall equal the proposed Benefit Management Services components priced below. Offerors are to provide, as part of their budget narrative, their estimated work schedule and the assumptions made in developing the proposed schedule. Pricing also must include all licensing costs (maintenance, renewals, updates, required technical support).

To:

APPENDIX B – BMS COST RESPONSE FORM #1

New Mexico Human Services Department

BENEFIT MANAGEMENT SERVICES

Provide an all-inclusive price for all components and activities related to Benefit Management Services, including project management. Offerors should price below all components related to the Benefit Management Services in this RFP as a Fixed Price. The cost of each specific deliverable will be negotiated at time of contract but shall equal the proposed Benefit Management Services components priced below. Pricing must include all licensing costs (maintenance, renewals, updates, required technical support).

Below the pricing grid, Offerors are to provide a Budget Narrative, including their estimated work schedule and the assumptions made in developing the proposed schedule.

Change APPENDIX B. BMS COST RESPONSE FORM #2, pages 63

Change From:

APPENDIX B – BMS COST RESPONSE FORM #2

New Mexico Human Services Department

BENEFIT MANAGEMENT SERVICES

Pricing for Optional Contract Extension Years

Provide an all-inclusive price for optional contract extension years for all components related to Benefit Management Services. Pricing must include all component activities, including project management and licensing costs.

To:

APPENDIX B – BMS COST RESPONSE FORM #2

New Mexico Human Services Department

BENEFIT MANAGEMENT SERVICES

Pricing for Optional Contract Extension Years

Provide an all-inclusive price for optional contract extension years for all components related to Benefit Management Services. Pricing must include all component activities, including project management and licensing costs.

Below the pricing grid, Offerors are to provide a Budget Narrative, including their estimated work schedule and the assumptions made in developing the proposed schedule.

Change APPENDIX D. Reference Questionnaire Form, pages 67

Change From:

RFP # 20-630-8000-0002 REFERENCE QUESTIONNAIRE FOR:

<Offeror Name>

This form is being submitted to your organization for completion as a business reference for the company listed above. This form is to be returned to the State of New Mexico Human Services Department via facsimile or e-mail:

Daniel Clavio, Procurement Manager
HHS 2020 – MMISR BENEFIT MANAGEMENT SERVICES RFP #20-630-8000-0002
Medical Assistance Division
1301 Siler Road
Santa Fe NM 87507
Phone: (505) 827-1345
Email: Daniel.Clavio@state.nm.us

The form must be received by the Procurement Manager no later than 3:00PM MT on November 6, 2019 and **must not** be returned to the company requesting the reference.

For questions or concerns regarding this form, please contact the State of New Mexico Procurement Manager listed above. When contacting us, please be sure to include the RFP number listed at the top of this page.

To:

RFP # 20-630-8000-0002 REFERENCE QUESTIONNAIRE FOR:

<Offeror Name>

This form is being submitted to your organization for completion as a business reference for the company listed above. This form is to be returned to the State of New Mexico Human Services Department via facsimile or e-mail:

Daniel Clavio, Procurement Manager
HHS 2020 – MMISR BENEFIT MANAGEMENT SERVICES RFP #20-630-8000-0002
Medical Assistance Division
1301 Siler Road
Santa Fe NM 87507
Phone: (505) 827-1345
Email: Daniel.Clavio@state.nm.us

The form must be received by the Procurement Manager no later than 3:00PM MT on **November 22, 2019** and **must not** be returned to the company requesting the reference.

For questions or concerns regarding this form, please contact the State of New Mexico Procurement Manager listed above. When contacting us, please be sure to include the RFP number listed at the top of this page.

Change APPENDIX G – BMS STATEMENT OF WORK, 2. BMS Contractor Role, 2.2.4 Benefit Plan Management, page 87

Change From:

2.2.4 Benefit Plan Management

To support its administration of Medicaid and other health benefit programs, the State is seeking comprehensive, flexible, and configurable Benefit Plan Management (BPM) services for the Enterprise. The State's objectives are to assess and where possible, streamline the design, configuration, and maintenance of multiple benefit plans; respond rapidly to changes in standard code sets by determining coverage limitations and rates; develop initiatives for ongoing improvement of program effectiveness, quality of care, and coordination of care, as well as design and assessment of targeted interventions intended to address specific health problems or conditions.

The State is seeking wide-ranging professional services, not merely the entry of rates and other parameters originating with other sources. The Contractor must examine the social determinants of health and their impact on Members, making recommendations on population health actions to be taken by the Enterprise. The Contractor must help develop innovative reimbursement strategies and program designs for consideration by the State, and will conduct analyses to project the potential budgetary, quality of care and other effects of such initiatives. At the State's direction, the Contractor also will provide analysis of initiatives proposed by the State or its other Contractors.

The Contractor must provide comparative data on the programs of other states and the commercial market as well as compare New Mexico Medicaid's rates and coverage limitations to those established by Medicare and commercial insurers in the State. After developing "what if" analyses of potential program and rate changes, the Contractor must make recommendations to the State and coordinate the rollout of approved changes. Such initiatives may include date-specific updates to rates, prices, coverages, service limits, and MCO/FFS carve-in and carve-out parameters. On State request, the Contractor must also assess the State's benefit programs and identify and operationalize approaches to improve collaboration, eliminate redundancy and streamline processes.

The benefit plan parameters and rates developed by the Contractor and approved by the State will update the FS claim adjudication Solution to support the pricing of claims and the enforcement of benefit plan limitations and prior authorization requirements; these updates must be made by the Contractor either via electronic interface or direct entry by Contractor staff. The Contractor must provide audit trails of all changes made to reference files, using the capabilities of the FS Solution or its own.

The Contractor will offer experience and expertise in development of benefit plans for both managed care and fee-for-service programs. For managed care, the Contractor will be responsible for the development of actuarially sound capitation rates for all Medicaid MCO cohorts. The Contractor must, in collaboration with the State, measure and assess MCO performance in order to make recommendations on benefits plans and rates. Rates must be calculated in accordance with the CMS rate-setting checklist and Medicaid managed care rules; the Contractor must certify that the rates comply with all requirements for managed care rate setting as described in the Balanced Budget Act of 1997. The Contractor will update those rates as needed based on factual data, trends in pricing, changes resulting from federal and State requirements, negotiations, and program changes. The Contractor will also monitor and report on budget neutrality as required by federal guidelines and will evaluate the enrollment and financial performance of the MCOs and their provider networks.

For FFS, the Contractor's responsibilities include fee schedule maintenance, analyzing additions, changes and deletions to standard code sets such as HCPCS and ICD-10; making recommendations regarding coverage and pricing in response to these and other state or federal programmatic or regulatory changes; proposing changes to edits, services limits, and exemptions; entering State-approved updates to reference data; preparing provider communications pertaining to these updates, and recommending training to the Provider Management component as appropriate. The Contractor must also maintain program-specific code sets, rates and service limits and prior authorization requirements for programs managed by Stakeholders.

As a component of FFS, for 1915(c) waiver programs, the Contractor will be responsible for the development of rates for all waiver services and upon state approval will update those rates as needed based on factual data, trends in pricing, changes resulting from state and federal requirements, and program changes. The Contractor will prepare provider communications pertaining to these updates. The Contractor will monitor and report on cost neutrality for each waiver as required by federal guidelines for 1915(c) waivers, including reconciling FFS and HCBS payments and expenditures in various categories, e.g., by code, provider and utilization.

For the Program of All-Inclusive Care for the Elderly (PACE), the Contractor will be responsible for the development of actuarially sound per member per month rates. The Contractor will update those rates as needed based on factual data, trends in pricing, changes resulting from federal and state requirements, and program changes. The Contractor will also monitor and report on the Amount that Would have Otherwise been Paid (AWOP)/Upper Payment Limit (UPL).

For any new programs, the Contractor will be responsible for development of rates and will update those rates as needed based on factual data, trends in pricing, changes resulting from State and Federal requirements and program changes.

The Benefit Plan Management Service will include additional consultation and professional services, such as assistance in writing State Plan Amendments (SPAs); providing expertise on Medicare Duals Special Needs Plans (D-SNPs); preparing responses to CMS questions regarding SPAs, waiver requests and other program changes; reconciliation of MCO contract payments and expenditures in various categories; assistance in writing waiver renewal amendments, preparing responses to CMS questions about amendments and other waiver program changes; reconciling FFS and HCBS payments and expenditures in various categories such as by code, provider and utilization; and CMS reporting.

The Contractor will develop innovative reimbursement strategies and program designs for consideration by the State and will conduct analyses to project the

potential budgetary, quality of care and other effects of such initiatives. At the State's direction, the Contractor will also provide analysis of initiatives proposed by the State or its other Contractors. Through the use of retrospective analysis of specific program areas, the Contractor will identify opportunities for improvement in program design and reimbursement.

To help Members understand their benefits, the Contractor will work with Member Management and the State to develop educational materials that will be accessed via the Unified Portal. Such material must include information on the managed care, FFS, and waiver programs of Medicaid and the service programs of Enterprise agencies in order to help Members understand their benefits and how to access them.

To:

2.2.4 Benefit Plan Management

To support its administration of Medicaid and other health benefit programs, the State is seeking comprehensive, flexible, and configurable Benefit Plan Management (BPM) services for the Enterprise. The State's objectives are to assess and where possible, streamline the design, configuration, and maintenance of multiple benefit plans; respond rapidly to changes in standard code sets by determining coverage limitations and rates; develop initiatives for ongoing improvement of program effectiveness, quality of care, and coordination of care, as well as design and assessment of targeted interventions intended to address specific health problems or conditions.

The Contractor is responsible for storing and maintaining all reference file data required to support claim adjudication and for updating the FS contractor's claim adjudication system with such data. However, the State is seeking wide-ranging professional services, not merely the entry and storage of rates and other parameters originating with other sources. The Contractor must examine the social determinants of health and their impact on Members, making recommendations on population health actions to be taken by the Enterprise. The Contractor must help develop innovative reimbursement strategies and program designs for consideration by the State, and will conduct analyses to project the potential budgetary, quality of care and other effects of such initiatives. At the State's direction, the Contractor also will provide analysis of initiatives proposed by the State or its other Contractors.

The Contractor must provide comparative data on the programs of other states and the commercial market as well as compare New Mexico Medicaid's rates and coverage limitations to those established by Medicare and commercial insurers in the State. After developing "what if" analyses of potential program and rate changes, the Contractor must make recommendations to the State and coordinate

the rollout of approved changes. Such initiatives may include date-specific updates to rates, prices, coverages, service limits, and MCO/FFS carve-in and carve-out parameters. On State request, the Contractor must also assess the State's benefit programs and identify and operationalize approaches to improve collaboration, eliminate redundancy and streamline processes.

The code set updates and rates developed by the Contractor and approved by the State must be stored in the Contractor's Benefit Plan Management Solution, which will be the system of record for all such data. In addition, the Contractor must update the FS claim adjudication Solution with this data to support the adjudication of claims; these updates must be made by the Contractor via the SI's ESB. The Contractor's Solution must provide audit trails of all changes made to reference files. The BMS Contractor will also be expected to work with the FS Contractor to review and verify configuration changes associated with benefit plan updates, although FS staff will be responsible for the configuration itself and the FS claim adjudication system will be the system of record for benefit plans and associated rules.

The Contractor will offer experience and expertise in development of benefit plans for both managed care and fee-for-service programs. For managed care, the Contractor will be responsible for the development of actuarially sound capitation rates for all Medicaid MCO cohorts. The Contractor must, in collaboration with the State, measure and assess MCO performance in order to make recommendations on benefits plans and rates. Rates must be calculated in accordance with the CMS rate-setting checklist and Medicaid managed care rules; the Contractor must certify that the rates comply with all requirements for managed care rate setting as described in the Balanced Budget Act of 1997. The Contractor will update those rates as needed based on factual data, trends in pricing, changes resulting from federal and State requirements, negotiations, and program changes. The Contractor will also monitor and report on budget neutrality as required by federal guidelines and will evaluate the enrollment and financial performance of the MCOs and their provider networks.

For FFS, the Contractor's responsibilities include fee schedule maintenance, analyzing additions, changes and deletions to standard code sets such as HCPCS and ICD-10; making recommendations regarding coverage and pricing in response to these and other state or federal programmatic or regulatory changes; proposing changes to edits, services limits, and exemptions; entering State-approved updates to reference data; preparing provider communications pertaining to these updates, and recommending training to the Provider Management component as appropriate. The Contractor must also maintain program-specific code sets, rates and service limits and prior authorization requirements for programs managed by Stakeholders.

As a component of FFS, for 1915(c) waiver programs, the Contractor will be responsible for the development of rates for all waiver services and upon state approval will update those rates as needed based on factual data, trends in pricing, changes resulting from state and federal requirements, and program changes. The Contractor will prepare provider communications pertaining to these updates. The Contractor will monitor and report on cost neutrality for each waiver as required by federal guidelines for 1915(c) waivers, including reconciling FFS and HCBS payments and expenditures in various categories, e.g., by code, provider and utilization.

For the Program of All-Inclusive Care for the Elderly (PACE), the Contractor will be responsible for the development of actuarially sound per member per month rates. The Contractor will update those rates as needed based on factual data, trends in pricing, changes resulting from federal and state requirements, and program changes. The Contractor will also monitor and report on the Amount that Would have Otherwise been Paid (AWOP)/Upper Payment Limit (UPL).

For any new programs, the Contractor will be responsible for development of rates and will update those rates as needed based on factual data, trends in pricing, changes resulting from State and Federal requirements and program changes.

The Benefit Plan Management Service will include additional consultation and professional services, such as assistance in writing State Plan Amendments (SPAs); providing expertise on Medicare Duals Special Needs Plans (D-SNPs); preparing responses to CMS questions regarding SPAs, waiver requests and other program changes; reconciliation of MCO contract payments and expenditures in various categories; assistance in writing waiver renewal amendments, preparing responses to CMS questions about amendments and other waiver program changes; reconciling FFS and HCBS payments and expenditures in various categories such as by code, provider and utilization; and CMS reporting.

The Contractor will develop innovative reimbursement strategies and program designs for consideration by the State and will conduct analyses to project the potential budgetary, quality of care and other effects of such initiatives. At the State's direction, the Contractor will also provide analysis of initiatives proposed by the State or its other Contractors. Through the use of retrospective analysis of specific program areas, the Contractor will identify opportunities for improvement in program design and reimbursement.

To help Members understand their benefits, the Contractor will work with Member Management and the State to develop educational materials that will be accessed via the Unified Portal. Such material must include information on the managed care, FFS, and waiver programs of Medicaid and the service programs of Enterprise agencies in order to help Members understand their benefits and how to

access them.

Change APPENDIX G – BMS STATEMENT OF WORK, Section 10 BMS Training, 10.2, page 101

Change From:

10.2 Training Materials

The Contractor must provide, Americans with Disabilities Act (ADA) 508 compliant, content and materials in agreed-upon languages (e.g., Spanish at a minimum) and formats (e.g., online, printed) with State approval for each training tailored to the BMS configuration, contents and use.

To:

10.2 Training Materials

The Contractor must provide Americans with Disabilities Act (ADA) 508 compliant content and materials in agreed-upon formats (e.g., online, printed) with State approval for each training tailored to the BMS configuration, contents and use.

Change APPENDIX H – BMS DETAILED REQUIREMENTS, page 107

Change From:

APPENDIX H – BMS DETAILED REQUIREMENTS

The Contractor (“Contractor”) for this NM MMISR module and services procurement must ensure that its Business Services meets all applicable State and Federal requirements and standards, including but not limited to those listed in this APPENDIX and those in APPENDIX G. The requirements contained herein will extend through the life of the Project and the BMS Contract issued pursuant to this RFP. The RFP is intended to provide clarity of the State’s vision for the Project. Offerors must consider the entire RFP when providing responses to the requirements listed herein. As this procurement is for BPO services the Offeror must review the list of SLAs in Appendix K - BMS Performance Measures and indicate ability to comply with this preliminary list of SLAs and LDs.

Offerors must respond to the requirements in a requirement/response format and **must** present its cross-referenced response to the requirements in the order in which they are presented below. Offerors also must provide additional information for each applicable requirement:

- Product Type (Saas, Paas, COTS, OS, ECS, NCS), Product Type values mean:
 - SaaS – Software as a Service

- PaaS – Platform as a Service COTS-Commercial Off the Shelf
 - OS – Open Source Solution
 - ECS – Existing Custom Solution (Offeror already has a custom solution)
 - NCS – New Custom Solution (Offeror does not have a custom solution but recommends and commits to developing a custom solution)
- Currently Deployed (YesMMIS, Yes, NoDDI, No). Currently Deployed values mean:
 - YesMMIS – Yes, deployed in an MMIS
 - Yes – Yes, deployed in other than an MMIS
 - NoDDI – Not deployed but in DDI phase MMIS or other
 - No – Not deployed or in DDI
 - Security Tested status (12, 12+, No). Security Tested values mean:
 - 12 – Yes it has been security tested and passed within the last 12 months (MMIS or other deployment)
 - 12+ – Yes it has been security tested and passed in greater than the last 12 months (MMIS or other deployment),
 - No – No it has not been security tested and passed in any deployment.

Offerors will note that instead of the typical historical MMIS requirements that specify the manner and process by which things are to be done, the requirements contained herein have been written to focus on desired outcomes; e.g., instead of a “how” focus, the focus is on “what.” The State is not dictating Offeror’s Business Services; it is interested in securing a Contractor for the BMS component who brings leading edge service capability that responds to the State’s goals and desired outcomes and which offers change improvement coupled with low risk. Offerors should understand that a request for “description of how its services...” is in effect a performance requirement and an expectation of the Offeror’s Business Services. CMS shares our desire to have BMS that foster best-in-breed services for the state MMIS, with the selected Contractor responsible for successful integration of the chosen services and infrastructure into a seamless service. The State seeks a Contractor that will enable the State and CMS to achieve that goal through improved performance, adaptability, use of open APIs, more comprehensive services and leveraged experience from similar projects elsewhere.

Prior to preparing proposals in response to this procurement, Offerors are expected to review the System Integrator, Data Services, Quality Assurance, Consolidated Customer Service Center and Financial Services module RFPs as well as the related questions and answers (Q&A’s) and addendums for the respective RFPs which may be found at the Open Requests for Proposals (RFPs) site <https://www.hsd.state.nm.us/LookingForInformation/open-rfps.aspx> and Closed Requests for Proposals (RFPs) site <https://www.hsd.state.nm.us/LookingForInformation/closed-rfps.aspx>.

Requirements can be found on the following pages.

The rest of this page is intentionally blank.

To:

APPENDIX H – BMS DETAILED REQUIREMENTS

The Contractor (“Contractor”) for this NM MMISR module and services procurement must ensure that its Business Services meets all applicable State and Federal requirements and standards, including but not limited to those listed in this APPENDIX and those in APPENDIX G. The requirements contained herein will extend through the life of the Project and the BMS Contract issued pursuant to this RFP. The RFP is intended to provide clarity of the State’s vision for the Project. Offerors must consider the entire RFP when providing responses to the requirements listed herein. As this procurement is for BPO services the Offeror must review the list of SLAs in Appendix K - BMS Performance Measures and indicate ability to comply with this preliminary list of SLAs and LDs.

Offerors must respond to the requirements in a requirement/response format and **must** present its cross-referenced response to the requirements in the order in which they are presented below. Offerors also must provide additional information for each applicable requirement:

- Product Type (Saas, Paas, COTS, OS, ECS, NCS), Product Type values mean:
 - SaaS – Software as a Service
 - PaaS – Platform as a Service COTS-Commercial Off the Shelf
 - OS – Open Source Solution
 - ECS – Existing Custom Solution (Offeror already has a custom solution)
 - NCS – New Custom Solution (Offeror does not have a custom solution but recommends and commits to developing a custom solution)

- Currently Deployed (YesMMIS, Yes, NoDDI, No). Currently Deployed values mean:
 - YesMMIS – Yes, deployed in an MMIS
 - Yes – Yes, deployed in other than an MMIS
 - NoDDI – Not deployed but in DDI phase MMIS or other
 - No – Not deployed or in DDI

- Security Tested status (12, 12+, No). Security Tested values mean:
 - 12 – Yes it has been security tested and passed within the last 12 months (MMIS or other deployment)
 - 12+ – Yes it has been security tested and passed in greater than the last 12 months (MMIS or other deployment),
 - No – No it has not been security tested and passed in any deployment.

Offerors also must respond to the questions that follow the numbered requirements herein.

Offerors will note that instead of the typical historical MMIS requirements that specify the

manner and process by which things are to be done, the requirements contained herein have been written to focus on desired outcomes; e.g., instead of a “how” focus, the focus is on “what.” The State is not dictating Offeror’s Business Services; it is interested in securing a Contractor for the BMS component who brings leading edge service capability that responds to the State’s goals and desired outcomes and which offers change improvement coupled with low risk. Offerors should understand that a request for “description of how its services....” is in effect a performance requirement and an expectation of the Offeror’s Business Services. CMS shares our desire to have BMS that foster best-in-breed services for the state MMIS, with the selected Contractor responsible for successful integration of the chosen services and infrastructure into a seamless service. The State seeks a Contractor that will enable the State and CMS to achieve that goal through improved performance, adaptability, use of open APIs, more comprehensive services and leveraged experience from similar projects elsewhere.

Prior to preparing proposals in response to this procurement, Offerors are expected to review the System Integrator, Data Services, Quality Assurance, Consolidated Customer Service Center and Financial Services module RFPs as well as the related questions and answers (Q&A’s) and addendums for the respective RFPs which may be found at the Open Requests for Proposals (RFPs) site <https://www.hsd.state.nm.us/LookingForInformation/open-rfps.aspx> and Closed Requests for Proposals (RFPs) site <https://www.hsd.state.nm.us/LookingForInformation/closed-rfps.aspx>.

Requirements can be found on the following pages.

The rest of this page is intentionally blank.

Change APPENDIX H – BMS DETAILED REQUIREMENTS, Provider Management Requirement 2.20, page 114

Change From:

Provider Management	2.20	Offeror shall describe how its proposed services allow providers to securely submit requests via multiple media for update, recertification, termination or cancellation of their provider agreement, including contacting the CCSC.
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To:

Provider	2.20	Offeror shall describe how its proposed services allow providers to securely submit requests via multiple media for
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Management		update, recertification, termination or cancellation of their provider agreement.
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Change APPENDIX H – BMS DETAILED REQUIREMENTS, Provider Management Requirement 2.23, page 115

Change From:

Provider Management	2.23	Offeror shall describe how its proposed services integrate with the IP to provide configurable approval workflows. Offeror shall describe its proposed workflow timetables for review and decision on provider application, enrollment, eligibility and recertification applications, for provider updates, for identification of missing materials, for electronic notification to providers, and for reconciliation of provider record update errors.
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To:

Provider Management	2.23	Offeror shall describe how its proposed services integrate with the IP to provide configurable approval workflows. Offeror shall describe its proposed workflow timetables for review and decision on provider application, enrollment, eligibility and recertification applications, for provider updates, for identification of missing materials, for electronic notification to providers, and for reconciliation of provider record update errors. For new enrollment applications, providers must be notified if the application has been pended due to missing or invalid information and/or because a site visit is required, with the date of the scheduled site visit included in the notice; the State must be copied on such notices.
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Change APPENDIX H – BMS DETAILED REQUIREMENTS, Provider Management Requirement 2.54, page 119

Change From:

Provider Management	2.54	Offeror shall describe how its proposed services capture, validate, reconcile and monitor the unduplicated members assigned to a provider and determine any applicable administrative fees.
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To:

Provider Management	2.54	Offeror shall describe how its proposed services capture, validate, reconcile and monitor the unduplicated members assigned to a provider.
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Change APPENDIX H – BMS DETAILED REQUIREMENTS, Provider Management Requirement 2.60, page 120

Change From:

Provider Management	2.60	Offeror shall describe how its proposed services identify and collect information to generate reports to monitor providers that have been sanctioned by any other oversight entity, including Medicare, other state Medicaid programs, licensing or certification boards, State Agencies, and Federal Agencies, or have been listed in Abuse Registries or reported to the National Practitioner Data Bank.
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To:

Provider Management	2.60	Offeror shall describe how its proposed services identify and collect information to generate reports to monitor providers that have been sanctioned by any other oversight entity, including Medicare, other state Medicaid programs, licensing or certification boards, State Agencies, and Federal Agencies, or have been listed in Abuse Registries.
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Change APPENDIX H – BMS DETAILED REQUIREMENTS, Provider Management Requirement 2.66, page 121

Change From:

Provider Management	2.66	Offeror shall describe how its proposed services enable an Enterprise program to designate a provider as a Primary or Secondary Provider and how the services carry such designation in the provider’s record.
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To:

Provider Management	2.66	(Deleted)
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Change APPENDIX H – BMS DETAILED REQUIREMENTS, BMS Requirement 4.11, page 138

Change From:

Benefit Plan Management	4.11	Offeror shall describe how its proposed services integrate with the IP to incorporate reference information changes.
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To:

Benefit Plan Management	4.11	Offeror shall describe how its proposed services store the reference information required to support MMISR operations and integrate with the IP to incorporate reference information changes in other BPO modules as required.
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Change APPENDIX H – BMS DETAILED REQUIREMENTS, Service Expectations

Requirement 6.08, page 146

Change From:

Service Expectations	6.08	Offeror shall describe how its proposed services reduce false-positive results based on previous results.
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To:

Service Expectations	6.08	(Deleted.)
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Change APPENDIX H – BMS DETAILED REQUIREMENTS, Service Expectations Requirement 6.36, page 148

Change From:

Service Expectations	6.36	Offeror shall describe how its proposed services will transfer to the State, or its designee, all licenses and software, within one hundred twenty (120) days of receipt of transfer request from the State
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To:

Service Expectations	6.36	(Deleted.)
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Change APPENDIX H – BMS DETAILED REQUIREMENTS, Service Expectations Requirement 6.41, page 148

Change From:

Service Expectations	6.41	Offeror shall describe how its proposed services perform check-digit verification on any data item that contains a self-
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		checking digit.
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To:

Service Expectations	6.41	(Deleted.)
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Change APPENDIX L. C/CMS COST RESPONSE FORM #1, pages 217

Change From:

APPENDIX L – C/CMS COST RESPONSE FORM #1

New Mexico Human Services Department
 CARE/CASE MANAGEMENT SOLUTION

Provide an all-inclusive price for all services and tools related to the C/CMS in this RFP, including project management, as a Fixed Price. The cost of each specific deliverable will be negotiated at time of contract but shall equal all the services and tools related to the proposed C/CMS priced below. Offerors are to provide, as part of their budget narrative, their estimated work schedule and the assumptions made in developing the proposed schedule. Pricing also must include all licensing costs (maintenance, renewals, updates, required technical support).

To:

APPENDIX L – C/CMS COST RESPONSE FORM #1

New Mexico Human Services Department
 CARE/CASE MANAGEMENT SERVICES

Provide an all-inclusive price for all components and activities related to Care/Case Management Services, including project management. Offerors should price below all components related to the Care/Case Management Services in this RFP as a Fixed Price. The cost of each specific deliverable will be negotiated at time of contract but shall equal the proposed Care/Case Management Services components priced below. Pricing must include all licensing costs (maintenance, renewals, updates, required technical support).

Below the pricing grid, Offerors are to provide a Budget Narrative, including their estimated work schedule and the assumptions made in developing the proposed schedule.

Change APPENDIX L. C/CMS COST RESPONSE FORM #2, pages 218

Change From:

CARE/CASE MANAGEMENT SOLUTION

Pricing for Optional Contract Extension Years

Provide an all-inclusive price for optional contract extension years for all services and tools related to the C/CMS. Pricing must include all activities and licensing costs (maintenance, renewals, updates, required technical support).

Pricing Component	Year 1 Costs	Year 2 Costs	Year 3 Costs	Year 4 Costs
C/CMS Total costs must include applicable New Mexico Gross Receipts Tax (NMGRT). Total:				

To:

APPENDIX L – C/CMS COST RESPONSE FORM #2

New Mexico Human Services Department

CARE/CASE MANAGEMENT SERVICES

Pricing for Optional Contract Extension Years

Provide an all-inclusive price for optional contract extension years for all components related to Care/Case Management Services. Pricing must include all component activities, including project management and licensing costs.

Below the pricing grid, Offerors are to provide a Budget Narrative, including their estimated work schedule and the assumptions made in developing the proposed schedule.

Pricing Component	Optional Year 1 Costs	Optional Year 2 Costs	Optional Year 3 Costs	Optional Year 4 Costs
C/CMS				
Total costs must include applicable New Mexico Gross Receipts Tax (NMGRT).				
Total:				

Change APPENDIX M – C/CMS STATEMENT OF WORK, 9.3 Logistical Requirements, Work Hours and HSD Broadband Connection, page 241

Change From:

Work Hours and HSD Broadband Connection

- Business hours for the State of New Mexico are Monday through Friday, 7:30 AM through 5:30 PM Mountain Time (MT) except for State holidays. Contractor staff shall be available throughout normal NM business hours.
- The Contractor must request, and the State shall provide at Contractor’s expense a broadband circuit to the Contractor, enabling connectivity to the HSD network.
- To ensure security vulnerabilities are not introduced from the Contractor to the HSD network, the Contractor shall comply with all HSD and DoIT security controls, including but not limited to timely implementation of system patches, separation of any wireless network, maintaining up-to-date antivirus protection and implementing perimeter firewalls.

To:

Work Hours and HSD Broadband Connection

- Business hours for the State of New Mexico are Monday through Friday, 7:30 AM through 5:30 PM Mountain Time (MT) except for State holidays. Contractor staff shall be available throughout normal NM business hours.
- **The Contractor must enable their solution to be accessible from the HSD network without a dedicated circuit.**
- To ensure security vulnerabilities are not introduced from the Contractor to the HSD network, the Contractor shall comply with all HSD and DoIT security controls, including but not limited to timely implementation of system patches, separation of any wireless network, maintaining up-to-date antivirus protection and implementing perimeter firewalls.

Change APPENDIX N – C/CMS DETAILED REQUIREMENTS, Service Expectations Requirement 12.008, page 271

Change From:

Service Expectations	12.008	Offeror shall describe how its proposed Solution reduces false-positive results based on previous results.
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To:

Service Expectations	12.008	(Deleted.)
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Change APPENDIX N – C/CMS DETAILED REQUIREMENTS, Service Expectations Requirement 12.041, page 274

Change From:

Service Expectations	12.041	Offeror shall describe how its proposed Solution performs check-digit verification on any data item that contains a self-checking digit.
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To:

Service Expectations	12.041	(Deleted.)
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< End of Amendment 2 >