



**HHS 2020 – Medicaid Enterprise Financial Services (FS)
RFP #20-630-8000-0001**

RESPONSES TO QUESTIONS

	RFP SECTION & TITLE	PAGE	OFFEROR'S QUESTION	HSD'S RESPONSE
1.	General	N/A	What is the anticipated implementation start date and Go-Live date based on the award date of January 1, 2020 in the RFP.	Please refer to the MMISR End-to-End (E2E) Timeline that has been uploaded to the Procurement Library under General.
2.	Appendix H Table 7 4.039	181	What are the claim processing situations that will result in a claim suspending in the pharmacy system? Please provide examples of POS transactions that will result in a suspended claim. On average how many pharmacy claims are suspended each year? How are suspended pharmacy claims resolved?	Pharmacy claims are not suspended, they are either paid or denied.
3.	Appendix H Table 7 4.094	189	The PBM accepts for processing batch claims in the pharmacy NCPDP 1.2 standard. Is the PBM to accept for processing pharmacy transactions in the older NCPDP 1.1 standard?	No.
4.	Appendix H Table 7 4.104	190	On average how many claims for individual drugs and compounds require manual pricing intervention per month or year?	None.
5.	Procurement Library	NA	In the Xerox/Conduent Implementation Documentation, the document titled Xerox 00 DSD Table of Contents refers to Chapter 13, Prescription Drug Card System. However Chapter 13 is not contained in the Procurement Library. Can HSD please post this document?	Chapter 13 documents have been uploaded to the Procurement Library under Xerox/Conduent.
6.	Appendix H Table 7 4.173	200	The requirement reads: Offeror shall describe how its proposed services generate pharmacy claims to bill for reimbursement purposes. The PBM receives incoming transactions from pharmacy providers. Under what situations would the Offeror generate pharmacy claims to bill for reimbursement purposes? Is it possible to receive an example?	We will be issuing an Amendment 1 before COB Friday, August 2. In the Amendment: Requirement #4.173 in Table 7 (PBM) is removed.



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7.	Appendix H Table 7 4.183	201	The requirement reads: "Offeror shall describe how its proposed services accept return responses for eligibility verification and claim history requests in real-time." Is it possible to modify the requirement to read "Offeror shall describe how its proposed services accept and return responses for eligibility verification and claim history requests in real-time?"	Amendment 1 – requirement 4.183 shall read: Offeror shall describe how its proposed services accept and return responses for eligibility verification and claim history requests in real-time.
8.	Appendix H Table 7 4.207	203	Offeror shall describe how its proposed services provide the capability to accept decimal amounts in the unit field in compliance with NCPDP standard claims format (version 5 and higher). Should this requirement read version D.0 and higher?	Amendment 1 – requirement 4.207 shall read: Offeror shall describe how its proposed services provide the capability to accept decimal amounts in the unit field in compliance with NCPDP standard claims format (version D.0 and higher).
9.	Appendix H Table 7 4.218	205	Offeror shall describe how its proposed services update anesthesia RVUs in accordance with State, and Federal specifications. Is the expectation that the PBM system will process claims for anesthesia RVUs in the pharmacy system?	No. Amendment 1 – requirement 4.218 will be removed.
10.	Appendix H Table 7 4.038	180	For drug claims that have been adjudicated, is it the expectation that the Contractor capture, store and transmit all data elements regular intervals (daily, weekly, etc.) or in real time?	The expectation is that the Contractor's proposed services capture, store, and transmit, to the Enterprise all data elements daily, at a minimum, and provide the State with the opportunity to move to real time at a later date.
11.	Appendix H, Table 8 Drug Rebate Requirements, ID #5.009	217	When referring to the "accounts payable transaction and accounts receivable transactions, please confirm who is responsible for their creation.	The FS Contractor is responsible.



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12.	Appendix H, Table 8 Drug Rebate Requirements, ID #5.011	217	Please confirm that the public entities should be identified by HRSA.	The State acknowledges that the public entities could be identified by HRSA. Amendment 1 – requirement 5.011 shall read: Offeror shall describe how its proposed services identify and report Providers that are public health service entities that have separate agreements with manufacturers under the Veterans Health Act of 1993 with effective dates.
13.	General	N/A	Please provide call volume related to PBM services.	Approximately 300 a month.
14.	General	N/A	Please provide prescription drug claim volume	Please refer to the Procurement Library – Addendum 9. PDCS refers to pharmacy claims for FFS.
15.	Appendix H, Table 8 Drug Rebate Requirements, ID #5.026	219	Does HSD need to track both invoice and cash receipts by Medicaid eligibility group?	Yes.
16.	Appendix H, Table 8 Drug Rebate Requirements, ID #5.037	221	Regarding rebate functionality features a) HCPCS code to NDC matching, does this refer to the combination of HCPCS/NDC being correct?"	Yes.
17.	Appendix H, Table 8 Drug Rebate Requirements, ID #s 5.038 and 5.041	221	Do rebate recoveries refer to invoicing and collections? Is it considered a cash payment?	Yes, drug rebate recoveries refer to invoicing and collections. It is considered a cash payment.
18.	Appendix H, Table 8 Drug Rebate Requirements, ID #5.047	222	Does the State expect to run the ad hoc queries themselves?	No. The State expects the Contractor to execute any ad hoc queries. The State does not intend to run ad hoc queries through the drug rebate functionality.



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19.	Appendix H, Table 7 #4.107	190	Can you please confirm that the offeror is responsible to purchase, load, and be the 'source' data repository for the weekly drug data from First Databank?	<p>Offeror is responsible for purchase, load and being the source data repository for the weekly drug data from its proposed source. The State is not requiring use of First Databank; the MCOs use Medispan, and it is a State-approved source.</p> <p>Amendment 1 – requirement #4.017 is amended to read as follows.</p> <p>Offeror shall describe how its proposed services process weekly updates from First Data Bank or a similar State-approved drug pricing service, to receive and update reference file data. The Pricing Service Contractor will provide the subcontracted drug pricing service at no additional cost to the State and maintain and update all pricing levels as defined by the State. This includes but is not limited to estimated acquisition costs, state allowed maximum costs, federal upper limits, baseline pricing, WAC (wholesale actual cost), federal supply schedule pricing, and any other pricing levels which the State can supply directly or through electronic interface.</p>
20.	Appendix H, Table 7 #4.107	190	Does the offeror need to provide drug data that is shared with other vendors (e.g., MCOs) or the client? CHECK THE REFERENCE	The expectation is that Offeror share this information with the State.
21.	Appendix H, Table 8, ID # 5.058	223	Given the lag time between postmark date and the date the payment is received, would it be acceptable to send the letters on the 45th day?	This can be discussed in contract negotiations.



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22.	Appendix H, Table 8, ID # 5.064	223	Please confirm who the Contractor should alert when there are more than two quarters of an URA of zero.	The Contractor shall alert the responsible State designated individual.
23.	Appendix H, Table 8 ID# 072	225	Regarding rebate invoices that list Provider billing type, please confirm whether the current vendor is invoicing at the Provider billing type level.	The current vendor is not invoicing at the Provider billing type level, but the State is seeking this level of invoicing going forward.
24.	Appendix H, Table 7 ID# 4.132	194	What is the volume of paper claims for prescription drugs?	In 2018, there were two (2).
25.	Appendix H, Table 8 Drug Rebate Requirements, ID #4.217	204	Regarding updating codes J, Q, and I, is this in reference to updating any HCPCS codes quarterly, and if not, can HSD further define the intention of this requirement?	Updating is required within 30 days of CMS posting.
26.	VI.A	24	Would HSD consider extending the proposal due date a minimum of 30 days to allow Offerors to complete a thorough analysis of requirements?	<p>The FS proposal due date has been extended to September 5, 2019. Please refer to Amendment 1 for the updated Table 1 Sequence of Events.</p> <p>Amendment 1 – The dates that follow are amended in the Table 1 Sequence of Events:</p> <p>6. Submission of Proposal: September 5, 2019 7. Proposal Evaluation: September 6, 2019 – September 19, 2019 8. Selection of Finalists: September 20, 2019 9. Best and Final Offer: September 30, 2019 10. Oral Presentations: October 3, 2019 – October 4, 2019. 11. Finalize Contractual Agreement: November 8, 2019. 12. Approval of Contract (Federal & State): January 10, 2020</p>



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				13. Contract Award: January 10, 2020
27.	Appendix H, Table 7 ID #s 4.073, 4.084, 4.105	185, 187, 189	Does HSD require that the offeror process pharmacy claims at point-of-sale for HCPCS codes?	No.
28.	Appendix H, Table 7 ID #4.101	189	What is the volume of batch pharmacy encounter claims that the offeror must load and price?	Pharmacy encounter volume is included in Addendum 9 in the Procurement Library.
29.	Appendix H, Table 7 ID #4.225	206	These requirements reference that the offeror must load UPCs and HRIs. For what purpose(s) are these data types needed for pharmacy claims?	Enterprise Stakeholder agencies may have the need for these data types for specific programs of theirs.
30.	Appendix H, Table 7 ID #4.128	192	Can HSD please elaborate in what manner the offeror must flag the pharmacy claims/encounters? Is this requirement in the context of mass claim adjustments?	<p>The FS must be able to place an indicator on the claim that indicates the claim was included in an audit for which an individual claim adjustment has not been made, but rather a gross level adjustment has been made. More commonly, the audit entity will identify claims that must be adjusted based on a specific audit reason that will result in a correction to pricing. The solution must prevent the audited claim from being adjusted by the provider once that audit adjustment has been performed.</p> <p>Amendment 1 –</p> <p>Requirement #4.225 is amended to read as follows:</p> <p>Offeror shall describe how its proposed services flag and re-price claims/encounters when requested by the State.</p>



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31.	Appendix H, Table 7 ID #4.128	192	Does the Offeror need to mass adjust encounter claims?	Yes. Please refer to requirement 4.135.
32.	General	NA	Will the State allow follow-up questions, including additional questions, in response to the State's answers to the first set of questions/answers?	No.
33.	16. Offeror Terms and Conditions	33	<p>Item 16 allows Offerors to propose “specific, alternative language in writing and submit it with its proposal.” The second paragraph also allows Offerors to submit “any additional terms and conditions that they expect to have included in a contract negotiated with the Agency.”</p> <p>(1) Where in the proposal should Offerors place this language? (Following the signed Letter of Transmittal Form Appendix C might be the right place.) Please confirm where the State is expecting to see this language.</p> <p>Please confirm that this language is EXCLUDED from the page count of 300 pages.</p>	<p>For traceability purposes, the State requests that Offeror's proposed specific, alternative language be included in the sample contract (Appendix I) in track changes in Binder 1.</p> <p>Amendment 1 – The page limit for proposal responses shall increase from three hundred (300) pages to four hundred (400) pages.</p> <p>The State confirms that this language is excluded from the page limit.</p>
34.	28. New Mexico Employees Health Coverage	35	<p>The wording in Item 28 (“Offeror must agree to have in place,” “Offeror must agree to maintain,” “Offeror must agree to advise”) implies that these agreements must be placed in the proposal.</p> <p>(1) If this assumption is correct, where in the proposal should Offerors place this language? (Following the signed Letter of Transmittal Form Appendix C might be the right place.) Please confirm where the State is expecting to see this language.</p>	<p>As indicated in the RFP under Proposal Content and Organization #8 on page 40, the State requires all Offerors include the signed New Mexico Employees Health Coverage (APPENDIX F) in Binder 1 with their proposal submission.</p> <p>The State confirms that this language is excluded from the page limit.</p>



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			<p>(2) If this assumption is correct, please confirm that this language is EXCLUDED from the page count of 300 pages.</p> <p>(3) If this assumption is not correct, please confirm that the requirements in Item 28 apply to the Contractor and are not a proposal requirement.</p> <p>Or—is the submission of a proposal sufficient to indicate agreement?</p>	
35.	31. Disclosure Regarding Responsibility	36	<p>Item 31 states, “RFP proposal should include all disclosures.”</p> <p>(1) Where in the proposal should Offerors place this language? (Following the signed Letter of Transmittal Form Appendix C might be the right place.) Please confirm where the State is expecting to see this language.</p> <p>Please confirm that this language is EXCLUDED from the page count of 300 pages.</p>	<p>Offerors are required to include all disclosures regarding responsibility in Binder 1 with proposal submission.</p> <p>The State confirms that this language is excluded from the page limit.</p> <p>Amendment 1 –</p> <p>The page limit for proposal responses shall increase from three hundred (300) pages to four hundred (400) pages.</p>
36.	D.3, Proposal Format	40	<p>The Proposal Format instructions state, “The original FS RFP requirement text must be included in Offerors’ proposal responses and cannot exceed the three hundred (300) page limit.”</p> <p>Some of the individual requirements in Appendix H take up a half page or an entire page. Even using 10 point font, including the entire text of each requirement in the 135 pages of Appendix H will</p>	<p>The State will not allow Offerors to abbreviate the requirement text by using ellipsis.</p> <p>Amendment 1 –</p> <p>The page limit for proposal responses shall increase from three hundred (300) pages to four hundred (400) pages.</p>



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			<p>take up a considerable portion of the 300 pages that are allowed for the entire proposal.</p> <p>Following the first couple sentences of the requirement, will the State allow Offerors to abbreviate the requirement text by using an ellipsis (. . .) to represent the text?</p>	
37.	D.3, Proposal Format	40	<p>The Proposal Format instructions state, “The original FS RFP requirement text must be included in Offerors’ proposal responses. . .”</p> <p>Does this requirement apply to the mandatory State required forms (RFP text for the forms is found on pages 43 and 44)? Including this text on a separate page for each required form would take up 2 pages per form (assuming double-sided copying), which would eat into the 300 pages allowed for the entire proposal without adding valuable content.</p> <p>Please confirm that the requirement to include FS RFP requirement text does NOT apply to the State required forms.</p>	<p>The State confirms that the requirement to include FS RFP requirement text does not apply to the State required forms. The “original FS RFP requirement text” refers <u>only</u> to the inclusion of the requirement text in Appendix H.</p>
38.	D.3, Proposal Format	40	<p>The list of items that are excluded from the page count includes pricing.</p> <p>Please confirm that this pricing exclusion applies to everything in Binder 2 Cost Proposal: the Appendix B price sheets, budget narrative, estimated work schedule, and assumptions.</p>	<p>The State confirms that this pricing exclusion applies to everything in Binder 2 Cost Proposal: the Appendix B price sheets, budget narrative, estimated work schedule, and assumptions.</p>
39.	Item 3, Work Plan	249	<p>Offerors are required to submit a “detailed work plan” in response to the work plan requirements on page 249.</p>	<p>The State will not allow Offerors to provide an electronic version only. However:</p>



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			<p>A hard copy of a detailed work plan developed in MS Project can be over a hundred pages in length. Became this work plan describes long-term events that require months to complete, this hard copy does not provide value.</p> <p>Will the State allow Offerors to provide the work plan in electronic version only (MS Project) on the CD and NOT in hard copy?</p>	<p>Amendment 1 -</p> <p>The State will allow all Offerors to submit one hard copy set of the work plan with the Original proposal. The additional copies may be submitted in electronic format as referenced in the RFP.</p>
40.	B.3 Financial Stability Documents	43	<p>Paragraph B.3 on page 43 states, "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."</p> <p>The RFP is thus asking for four years of financial statements. Since one of these statements can contain more than 200 pages, will the State allow Offerors to submit these statements ONLY in electronic format, on the CD, and not submit hard copies?</p> <p>The text will contain specific pointers to the electronic version on the CD.</p> <p>Or, if this is not acceptable, will the State allow bidders to submit just one hard copy set, with the Original proposal?</p>	<p>Amendment 1 –</p> <p>The State will allow all Offerors to submit one hard copy set of financial stability documents with the Original proposal. The additional copies may be submitted in electronic format as referenced in the RFP.</p>
41.	30. Pay Equity Reporting Requirements VII.B.7, Pay Equity Reporting Statement	35	<p>It's not clear what the State is expecting for the response to Tab 9 Signed Pay Equity Statement.</p>	<p>Amendment 1 –</p> <p>The Pay Equity Reporting Statement on page 44 of the RFP requires Offerors to submit a signed</p>



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		44	<p>The name of the Tab (Signed Pay Equity Statement) implies a signed document. But, paragraph 7 on page 44 states that the response is the statement that starts, "Offeror concurs with the Pay Equity Reporting. . ."</p> <p>Please clarify what the State requires in the response to Tab 9: is it just the statement from page 44 along with a statement that signed documents will be provided upon contract award?</p> <p>Or—does the statement on page 44 need to be presented as a signed document?</p>	statement of concurrence to the Pay Equity Reporting Requirements as referenced on page 35 in paragraph 30.
42.	VII.B.8, Eligibility Statement	44	<p>It's not clear what the State is expecting for the response to Tab 10 Signed Eligibility Statement.</p> <p>The name of the Tab (Signed Eligibility Statement) implies a signed document. But, paragraph 8 on page 44 implies that a warrant statement is all that's required for the response.</p> <p>Please clarify what the State requires in the response to Tab 10: is it just a statement that incorporates the wording from paragraph 8 on page 44?</p> <p>Or—does the statement on page 44 need to be presented as a signed document?</p>	<p>Amendment 1 –</p> <p>The Eligibility Statement on page 44 of the RFP requires Offerors to submit a signed statement using the language contained in the Eligibility Statement on page 44 in paragraph 8.</p>
43.	B.1, Technical Responses	46	<p>Paragraph B.1 on page 46 describes the format of the response to Appendix G: "Offerors must provide a 2-3 page summary of its methodology, plan, approach to the services being delivered. . ."</p>	<p>Amendment 1 –</p> <p>The State is requiring the entire response to Appendix G to be a 4-5 page summary that includes the following in proposal responses:</p>



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			<p>For the entire response to Appendix G, please confirm that the State is requiring just this 2-3 page summary.</p>	<ul style="list-style-type: none"> • Describe Offeror's understanding of what HHS 2020 is, what the state is seeking from the FS module, and Offeror's ability to deliver quality services in scope. • Describe Offeror's methodology, plan, approach to the services and vision for FS. • Describe at least two successful recent BPO projects, comparable to the FS 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 FS Contractor role for this Project. • Provide a Work Plan timetable for FS integration. Identify the assumptions underlying your Work Plan timetable and for the items below from your proposal: <ul style="list-style-type: none"> A. Approach for FS operations and maintenance;



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				<p>B. Approach for integrating with the HHS 2020 EP MO tasks;</p> <p>C. Approach for providing HHS 2020 integration support; and</p> <p>D. Approach for business service configuration.</p> <ul style="list-style-type: none"> • Explain your ability and willingness to meet the preliminary set of SLAs and LDs in Appendix K - HHS 2020 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.
44.	VII.B.4, Performance Bond Capacity Statement	43	<p>To satisfy the Performance Bond Capacity Statement, Offerors must include “a letter or statement of concurrence” with the proposal.</p> <p>Does this letter or statement of concurrence count as a “mandatory State required form” and therefore is excluded from the page count of 300 pages?</p>	<p>The State confirms that this “mandatory State required form” is excluded from the page limit.</p> <p>Amendment 1 –</p> <p>The page limit for proposal responses shall increase from three hundred (300) pages to four hundred (400) pages.</p>



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45.	Appendix H, Table 9, ID number 6.021	230	<p>ID number 6.021 on page 230 requires samples of numerous types of reports.</p> <p>Please confirm that:</p> <ul style="list-style-type: none"> • Offerors may place these report samples in Tab 13, Additional Items/Required Sample Documents <p>These report samples will NOT count against the page limit of 300 pages.</p>	<p>The State confirms that these required sample documents will not count against the page limit.</p> <p>Amendment 1 –</p> <p>The page limit for proposal responses shall increase from three hundred (300) pages to four hundred (400) pages.</p>
46.	Appendix H, Table 10, ID number 11.002 samples of training materials	246	<p>ID number 11.002 on page 246 requires samples of training materials.</p> <p>Please confirm that:</p> <ul style="list-style-type: none"> • Offerors may place these training material samples in Tab 13, Additional Items/Required Sample Documents <p>These training samples will NOT count against the page limit of 300 pages.</p>	<p>The State confirms that these required sample documents will not count against the page limit.</p> <p>Amendment 1 –</p> <p>The page limit for proposal responses shall increase from three hundred (300) pages to four hundred (400) pages.</p>
47.	Appendix H, Table 10, ID number 12.001 Certification artifacts/evidence samples	247	<p>ID number 12.001 on page 247 requires samples of Certification artifacts/evidence.</p> <p>Please confirm that:</p> <ul style="list-style-type: none"> • Offerors may place these Certification artifacts/evidence samples in Tab 13, Additional Items/Required Sample Documents <p>These Certification artifacts/evidence samples will NOT count against the page limit of 300 pages.</p>	<p>The State confirms that these required sample documents will not count against the page limit.</p> <p>Amendment 1 –</p> <p>The page limit for proposal responses shall increase from three hundred (300) pages to four hundred (400) pages.</p>



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48.	Appendix H	113	<p>The requirements for product descriptions in the second paragraph on page 113 include this option: "Yes – No DDI"</p> <p>Please clarify the intent of "Yes – No DDI" We're not sure what situation it describes.</p>	<p>Amendment 1 –</p> <p>Changing From: (Yes - MMIS, Yes - NoDDI, No)</p> <p>To: (Yes - MMIS, Yes, No-DDI, No)</p> <p>The Offeror can provide the information in each requirement's text response or can create a table for the requirement number (Offeror's requirement text response and 3 columns [product type, deployed, security tested]). Either format is acceptable.</p> <p>Product Type: 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)</p> <p>Deployed: YesMMIS – Means Yes, deployed in an MMIS Yes – Means, Yes, deployed in other than an MMIS NoDDI – Not deployed but in DDI phase MMIS or other No – Not deployed or in DDI</p>



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				Security Tested and Passed: 12 – Yes has been security tested and passed within the last 12 months (MMIS or other deployment) 12+ – Yes has been security tested and passed in greater than the last 12 months (MMIS or other deployment) No – No, has not been security tested and passed in any deployment
49.	VI.A.6, Sequence of Events	25	<p>To ensure that vendors provide the most comprehensive proposal response, and in order to give vendors time to adjust and accurately incorporate the State's answers to questions, would the State please consider extending the due date of the proposal by 45 days?</p> <p>Providing FS vendors with an extension on the proposal due date not only provides them with more time to deliver a comprehensive and innovative response, but ensures accuracy in the responses and ultimately reduces risk to the State.</p>	<p>The FS proposal due date has been extended to September 5, 2019. Please refer to Amendment 1 for the updated Table 1 Sequence of Events.</p> <p>Amendment 1 –</p> <p>The dates that follow are amended in the Table 1 Sequence of Events:</p> <p>6. Submission of Proposal: September 5, 2019 7. Proposal Evaluation: September 6, 2019 – September 19, 2019 8. Selection of Finalists: September 20, 2019 9. Best and Final Offer: September 30, 2019 10. Oral Presentations: October 3, 2019 – October 4, 2019. 11. Finalize Contractual Agreement: November 8, 2019. 12. Approval of Contract (Federal & State): January 10, 2020 13. Contract Award: January 10, 2020</p>



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50.	D.3, Proposal Format	40	<p>The requirement to include “the original RFP requirement text” with our proposal and write individual responses to each of these requirements is clashing with the page limit of 300 pages for the entire proposal.</p> <p>In preparing our response documents, we found that the total page count for the 7 modules in Appendix H (Financial, Claims, etc.) comes to 257 pages: these are just the requirements typed in 10 point font with no answers. That does not allow sufficient room for the kind of detailed, value and outcomes-focused responses that the State is looking for.</p> <p>Will the State increase or eliminate the page limit and allow Offerors to abbreviate the RFP quotes or simply use the ID number to indicate the requirement?</p>	<p>Amendment 1 –</p> <p>The page limit for proposal responses shall increase from three hundred (300) pages to four hundred (400) pages.</p>
51.	2.2.2, 2.2.4	81 and 89	<p>In the claims processing section, the State enumerates the many different sources of claims that it expects to be processed via the claims engine; however, PBM is not mentioned.</p> <p>In Section 2.2.4 under PBM, it states that the PBM Services must “include the following capabilities but are not limited to prior authorization (PA), claim processing including rules and limit application, prospective drug utilization review (Pro-DUR), Third Party Liability (TPL) coordination of benefits and cost avoidance.”</p>	Yes.



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			Is it acceptable to the State to have more than one (1) claims engines --one that processes everything but Pharmacy claims, and one that handles the Pharmacy claims --with both flowing through a single Financial Services component?	
52.	MMISR Approach	14	Is the State's intent that the Financial Services vendor shall not scope the utilization of its native UI components against the NM user community, but rather a limited user community? The primary interface for all Stakeholders will be the UPI. The UPI will ingest web services via the ESB, and the Financial services vendor shall make all necessary data available to the SI vendor.	Yes.
53.	VII.A.	42	Please provide the format for the detailed budget that is required to be submitted with the cost proposal.	Individual formats may vary; please adhere to the sections within the cost response forms (Appendix B).
54.	Appendix I, Article 3, Section B	258	The RFP states "Payment will be made to the Contractor's designated mailing address." Please clarify whether the State will pay the invoices via check or EFT.	Invoices will be paid in a mutually agreed upon payment manner and method.
55.	Appendix H, 3.011 SDHCBS (Employer, Employee and Vendor Enrollment)	172	RFP States: "The Offeror shall describe how its proposed services create and distribute Employer Information Packets and Employee Information Packets with fields pre-populated from the Offeror's SDHCBS solution."	A set of the materials included in the packets has been added to the Procurement Library under the heading "Self-Directed Home and Community Based Services (SDHCBS)." The current contractor mails up to 75 packets were month. In addition, packets are provided to participants or their representatives during walk-in visits, representing up to 250 additional packets per



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			To appropriately scope the print services, please provide examples of these packets and the estimated monthly volumes.	month. Packets distributed during walk-in visits need not have fields pre-populated from the Offeror's SDHCBS solution.
56.	Appendix H, 3.012 SDHCBS (Employer, Employee and Vendor Enrollment)	172	RFP States: "The Offeror shall describe how its proposed services provide telephone support to participants and employees for completion of information packets." To appropriately scope these customer services, please provide the monthly call volumes as well as average call durations associated with this support.	Please refer to the Procurement Library.
57.	Appendix H, 3.013 SDHCBS (Employer, Employee and Vendor Enrollment)	172	The RFP States: "The Offeror shall describe how its proposed services support the receipt and review completed Employer Information Packets and Employee Information Packets." To appropriately scope these services, please provide the estimated monthly volumes by enrollment type (employer, employee, vendor), as well as the number of currently enrolled employers, employees and vendors.	Please refer to the Procurement Library.
58.	Appendix H, 3.018 SDHCBS (Timesheet & Invoice Processing and Payment)	172	The RFP states: "The Offeror shall describe how its proposed services receive timesheets and payment requests and enter them into the SDHCBS solution." According to the Mi Via information on the DMH website, timesheets must be submitted on line unless an exception has been granted. Additionally,	During January through March 2019, 32,536 payments requests were submitted. Of these, 10,876 (33.4%) were submitted online; 20,321 (62.5%) were submitted via fax; and 1,399 (4.1%) were submitted via hard copy.



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			<p>mileage requests can be submitted on line or via fax as well.</p> <p>We have found volumes for this business area however they are not broken down by media. In order to appropriately solution these business processes, please provide the historical monthly volumes by media (e.g. online, fax, hardcopy) for timesheets, mileage, and payment requests.</p>	
59.	Appendix H, 3.020	173	<p>The RFP states, “The Offeror shall describe how its proposed services place telephone calls to timesheet and payment request submitters to resolve errors encountered during the data entry process, determine corrections, and enter corrections into the SDHCBS solution”</p> <p>To appropriately scope these services, please provide the monthly call volumes metrics associated to resolving errors.</p>	<p>During the months of January through March 2019, the current vendor made an average of 843 outbound contacts per month to resolve payment request errors. This includes both outbound phone calls and emails (which are also an acceptable way to contact submitters).</p>
60.	Appendix H, 3.024 3.025 SDHCBS (Timesheet & Invoice Processing and Payment)	173	<p>The RFP states, “The Offeror shall describe how its proposed services issue checks or direct deposits to employees at least biweekly and to vendors at least weekly.”</p> <p>“The Offeror shall describe how its proposed services issue checks for retroactive underpayments.”</p>	<p>The Mi Via Waiver Program section of Addendum 9 in the Procurement Library has been updated to include this information.</p>



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	RFP SECTION & TITLE	PAGE	OFFEROR'S QUESTION	HSD'S RESPONSE
			To appropriately scope these services, please provide the volumes of checks and direct deposits generated biweekly and weekly.	
61.	Appendix H, 3.030 SDHCBS (Timesheet & Invoice Processing and Payment)	174	The RFP States, "The Offeror shall describe how its proposed services print and mail participant and vendor payroll/payment reports." To appropriately scope these services, please provide the frequency of these reports, page counts, and volume of reports generated by paper and electronic. Please provide an example of these reports.	The specifics of these reports will depend upon the Contractor's proposed solution. Please see the response to Question 62 and the Procurement Library for statistics on the number of payments made. Please see the response to Question 56 for the State's explanation of how correspondence, including participant and vendor payroll/payment reports, will be printed and mailed.
62.	Appendix H, 3.035 3.036 SDHCBS (Customer Support, Training and Reporting)	174	The RFP states the following for the SDHCBC Call Center: "The Offeror shall describe how its proposed services incorporate a Mi Via Call Center to assist participants and employees with issues pertaining to the contractor's FMA responsibilities." "The Offeror shall describe how its proposed services provide call center representatives in English and Spanish Monday through Friday from 7:30 AM to 5:30 PM Mountain Time, except for State holidays." We have found volumes for the Mi Via call center; however, only three months of calendar year 2018 were provided. Please confirm that these are the volumes to be used to size the SDHCBS call center.	The Procurement Library includes Avaya Statistics for the Mi Via Call Center for November 2015 through November 2018 (with the exception of January and February 2018). Please see the Avaya Monthly Metrics Reports for 2016, 2017 and 2018. The following information is included: <ul style="list-style-type: none"> • Average Wait Time • Calls Received • Calls Completed • Average Talk Time • Calls Abandoned • Average Wait Time - Abandoned Calls



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			Please also provide a year's worth of call information such as calls received, calls handled, intraday call intervals, and call durations so that we may understand any seasonal changes that may occur throughout the year.	
63.	Appendix H, 3.037 SDHCBS (Customer Support, Training and Reporting)	174	The RFP States, "The Offeror shall describe how its proposed services provide initial and ongoing training in a variety of formats and media to users of its SDHCBS solution, including State and MCO staff, home health agencies and support brokers, and participants and their representatives" Please provide a list of user types, and counts by type, that will receive training initially and ongoing. Please provide any historical metrics for this business area.	Currently there are 1,724 participants and/or representatives, 74 support brokers and 45 In Home Living Supports staff who will require initial training on the Contractor's solution, in addition to staff from the State and three MCOs. In 2018, the current contractor provided training to 30 support brokers (4 in person and 26 via web) and 13 participants/representatives (7 in person and 6 via the web).
64.	Procurement Library	NA	These references in the Procurement Library are not accessible. A 404 File or Directory error occurs with the links provided. <ul style="list-style-type: none"> • MAD Fax totals • MAD Mail handling totals • MAD training requirements. Please correct the links.	The links have been corrected.
65.	Appendix H, 2.05	131	The RFP States, "Offeror shall describe how its proposed services ingest via electronic media	Addendum 9 in the Procurement Library has been updated with a new "FFS Claims by Type and Media" section which provides the requested information.



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	Claims (Ingesting via web portal)		<p>control, paper claims and claims entered via web portal”</p> <p>We have found volumetric information for claims submission; however, no details by claim type (e.g. CMS 1500, UB04). To appropriately scope these services, please provide historical monthly volumes by claim form type and media (paper, fax, electronic).</p> <p>Please also confirm if there are any proprietary claim forms in use and if so, provide examples.</p>	No proprietary claim forms have been identified.
66.	Appendix H, 6.004 Data Exchange and Reporting	227	<p>The RFP states, “Offeror shall describe how its proposed services provide the data to generate, transmit or deliver (paper or electronic), maintain and report remittance advices (in a HIPAA approved format) including Federally required reason codes to explain claims adjudication and adjustment results even when payment amount is zero.</p> <p>To appropriately scope these services, please provide historical weekly volumes by paper and electronic, along with page counts for paper remittance advices.</p>	<p>Volumes can be found in Addendum 9 – HHS 2020 MMIS Activity Data “Claims Processing Counts” in the Procurement Library.</p> <p>The requirement of the FS Contractor is to adjudicate and track the claim (including adjustments) through Remittance Advice (RA). The FS Contractor is not expected to generate paper RA rather generate the data to the Enterprise IP for the State’s print Vendor for paper RA generation. The FS Contractor is required to generate electronic RA to the Enterprise IP for UPI availability.</p>
67.	Appendix H, 6.009 Data Exchange and Reporting	227	<p>The RFP states, “Offeror shall describe how its proposed services provide data to accommodate the generation and distribution of REOMB(s), as defined by the State. Offeror should specify if its proposed</p>	<p>The requirements of the FS Contractor are to generate electronic REOMB to the Enterprise IP to integrate with the Enterprise Data Management for correspondence generation in</p>



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			<p>services currently generates an REOMB and if so provide a sample.”</p> <p>Please confirm if this requirement is to support the ability to generate REOMBs and distribution is not required. If distribution is required, please provide frequency and volumes by paper and electronic, along with page counts for paper REOMBs.</p>	<p>the required format. The FS Contractor is not expected to distribute.</p>
68.	Procurement Library	NA	<p>The Procurement Library has a document called Mi Via Call Center Procedure Manual which describes various processes the call center follows in handling calls. It's dated 8/6/2010. Please confirm this is the most current version, and if not, please provide the most recently updated version.</p>	<p>This manual has been replaced in the Procurement Library by an updated manual titled Self-Direction Call Center Procedure Manual and dated 7/23/2018.</p>
69.	Appendix G 2.1.2.2 Financial Transactions	76	<p>The RFP States, “The Contractor must process all financial transactions (e.g., cost settlement, Graduate Medical Education/Indirect Medical Education [GME/IME], Sole Community Provider, Gross level managed care payouts, Indian Health Services [IHS] reconciliations, Tribal 638s reconciliations, Value Based Payments [VBP], Gross level recoveries) based on configurable business rules or, where appropriate, allow authorized Enterprise users to directly enter or modify financial transactions.”</p> <p>Given the complexity involved with the various type of financial transactions, it is critical that vendors understand the workflows, interfaces, as well as the volumes associated with all financial transactions.</p>	<p>Bullet 1 – In the Procurement Library under Xerox Information, please see the Xerox 15D Financial links for the current MMIS system documentation. <i>Xerox 15D Financial 4intf</i> documents interfaces.</p> <p>Bullet 2 – More than half of all financial transactions are system-generated. The Financial Transactions section of Addendum 9 in the Procurement Library has been updated with a table that shows the volume of system-generated versus manual transactions for the first three months of 2019.</p>



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			<p>Interface information is available in the Procurement Library, however these resources do not indicate which of these are specific to Financial Transactions. Additionally, we have located volumetrics regarding this business area however they are not broken down by type of transaction.</p> <p>To properly solution the scope of this business area please provide the following:</p> <ul style="list-style-type: none"> • A list of system interfaces associated to this business process • Transaction volumes by type, source, frequency and media. • BPM diagrams or workflows, particularly for any manual transaction processing. • The operational roles and number of FTEs by role, that are currently supporting this business function 	<p>Bullet 3 – The current contractor's Financial Manual has been added to the Procurement Library</p> <p>Bullet 4 – 3 FTEs who process and enter financial transactions and a Financial Manager who spends 30-40% of his time on MMIS financial operations</p>
70.	General	NA	<p>Please provide the number of reports templates expected to be available by the FS system? Will the FS module require support of ad hoc reporting?</p>	<p>The FS Contractor is required to provide transactional reporting, such as audit trails, aging reports, adjudication cycle reports, warrant and EFT reporting, etc. along with any reports that are inherent to the FS' service/system. The FS Contractor is required to provide the number of existing report templates available out of the FS. The FS Contractor is required to provide data to</p>



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				the Enterprise for reporting (including Ad hoc) out of the Data Services module.
71.	General	NA	Please provide the volume of physical mail claims received annually?	Please refer to the Procurement Library Addendum 9 – Exam Entry in the FFS claims table.
72.	General	NA	SI will manage the address verification system. Is the address validation system is expected to be used by all other modules?	Yes.
73.	Appendix H	110	Product Type Security Tested within the last 12 months, more than 12 months or not security tested (12, 12+, No) - Is this to confirm whether a product has been security tested in another client's environment within the previous 12 months?	<p>Yes, in an MMIS or other deployment.</p> <p>Security Tested and Passed: 12 – Yes has been security tested and passed within the last 12 months (MMIS or other deployment).</p> <p>12+ – Yes has been security tested and passed in greater than the last 12 months (MMIS or other deployment).</p> <p>No – No, has not been security tested and passed in any deployment.</p>
74.	Appendix I, Article 3 Compensation, E Performance Bond	259	There is a reference that performance bond will mutually agreed upon and also that “The required Performance Bond shall be conditioned upon and for the full performance, Acceptance and actual fulfillment of each and every Deliverable, term, condition, provision, and obligation of the Contractor arising under this Agreement”	The performance bond shall be conditioned upon the entire contract value.



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			Please clarify if the intent is that the bond will be for the value of the Agreement to include DDI and M&O? If not, please clarify expected % of Agreement for DDI and M&O for determining bond value and costs.	
75.	Appendix H	248	<p>Immediately following Table 10, FS General requirements, are six (6) required responses. Question 1 aligns to 3. Experience and Personnel for the Experience response. Question 2 aligns to 3. Experience and Personnel for the Personnel response.</p> <p>To what category for scoring are the remaining four (4) aligned to?</p>	<p>Amendment 1 – The questions identified below are moved from the required responses section following Table 10 (FS General Requirements) in Appendix H to Offeror's required response for Appendix G and Vision for FS.</p> <p>1. Describe at least two successful recent BPO projects, comparable to the FS 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 FS Contractor role for this Project.</p> <p>3. Provide a Work Plan timetable for FS integration. Identify the assumptions underlying your Work Plan timetable and for the items below from your proposal:</p> <p align="center">E. Approach for FS operations and maintenance;</p>



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				<p>F. Approach for integrating with the HHS 2020 EPMO tasks;</p> <p>G. Approach for providing HHS 2020 integration support; and</p> <p>H. Approach for business service configuration.</p> <p>6. Explain your ability and willingness to meet the preliminary set of SLAs and LDs in Appendix K - HHS 2020 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.</p> <p>The remaining questions 2, 4, and 5 are aligned to the General Requirement, including Project Management, scoring category identified in the Table 3 Evaluation Point Summary.</p>
76.	Appendix G 12. Support and Maintenance	106	<p>Bullet two indicates the following: “Provides appropriate, tier level support as defined in the contract, via a help desk function available during all State business hours for Users and for other MMISR contractors to address questions or issues involving FS and interaction across the MMISR Solution”</p>	<p>The expectation is the FS Contractor only handle Tier 3 – Non-CCSC Staff (e.g., State, BPO Staff) calls. Tier 3 is the final entity for contact resolution. Please refer to the Procurement Library for call volumes related to the CCSC.</p>



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			Please provide the estimated volumes of inquiries that the help desk would handle each day.	
77.	Procurement library	NA	<p>We have not found volumetric information regarding materials that are printed and mailed to members and providers. This information is necessary to appropriately solution the outbound mailing services.</p> <p>Please provide estimated volumes, frequencies and examples of all letters, notices and other materials that are to be printed and mailed.</p>	The requirements of the FS Contractor are to generate electronic data to the Enterprise IP to integrate with the Enterprise Data Management for correspondence generation in the required format. The FS Contractor is not expected to distribute (print and mail).
78.	Appendix G 2.2.4 PBM	92	<p>The RFP is requiring operation of a Pharmacy Support Help Desk on site in New Mexico. The PBM services Support Help Desk is to be available twenty-four (24) hours per day, seven (7) days per week.</p> <p>Please provide historical call volumes, average handling times and daily interval information so that vendors can adequately size the services.</p>	Historically, in the preceding 12 months from July 2018 to June 2019, average monthly calls: 269, average handling time (minutes): 3.58, average handling time (seconds): 231. Total year call volume: 3,235, with an average of 9 calls per month on the weekends.
79.	Appendix H, Table 6 SDHCBS Requirements	173	<p>Requirement 3.015 states, "The Offeror shall describe how its proposed services enter employer and employee data from information packets into the SDHCBS solution."</p> <p>Do you want to differentiate between employee and employer as separate records that are connected to each other (account & Contact OR Vendor and Employee)?</p>	Yes, to both.



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80.	Appendix H, Table 6 SDHCBS Requirements	173	<p>Requirement 3.018 states, “The Offeror shall describe how its proposed services receive timesheets and payment requests and enter them into the SDHCBS solution.”</p> <p>Would integration with the EVV solution address this requirement, take the hours inputted within EVV and import/integrate within payroll application?</p>	<p>Currently, EVV is not operational for any FFS activities, including Mi Via. The State intends to implement EVV for Mi Via at some point in the future. The BMS Contractor will be expected to integrate with the EVV solution to capture timesheet data for entry into the SDHBCS solution. However, payment requests for vendor services and goods are not supported by EVV, and under some circumstances, an employee may not have access to EVV even after it is implemented. For this reason, the Offeror must describe a non-EVV approach to receiving and entering timesheets and payment requests. EVV is limited to a subset of services and will only address this requirement partially. The SDHCBS solution must address all services that require timesheets and payment requests outside of EVV.</p>
81.	Appendix H, Table 6 SDHCBS Requirements	174	<p>Requirement 3.019 states, “The Offeror shall describe how its proposed services use information from the EVV to create timesheets for support workers employed directly by participants.”</p> <p>Would integration with the EVV solution address this requirement, take the hours inputted within EVV and import/integrate within payroll application?</p>	<p>Yes.</p>
82.	Appendix H, Table 6 SDHCBS Requirements	174	<p>Requirement 3.022 states, “The Offeror shall describe how its proposed services initiate</p>	<p>Identification of underpayments may be made by the FS Contractor, a participant, broker, the Contractor or the State. Examples may include a</p>



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			retroactive payments, recoveries, and deductions from ongoing payments to offset previous overpayments.” What is the source of the data used to make this determination for the impacted employee?	timesheet that was filled out incorrectly or that was entered into the system incorrectly.
83.	Appendix H, Table 6 SDHCBS Requirements	174	Requirement 3.026 states, “The Offeror shall describe how its proposed services issue payments via prepaid debit card and block cash transactions and transactions from specified merchant category codes.” Are the debits used for expense purposes? And are the individuals using the debit cards submitting expense reports?	The pre-paid debit card is intended to make it easier for a participant to pay for approved goods and services that are included in his or her approved service and supports plan. Currently, an invoice is submitted for payment and a check is cut to the vendor for the cost of the item/service. However, some merchants are unwilling to accept a third-party check. The pre-paid debit card is intended to eliminate that issue. An expense report is not required since an invoice for the service or item must be submitted and approved prior to the debit card being loaded.
84.	Appendix H, Table 6 SDHCBS Requirements	174	Requirement 3.027 states, “The Offer shall describe how its proposed services audit debit card use to verify that only approved goods and services have been purchased.” Is the debit used for expense purposes? And are the individuals using the debit cards submitting expense reports?	The pre-paid debit card is intended to make it easier for a participant to pay for approved goods and services that are included in his or her approved service and supports plan. Currently, an invoice is submitted for payment and a check is cut to the vendor for the cost of the item/service. However, some merchants are unwilling to accept a third-party check. The pre-paid debit card is intended to eliminate that issue. An expense report is not required since an invoice for the service or item must be submitted



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				and approved prior to the debit card being loaded.
85.	Appendix H, Table 6 SDHCBS Requirements	175	Requirement 3.029 states, "The Offeror shall describe how its proposed services provide the data to update the vendor's solution with payroll and payment information." What other service providers are we required to connect with?	This requirement reflects an assumption that the FS Contractor will operate a system that specifically supports SDHCBS processing and another that supports claim processing and financial reporting, as is the case today. If so, payroll and payment information must be reflected in both systems. However, Offerors may propose any configuration that meets the State's requirements.
86.	Appendix H, Table 5 Claims Processing Requirements	169	Claims Attachments 2.229 states, "Offeror shall describe how its proposed services request claim attachments and supporting information based on configurable business rules (e.g., program, clinical data, procedure, diagnosis)." Please provide a list of attachments or examples of required supporting information that could be associated with requests driven by configurable business rules.	Requirement 2.229 provides examples (e.g., program, clinical data, procedure, diagnosis, surgical reports, consent forms, incapacity evaluations, Provider communications, adjustment/void forms, updated turnaround documents). For clarification including but not limited to: <ul style="list-style-type: none"> • Members with TPL would require TPL data or EOB attachment; • Claims for Substance Abuse may require chart notes or updates on success rate from provider; and • Claims for surgery may require surgical report).
87.	Appendix K, Performance Metrics	319	OPS 25 Business states, "FS Contractor shall adjudicate ninety percent of problem claims within ten business days of claim suspension date."	Yes, "problem claim" is a claim which suspends based upon State-defined rules. Does not include



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			Please confirm the reference to “problem claims” is synonymous with suspended claims.	claims which are submitted and have not been adjudicated due to Contractor back log. Clean claim is any claim which has all required data to make a decision.
88.	Appendix K, Performance Metrics	319	OPS 26 Business states, “FS Contractor shall resolve suspended claims within ten business days of claim suspension date.” Please provide volumes of suspended claims by month over the last year.	On average, approximately 750 claims suspend per weekly payment cycle. Workable suspense as of 7/19/2019 was 1,741 claims.
89.	Appendix K, Performance Metrics	318	OPS 18 Business states, “FS Contractor shall enter financial transactions, including but not limited to payouts and recoupments, within one (1) business day of receipt and notify the EPMO when the SLA is not met.” Financial transactions can vary in their complexity depending on the nature of the transactions. Often times, analysis and research is required to determine the proper course of action which may not be achievable in a single business day. Would the State consider waiving the one business day requirement or alternatively, negotiating an agreed upon completion date for complex transactions that will require more than one day to enter?	The analysis required to define and initiate financial transactions is performed by State staff prior to sending the transaction to the Contractor for entry. If issues with a State-initiated transaction preclude its timely entry, that transaction would not be subject to the SLA.
90.	General		Will the State consider adding another round of Q&A to the schedule as answers to the initial round of questions often leads to additional	No.



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			questions/clarifications necessary to promote clear and meaningful vendor responses?	
91.	General		Will the State consider extending the proposal submission date 30 days to accommodate for the necessary time to evaluate State's answers provided on July 31st and address in vendor responses as appropriate.	<p>The FS proposal due date has been extended to September 5, 2019. Please refer to Amendment 1 for the updated Table 1 Sequence of Events.</p> <p>Amendment 1 – The dates that follow are amended in the Table 1 Sequence of Events:</p> <p>6. Submission of Proposal: September 5, 2019 7. Proposal Evaluation: September 6, 2019 – September 19, 2019 8. Selection of Finalists: September 20, 2019 9. Best and Final Offer: September 30, 2019 10. Oral Presentations: October 3, 2019 – October 4, 2019. 11. Finalize Contractual Agreement: November 8, 2019. 12. Approval of Contract (Federal & State): January 10, 2020 13. Contract Award: January 10, 2020</p>
92.	Unified Public Interface (UPI)	15	The State has outlined its strategy within this RFP to provide a Unified Public Interface (UPI) that would act as a “one-stop-shop serving NM citizens, Provider, State agencies and employees, and other Stakeholders. Will the State please confirm that there is no requirement for the vendor to supply its	The State confirms that the FS is not required to supply its own portal.



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			<p>own web portal to meet any requirement outlined within this RFP?</p> <p>If the State does require the vendor to offer its own web portal, would the State please outline what functional area(s) the portal will service (claims, self-directed waiver, PBM)? functional area(s) the portal will service (claims, self-directed waiver, PBM)?</p>	
93.	VI. Conditions Governing the Procurement, item C (General Requirements)	31	Will HSD please confirm that submission of a proposal in response to this RFP does not constitute a binding offer (i.e., that a binding obligation only comes into effect when the two parties agree and sign a final contract)?	<p>Please refer to the Conditions Governing the Procurement in Section IV.C.9 on page 32 of the RFP.</p> <p>In the event of any conflict among the services offered in the proposal submitted by the Contractor in Response to this RFP, the order of precedence as referenced in Article 28 – Severability, Merger, Scope, Order of Precedence of Appendix I (Sample Contract) shall apply.</p>
94.	C. General Requirements, 16. Offeror Terms and Conditions	33	<p>Would the State clarify where in the proposal response offerors should provide specific alternative language to terms and conditions, should they choose to?</p> <p>Is the Additional Items section of Binder 1 permissible for this content since the State suggests</p>	For traceability purposes, the State requests that Offeror's proposed specific, alternative language be included in the sample contract (Appendix I) in track changes in Binder 1.



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			including the Required Sample Documents to be placed in a separate binder?	
95.	VI. Conditions Governing the Procurement B – Explanation of Events	36	May the disclosure statement (since no form was included) be provided in the Additional Items section of the proposal?	Yes.
96.	D. Response Format and Organization, 2. Number of Copies	38-39	Is it permissible for Bidders to submit documents not available in Microsoft Office format in Adobe PDF format only (e.g., audited financial statements, insurance documentation, scanned documents with signatures etc.)?	Yes.
97.	D. Response Format and Organization, 3. Proposal Format	39-40	The RFP requires several samples of documents that do not comply with font restrictions and they are not available in a native MS Office format for font adjustments. Please confirm that it is permissible to submit those documents as is.	The State confirms that it is permissible to submit those documents as is.
98.	1. Proposal Content and Organization, Binder 1 and 2. Evaluation Factors	40 46	Will the State confirm that the evaluation factor that “Offerors must provide a 2-3 page summary of its methodology, plan, approach.....refers to the same requirement under RFP Section 1, Proposal Content and Organization, Binder 1. Technical Proposal, #3: Two Page Summary of Offeror’s Approach? If so, what is the page limit?	Amendment 1 – The proposal responses to #11. Response Specifications (Appendix G and Vision for FS) under Section VI.D.3.1, Proposal Content and Organization shall read: 11. Response Specifications (Appendix G and Vision for FS 4-5 page summary response).



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99.	D. Response Format and Organization, 3. Proposal Format	40	Please confirm that the Summary Work Plan and Summary Implementation Schedule can be submitted in 10-pt font.	As referenced in the FS RFP, Section D.3, Proposal Format, the following the only permissible items that may be in 10-pt font are as follows: tables, header, footer, original RFP requirement text, and proposal graphics. Detailed work plans, detailed implementation schedule, and examples of documents are excluded from the page limit and the 10-pt font requirement. The Offeror is expected to include a summary work plan with milestones and a summary implementation schedule within the page limitation.
100.	D. Response Format and Organization, 3. Proposal Format	40	Please confirm that the Detailed Work Plan can be submitted in 8-pt font due to the size of the plan.	As referenced in the FS RFP, Section D.3, Proposal Format, the following the only permissible items that may be in 10-pt font are as follows: tables, header, footer, original RFP requirement text, and proposal graphics. Detailed work plans, detailed implementation schedule, and examples of documents are excluded from the page limit and the 10-pt font requirement. The Offeror is expected to include a summary work plan with milestones and a summary implementation schedule within the page limitation.



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101.	VII. Response Specifications, B. Other Requirements	43	Given the length of our audited financial statements (more than 200 pages), can Bidders provide these documents in electronic format only?	<p>No, the State will not allow electronic format only.</p> <p>Amendment 1- The State will allow all Offerors to submit one hard copy set of audited financial statements with the Original proposal. The additional copies may be submitted in electronic format as referenced in the RFP.</p>
102.	2.1 The BPO Services 2. Claims processing	69 - 70	Please identify the non-Medicaid services that are in scope for this requirement.	<p>Offerors are reminded that the FS Module is for the Enterprise, which includes Stakeholder agencies that have multiple programs serving many different clients. The FS Module is not a Medicaid-only procurement. In the RFP, "Non-Medicaid" includes payment for Enterprise Members that do not have Medicaid coverage or who are served by non-Medicaid programs. Examples may include but are not limited to:</p> <ul style="list-style-type: none"> • Behavioral Health services for members that do not meet the income guidelines for Medicaid; • Select medical or non-medical programs and services; • Services not specific to a Member, such as Community Health Education or Substance Abuse counseling/training; and • Services for Synar training and investigation. Synar program is to



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				prevent youth purchase of nicotine products.
103.	Append G, 2.2.1 Financial Processing	75	It appears that Appendix G contains out of order section numbering under 2.2.1 Financial Processing, starting with 2.1.2.1 Payment Processing through 2.1.2.1 Audits. Payment Processing should start at 2.2.2.1 through 2.2.1.5 Audits. Would the State please fix this starting on page 56 so bidders can structure their response correctly?	The State acknowledges that Appendix G contains the referenced numbering error, however, the RFP will not be renumbered. Offerors should structure responses based on the numbering currently in the RFP for consistency.
104.	Appendix G – 12.5 Financial Services Quality Management Plan	108	Please provide access to the SI Master Quality Management (QM) and Quality Assurance Plan (QAP) so that we can accurately scope this project.	The SI Master QM and QAP are being revised. In the interim, Offerors can assume the QM and QAP comply with industry standards and best practices.
105.	Appendix H – Offeror and Contract Requirements	113	In view of the fact that Appendix H contains over 880 requirements spanning 133 RFP pages, would the State consider expanding the 300 page limit of the proposal to take into account the considerable space that the inclusion of the RFP requirement language would use? Even though the State allows a reduced font size of 10 pt (for the requirement text), the RFP language would still consume a considerable amount of the 300 page allocation. Therefore, would the State increase the overall page limit to 500 pages in order for Offerors to describe the detail requested in the 880+ requirements.	Amendment 1 – The page limit for proposal responses shall increase from three hundred (300) pages to four hundred (400) pages.



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106.	Financial Process, ID 1.041	124	<p>The State has outlined its strategy within this RFP to provide a Unified Public Interface (UPI) that would act as a “one-stop-shop serving NM citizens, Provider, State agencies and employees, and other Stakeholders.</p> <p>Will the State please confirm that this requirement does not require the vendor to provide a web portal solution, but to ingest data from the Unified portal(s)</p>	The State confirms.
107.	Claims Processing Requirements, ID 2.005	132	<p>The State has outlined its strategy within this RFP to provide a Unified Public Interface (UPI) that would act as a “one-stop-shop serving NM citizens, Provider, State agencies and employees, and other Stakeholders. Will the State please confirm that there is no requirement for the vendor to supply its own web portal to meet the requirements of claims processing within this RFP and that the contractor would need to ingest data from the Unified Web Portal and Mobile Technology to meet the requirements within this RFP?</p>	The State confirms.
108.	Appendix H – Claims (Invoices and non-traditional claims) 2.151	155	Does Foster Care Placements encompass all placement types (e.g., family foster care, group homes)?	Yes.
109.	Appendix H-Deliverables	175	Will HSD confirm that the parties will mutually agree upon the acceptance criteria for each deliverable?	Yes, deliverables are defined in contract negotiations. The acceptance criteria are included in the sample contract (Appendix I) of the FS RFP.



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110.	Appendix H-Deliverables	175	Will HSD confirm that the parties will mutually agree on a reasonable duration for HSD review of deliverables?	Yes, the State confirms.
111.	Appendix H-Deliverables	175	Will HSD confirm that once Contractor delivers a deliverable, within the agreed HSD review period, HSD shall either (a) accept the deliverable if it substantially meets its acceptance criteria or (b) reject the deliverable and notify Contractor of the unmet acceptance criteria upon which its rejection is based?	Yes, the State confirms.
112.	Appendix H-Deliverables	175	Will HSD confirm that if HSD does not reject the deliverable and notify Contractor of the specific acceptance criteria that are unmet within the review period, then the deliverable shall be deemed automatically accepted?	Yes, the State confirms.
113.	Appendix H, PBM, ID 4.012	177	Please clarify the expectation related to System Integrator/ASPEN member information to identify incorrectly enrolled/disenrolled Pharmacy Benefit Plans.	Member eligibility data will be provided by ASPEN.
114.	Appendix H, PBM, ID 4.018	178	What is the difference between a start date and an effective date for the rule functions?	A start date is the date the rule/code/diagnosis, etc., is in effect. An effective date is the date the system becomes aware of the rule/code/diagnosis, etc. The difference matters if a rule/code/diagnosis etc. is changed retroactively.



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				Example: New rate for code NNNNN start date 1/1/2020 is added to the system 12/10/19 - no problem as the system will start paying the rate as of 1/1/2020. However, if the change occurs 2/10/2020 then claims paid for the code between 1/1/2020 and 2/10/20 would be paid at the old rate. Once the retroactive rate change is made (2/10/20) the FS must identify all claims which may require an adjustment for the State to determine if an adjustment is required.
115.	Appendix H – PBM 4.060	184	<ol style="list-style-type: none"> 1. Could the state please provide the frequency in which the DUR interventions are to be conducted, e.g. per Quarter or per FFY? 2. What are the volumes of DUR interventions expected per the frequency? 	<p>The volume of DUR interventions should be driven by the volume and scope of DUR assessments.</p> <p>Amendment 1 –</p> <p>Requirement 4.060 is amended to read as follows:</p> <p>Offeror shall describe how its proposed services perform a number of DUR interventions as determined by the State and in accordance with a schedule provided by the State.</p>
116.	Appendix H – PBM 4.063	185	Could the State please clarify their expectation of technical integration with the New Mexico PDMP system, e.g., batch files, web service, API?	<p>Amendment 1 –</p> <p>Remove requirement 4.063.</p>



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			Does this capability currently exist in PDMP system?	
117.	Appendix H – PBM 4.107	191	The current CMS approved pharmacy reimbursement methodology utilizes the following pricing elements: NADAC-B, NADAC-G, ACA-FUL and WAC. Will the State be using the EAC, State MAC and baseline price as mentioned in this requirement, and if so, can the State define how these pricing elements are derived?	The State currently uses FUL Price, WNU, SWP, and Direct Pricing. We are moving to the federally mandated NADAC pricing in October of this year. Pricing is provided by the provider of drug and medical device databases; currently First Databank.
118.	Appendix H – PBM 4.017	191	Please confirm that the state's expectation is that the Offeror should provide both Federal Upper Limits (FUL) and National Average Drug Acquisition Cost (NADAC) in addition to base line pricing, federal supply pricing, estimated acquisition costs and state allowed maximum costs (SMAC).	Yes, the State confirms.
119.	Appendix H – PBM 4.115	192	Could the state please specify if both denial and approval notices are sent to both Members and Providers.	No, the State does not want to send notices to Members and Providers regarding PAs. Amendment 1 - Requirement 4.115 will be removed.
120.	Appendix H, PBM, ID 4.206	203	Please clarify the intent of "reconsideration" related to point of sale pharmacy claims.	Amendment 1 – Requirement 4.206 will be removed.



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121.	Appendix H, PBM, ID 4.206	203	Is it the State's expectation that pharmacies will submit a "Reconsideration Request Form" in lieu of contacting the Pharmacy Support Help Desk to resolve point of sale inquires related to rejected claims?	Amendment 1 – Requirement 4.206 will be removed.
122.	Appendix H, PBM, ID 4.206	203	As the NCPDP D.O format does not allow for attachments, please clarify how the "reconsideration" will be submitted by the pharmacy.	Amendment 1 – Requirement 4.206 will be removed.
123.	Appendix H – PBM 4.218	205	Please indicate whether the Offeror is also responsible for reference pricing updates for any other HCPCS or CPT codes.	The State does not expect the potential FS Contractor to be responsible for pricing. The expectation is that the FS Contractor receive, record and process pricing information.
124.	Appendix H – PBM 4.217	205	Please define "I" code. Please indicate if CPT codes (9xxxx) and HCPCS "A" and "P" codes should also be considered.	CPT codes (9xxxx) and HCPCS "A" and "P" codes should be considered for payment, but the State will use the Medicaid rate. Amendment 1 – "I" code will be removed from requirement 4.217.
125.	Appendix H – PBM 4.218	205	Is the Offeror going to recommend pricings for only anesthesia and physician administered drug services under PBM 4.217?	The State does not expect the potential FS Contractor to be responsible for pricing. The expectation is that the FS receive, record and process pricing information.
126.	Appendix H, PBM, ID 4.232	208	Please confirm that the intent of this requirement is maintain an J code to NDC crosswalk and the	The State confirms.



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			corresponding diagnosis codes will be a reference on the J code.	
127.	Appendix H – Drug Rebate 5.057	224	Please identify the planned start date for this supplemental State Rebate Agreements with manufacturers for diabetic supplies.	Amendment 1 – Requirement 5.057 will be removed.
128.	Appendix H – Service Expectations 8.031	242	Will the State provide Offerors access to specified style guide?	No.
129.	Appendix H – Offeror and Contractor Requirements, Additional Questions	248	Will the State please clarify that the reference to Benefit Management Services in the second sentence should state Financial Services?	Amendment 1 - In question #5 following Table 10 (FS General Requirements) in Appendix H, the reference to “Benefit Management Services” in the second sentence is amended to state “Financial Services.”
130.	Article 6 (Termination), paragraph A (Grounds) of the Sample Contract	262	Would HSD please confirm that, in the event the HSD terminates the Agreement for convenience, the Contractor shall be entitled to payment for all services performed and products delivered under the Agreement through the effective date of the termination and reimbursement for all reasonable costs related to or incurred as a result of the termination plus a reasonable profit? Additionally, in the event the parties cannot agree on the termination settlement amount, that HSD will promptly pay the Contractor the undisputed amount?	The terms and conditions in the sample contract (Appendix I) will be discussed during contract negotiations with the selected Offeror.



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131.	General: Terms of the Contract, 8, 10 and Throughout (Indemnification)	264	Would HSD consider revising the indemnification obligations throughout the RFP and sample contract so Contractor only is required to indemnify for liability that is based on Contractor's breach of contract or its fault or negligence?	The terms and conditions in the sample contract (Appendix I) will be discussed during contract negotiations with the selected Offeror.
132.	Article 11 (Warranties), paragraph B (Software) of the Sample Contract	267	Since the warranty period duration is blank, will HSD please specify the required warranty period for this RFP.	The terms and conditions in the sample contract (Appendix I) will be discussed during contract negotiations with the selected Offeror.
133.	Article 18 (Liability) of the Sample Contract	272	Would the HSD consider adding a reasonable limitation on Contractor's liability including an overall cap on Contractor's liability equal to the fees paid to Contractor by the HSD in the twenty four months preceding the claim for damages and a disclaimer of indirect and consequential damages?	The terms and conditions in the sample contract (Appendix I) will be discussed during contract negotiations with the selected Offeror.
134.	Appendix K (Performance Measures)	312	Would the HSD consider adding language to Appendix K (Performance Measures) such that liquidated damages would not be assessed during a reasonable stabilization period of the first six (6) months following Go-Live?	The State does not have a defined stabilization period and expects the selected Offeror to have its services fully functional for Go-Live.
135.	Appendix K (Performance Measures)	312	Would the HSD consider adding language to Appendix K (Performance Measures) such that Contractor would have at least ten (10) business days to cure any deficiency before the assessment of liquidated damages?	Yes. This can be discussed during contract negotiations.



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136.	Appendix K (Performance Measures)	312	Would the HSD consider adding an earn back mechanism to Appendix K (Performance Measures) such that Contractor would earn back any liquidated damage assessment if Contractor corrects the deficiency and meets the performance measure for two consecutive months following the month in which the failure originally occurred?	This can be discussed during contract negotiations.
137.	Appendix K (Performance Measures)	312	Does this refer to a scenario where the incorrect enrollment or disenrollment is due to the Offeror's own error? If not, please define "incorrectly enrolled or disenrolled."	This is not in Appendix K (Performance Measures), rather it is requirement #4.012 in Table 7 (PBM) of Appendix H. Amendment 1 – Requirement #4.012 will be removed.
138.	APPENDIX K – Performance Measures OPS 35 PBM	323	Please clarify how this performance measure aligns with the receipt schedule of the quarterly CMS Rebate File which has required data to produce the invoices.	This performance measure can be aligned with the receipt schedule of the quarterly CMS Rebate File.
139.	General	NA	Per RFP Health and Human Services 2020 - Consolidated Customer Service Center - RFP # 19-630-4000-0001, page 64, Tier 3 calls are transferred to "Non-CCSC Staff (e.g., State, other HSD's BPO module's Staff). Tier 3 is the final entity for contact resolution."	The State confirms. As referenced in the FS RFP, Section IV, "Business Hours" means 7:30 AM through 5:30 PM Mountain Time (MT), Monday through Friday. Hours outside of regular business hours may be required as necessary and can be discussed during contract negotiations. Please



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			<p>Please confirm if the Offeror should expect transfers from CCSC staff related to Financial Processing or Claims?</p> <p>If yes, please provide expected hours of operations and call volumes.</p>	<p>refer to the Procurement Library for call volumes related to the CCSC.</p>
140.	Throughout	Through-out	<p>We noticed that the Sample Contract contains several alternative “Choice” clauses. Will HSD please confirm that these clauses will be mutually agreed upon between the Offeror and the Procuring Agency during contract negotiations?</p>	<p>The State confirms that these clauses will be mutually agreed upon between the Offeror and the Procuring Agency during contract negotiations.</p>
141.	Throughout	Through-out	<p>Will HSD please confirm the Offeror will have the opportunity to negotiate intellectual property terms (including without limitation ownership, licensing, source code, and escrow terms (if applicable)) to ensure that they are appropriate for the Offeror’s proposed solution (e.g. COTS, SaaS, etc.)?</p>	<p>The State confirms Offeror will have the opportunity to negotiate intellectual property terms.</p>
142.		16	<p>Page 16 of the RFP states “The FS Contractor shall adhere to all standards established by the SI Contractor and approved by the State related to integration, interoperability, security and transmission of data.” Can the State share any integration or interoperability standards that the System Integrator has established to date? Also, can the State provide a list of APIs created by the SI to date?</p>	<p>Requests to services exposed by the State occurs through canonical messages encoded in either XML or JSON formats delivered to SOAP or REST-accessible end-pints. Calls may be placed either synchronously or asynchronously and caller may request return of information in either message or file format. Communications are encrypted in transit using TLS 1.2 technology. Coarse-grained authorization to access State’s services is given based on user’s membership in application roles defined in State’s IdAM sub-system.</p>



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				<p>The canonical message model is based primarily on FHIM standard.</p> <p>No APIs have been designed yet. Once published, APIs will be accessible through Oracle API Manager sub-system.</p>
143.	General	NA	Can the State provide an estimate of how much money will flow through the Financial Services module annually? Additionally, what portion of that money is direct payment for the FFS program?	The expectations for the FS Module are not limited to Medicaid. Enterprise partners have additional providers and clients. The current annual Medicaid budget is approximately \$7.1 billion. This amount will increase with the integration of Enterprise partners. The estimated amount expended for the FFS population is 19%, however, as the programs and clients of Enterprise partners are onboarded this is subject to change.
144.	General	NA	The RFP requires substantial interoperability with the System Integrator, Unified Public Interface, etc. Does the State expect the FS module to be capable of operating as a standalone system (e.g., with its own user interface and database) while the other modules are being built and tested?	The FS module is not expected to operate as a standalone system. The FS will have to integrate with other modules and services to perform business processes.
145.	General	NA	The RFP requires substantial interoperability with the System Integrator, Unified Public Interface, etc. What is the State's contingency plan if one or more	The State is implementing the modular MMIS in a phased approach. During contract negotiations, the State will work with the selected Offeror to structure the statement of



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			modules fall behind schedule and cannot go live at the same time as the FS module?	work and schedule to support the phased approach. The State recognizes that the FS module will be dependent upon other module implementations throughout the project and for production implementation of the FS module. Any changes to schedules or implementation plans will follow the State's change control processes.
146.	2018 Call Center Statistics Spreadsheet		The MAD Tab lists two columns with the same title. Can you please clarify the difference between the columns?	The columns indicate "Total Calls" and "Total Resolved."
147.	V.I.D.3	40	By " <i>the original FS RFP requirement text</i> " do you mean the requirement text in Sections 11 and 12 only (the Response to Specifications, Appendices G and H)? Or do we only include the requirements text in Appendix H? Do we also have to include the requirement text for the letter of Transmittal, References, Financial Stability, etc.?	The "original FS RFP requirement text" refers <i>only</i> to the inclusion of the requirement text in Appendix H.
148.	VII.B.3	43	Our Consolidated Financial Statements Under IFRS are over 50 pages for each year, and you require 4 years (the current year, plus 3 preceding years). Since this would be a total of over 200 pages, would you consider allowing us to submit these statements electronically only or submit a link to the reports?	No, the State will not allow Offerors to provide an electronic version only. Amendment 1- The State will allow all Offerors to submit one hard copy set with the Original proposal. The



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				additional copies may be submitted in electronic format as referenced in the RFP.
149.	VII.B.7 VIII.C.7	44 48	Sections VII.B.7 and VIII.C.7 state that the Pay Equity Reporting Statement is in Article 22; however, it is listed in Appendix I, Article 27. Please clarify.	Amendment 1 – The Pay Equity Reporting Statement is in Article 27 of Appendix I (Sample Contract).
150.	Appendix B	51	What is your estimated implementation timeline? Are you looking at a phased approach? Are there specific areas of the system you would want phased in first?	Please refer to the MMISR End-to-End (E2E) Timeline that has been uploaded to the Procurement Library under General. The State is requesting Offerors propose the best approach for the FS Module implementation.
151.	2.2.1	75	Can we integrate with your existing PeopleSoft Financial System and leverage your existing license to do so?	No, the selected Offeror may not leverage the existing license. All external interfaces will go through the SI.
152.	2.2.2	84	How are the enterprise rules associated with claims processing documented? Can we see a sample extract of those rules by program?	The State has claims processing rules documented and plans to work with Enterprise Stakeholders and Contractors to formalize the enterprise rules.
153.	2.2.3	87	Can you identify what system/agent or solution is used currently to track Self Directed Home and Community Based Services?	Conduent is the existing MMIS Contractor and uses the FOCoS system to track Self-Directed Home and Community Based Services.
154.	2.2.3	87	How many members are enrolled in Home and Community Based Services? How many new members are added by month?	This section deals specifically with Self Directed services. Currently, there are 1962 members enrolled in Self-Directed Community Benefit



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				(SDCB) managed care program and 1,590 enrolled in Mi Via (FFS program). An average of 12 clients enter Mi Via monthly and an average 31 clients enter Self Directed Community Benefit monthly. These clients are not necessarily 'new' but may have been previously in another setting of HCBS prior to moving to Self-Directed.
155.	2.2.3.1	88	Can you elaborate on the functionality you are expecting with budget management? Are vendors expected to enforce the budgets?	For the DD Waiver or Medically Fragile community benefit, the FS Contractor is required to enforce the budgets within the prior authorization.
156.	2.2.3.2	88	What is the volume of new employee/employers being added monthly?	The volume changes. The expectation is for the FS Contractor to establish the employer/employee relationship.
157.	2.2.3.4	89	When is the expected timeline to integrate with the Unified Portal and CCSC? Is there an expectation that portal or call center functionality be proposed as an interim measure?	The CCSC will be operating before the FS. It is expected that the FS Module integrate with the Unified Portal and CCSC. It is not an expectation that the FS provide an interim measure, however, the FS is required to provide a call center for Tier 3 level calls and for technical assistance.
158.	2.2.6	93	Do you have mockups of what the Financial Dashboard on the Unified Portal should contain?	Not at this time.
159.	2.2.6.2	94-95	Can you expand on what is meant by the claims forwarded to the MCO for processing?	Please refer to Section 2.2.2 Claims Processing in the RFP for detailed claims processing.
160.	Appendix H	113	This item states " <i>Offerors will note that instead of the typical historical MMIS requirements that</i>	Please refer to the Evaluation Section VIII of the RFP, including any amendments hereto.



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			<p><i>specify the manner and process by which things are to be done, the requirements contained herein have been written to focus on desired outcomes; i.e., instead of a “how” focus, the focus is on “what.” The State is not dictating Offeror’s Services; it is interested in securing a Contractor for the Financial Services (FS) component service 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 Services. CMS shares our desire to have a FS Contractor and module which fosters 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.”</i></p> <p>Please clarify this paragraph as to what information is required in Appendix G as opposed to Appendix H?</p>	



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	RFP SECTION & TITLE	PAGE	OFFEROR'S QUESTION	HSD'S RESPONSE
161.	Appendix H – Requirement 1.001	114	How are the business rules associated with financial processing documented? Can we see a sample extract of these rules?	The current claims processing through financial transactions assignment is provided in the Procurement Library under the folder Xerox Information.
162.	Appendix H.2.F	249	This item asks “Describe how you will have sufficient resources and staff to start FS operations within thirty (30) calendar days of contract award and to be operational within sixty (60) calendar days of award. ” Please clarify. What part of operations is the State expecting to be started in 30 days and operational in 60days of contract award?	Amendment 1 - FS operations within thirty (30) days of award apply to Project kick-off and work commencing as well as having appropriate staff to start contract obligations. Operations within sixty (60) days of award apply to the FS being fully functional for the DDI period.
163.	Appendix K: Performance Measure 25, 26,	319	Can the State clarify if problem claims must be adjudicated within 10 days of suspension or if the state meant within 10 days of “problem identification”? Certain claims may not be resolvable within 10 days of suspension if the claims suspense is awaiting policy clarification from the State or if the suspension issue is beyond the control of the vendor.	Please refer to Appendix K – Performance Measures introduction paragraph regarding “outside of the FS Contractor’s control” (e.g., waiting for policy decision from the State).
164.	Appendix B	51	Will the State confirm that: ALL services provided under the scope of work by the vendor are subject to the NMGRT, and that the GRT rate will be determined based on the specific location of the Vendor’s office, even if some portion of the Vendors’ services are provided in a location outside of NM.	The State confirms.