State of New Mexico

New Mexico Human Services Department Official Responses

to Questions Submitted by Potential Offerors

in the Procurement for

Managed Care Organization Contractors for Turquoise Care

RFP # 23-630-8000-0001

Responses Issued November 15, 2022

RFP Issue Date: September 30, 2022

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

HSD Responses to Submitted Questions for Turquoise Care MCO RFP # 23-630-8000-0001

Offeror Q #	Source: RFP, Contract, or Data Book	Section # (&question # if applicable)	Page #	Text from RFP, Contract, or Data Book related to question	Offeror Question	HSD Responses
1.	RFP	Section 5.10	40	The Offeror must include a written statement from OSI that the Offeror has sufficient risk-based capital to meet the requirements in this RFP and Model Contract.	Can the State please confirm that it is not a violation of RFP section 1.6 Procurement Manager for MCOs to contact OSI to obtain the required written statement? Can the State please confirm that MCOs who contact OSI for a written statement to meet this requirement will not be excluded from further participation in the procurement for doing so?	The State confirms that contacting the New Mexico Office of Superintendent of Insurance (OSI) to obtain a written statement that affirms the Offeror has sufficient risk-based capital to meet the requirements in the RFP and Model Contract, pursuant to RFP Section 5.10, is not a violation of RFP Section 1.6.
2.	RFP	Sections 6 and 7, Topic Area 1, Experience and Qualifications item h	42 and 52	Section 6: **Subcontractors** performing delegated managed care functions and the functions the Subcontractors performed. Section 7: **Major Subcontractors** performing delegated managed care functions	Can the State please confirm it should be Major Subcontractors in both questions?	The State clarifies that in RFP Sections 6 and 7, Technical Question #1, subsection h, the Offeror must include both Major Subcontractors and Subcontractors in the response. This clarification has been made in Amendment #2 of Turquoise Care RFP #23-630-8000-001.

				and the functions the Subcontractors performed.		
3.	RFP	1.6	10-11	Offerors must contact only the Procurement Manager regarding this procurement. Other State employees, consultants, and agents do not have the authority to respond on behalf of HSD. HSD shall not assume responsibility for any answers or clarifications provided by other HSD staff, or by any other State employee or agent. An Offeror that contacts another State employee or agent in violation of this requirement will be excluded from further participation in the procurement.	With respect to Section 1.6 of the RFP, and specifically the restriction on only contacting the Procurement Manager, can you clarify if bidders are allowed to speak to other "State employees or agents" that do not report through HSD? For example, some direct care provider organizations and community-based organizations are run through state agencies or by state employees. Would a bidder be allowed to speak to an agency or state employee not affiliated or reporting to HSD about contracting with their network?	In accordance with RFP Section 1.6, Offerors must contact only the Procurement Manager regarding this procurement. An Offeror is not precluded from contacting or speaking to other agencies or employees on non-procurement matters.
4.	RFP	Sections 6 and 7	41 and 51	For each question, the Offeror must start a new page and include both the number of the	Given the length of the RFP questions, and the fact that some take up close	The page limits account for the requirement to include the text of the RFP question in the response.

				question, the text of the question, and then provide the response.	to a full page when proposal formatting requirements are applied, can the State please confirm that repeating the text of the RFP question will not count toward the page limit for each response?	
5.	Contract	4.24.4.1	306	4.24.4.1 The CISC CONTRACTOR shall obtain HSD prior approval in writing prior to applying prior authorization requirements for CISC Members.	Please confirm that the MCO must obtain written approval for the list of services we plan on requiring prior authorization on for the CISC members.	The State confirms that the Child(ren) in State Custody (CISC) Contractor must obtain HSD's written approval of any prior authorization requirements applied to services for CISC members.
6.	Contract	4.24.3	305	4.24.3 CISC Care Coordination 4.24.3.1 In addition to complying with the Care Coordination requirements in Section 4.4 of this Agreement, the CISC CONTRACTOR shall: … 4.24.3.1.3 Revise the CISC Care Coordination Staffing Plan for HSD review and approval in writing as needed, or as directed by HSD, to ensure CISC Care Coordination requirements are met	Will the Turquoise Care CISC population include children that are enrolled in the medically fragile or developmental disabilities waivers, or in COE 004? If so, please confirm whether these populations will be expected to receive the extensive case management services required in the CISC sections of the contract or	The State clarifies that all children and youth in the legal custody of Children, Youth, and Families Department's (CYFD's) Protective Services Division will be mandatorily enrolled in the Child(ren) in State Custody (CISC) Contractor with the exception of Native American children and youth. Enrollment in the CISC Contractor for Native American children and youth in CYFD custody will be optional. The definition of CISC has been modified in the Model Contract, Appendix L to remove Categories of Eligibility (COEs). This correction has been made in Amendment #2 of Turquoise Care RFP #23-630-8000-0001.

				as specified in this Agreement.	continue to receive those services through their waiver programs.	
7.	Contract	4.4.3.2.2	86	4.4.3.2.2 The CONTRACTOR shall use training instructors from New Mexico Tribes. Training shall address all topic areas necessary for Care Coordination staff to perform their job responsibilities in Section 4.4 of this Agreement.	Please confirm if the Contractor is to have FTEs from New Mexico tribes, or, if the Contractor may utilize Tribal vendors to meet this requirement.	The State clarifies that the Contractor is expected to employ individuals who are knowledgeable about New Mexico's Native American populations, cultures, customs, and traditions. Cultural needs must be considered when developing and delivering care coordination services. The Contractor is expected to employ or contract with Native American training instructors from New Mexico's Tribes to ensure care coordination training incorporates information about the people, cultures, customs, and traditions of New Mexico's Tribes, Nation, and Pueblos. This clarification has been made in Amendment #2 of Turquoise Care RFP #23-630-8000-0001.
8.	Contract	4.11.5.4.1.16 3.7.4.1.2	203 71	4.11.5.4.16 Trauma Responsive Training, approved by HSD; 3.7.4.1.2 Trauma-responsive training as approved by HSD and Care Coordination of CISC Members;	The Model Contract states that trauma-responsive training shall be approved by HSD. Please confirm if the HSD-approved Trauma responsive training is now available for review.	The Contractor is responsible for developing trauma-responsive training for its staff and submitting the training materials to HSD for approval.

9.	Contract	4.4.10.6	104	4.4.10.6 Full Delegation Model In the Full Delegation Model, the CONTRACTOR is permitted to delegate the full set of Care Coordination functions to a Contract Provider (the delegate) for an attributable membership, and retains oversight and monitoring functions. … 4.4.10.6.3 The CONTRACTOR's Care Coordination program description shall describe the CONTRACTOR's roles and responsibilities in attributing membership and providing oversight and monitoring for its Full Delegation model. In establishing its Full Delegation model, the CONTRACTOR shall comply with the requirements in the Managed Care Policy Manual.	The Model Contract states the Contractor's Care Coordination program description shall describe the Contractor's roles and responsibilities in attributing membership and providing oversight and monitoring for its Full Delegation model. Please confirm if the full delegation appendices developed during the all-MCO work group will be applicable to the NM HSD Turquoise Care contract?	The full delegation appendices developed collectively by Centennial Care 2.0 MCOs during the all-MCO workgroup will not apply to the Model Contract, Appendix L.
10.	Contract	4.1.1.1	72	4.1 Eligibility 4.1.1 General 4.1.1.1 All individuals determined Medicaid eligible are required to participate in the	The Model Contract states the eligibility requirements for the Turquoise Care program. Please confirm exclusion	RFP Section 1.2 lists the populations exempt from mandatory enrollment in managed care.

				Turquoise Care program unless specifically excluded by the 1115(a) Waiver.	requirements included in the New Mexico HSD Centennial Care 2.0 contract will apply to the New Mexico HSD Turquoise Care contract.	
11.	Contract	4.18.1.2.1	250	4.18.1.2.1 In accordance with 42 C.F.R. § 438.608(a)(1), the CONTRACTOR must implement and maintain a compliance program that includes, at a minimum, the following elements: … 4.18.1.2.2.3 A comprehensive evaluation that includes an evaluation of the overall effectiveness of the CONTRACTOR's compliance program, The review and analysis of any impact from the previous year shall be incorporated in the development of the following year's work plan.	The Model Contract states that the Contractor must implement and maintain a compliance program that adheres to the requirements outlined in 4.18.1.2.1.1 through 4.18.1.2.1.7. The Model Contract also outlines the Fraud, Waste, and Abuse Plan on 4.18.4. Please confirm that the Contractor is to submit a written Fraud, Waste and Abuse Plan and a written Compliance plan as two separate program documents.	The State confirms that the Contractor must submit a Fraud, Waste, and Abuse Plan and a Compliance Program Description as two separate documents.
12.	Contract	4.18.5.3.5	258	4.18.5.3.5 Claims Adjustment	Please confirm an overpayment is	The State clarifies that the claim must be voided or adjusted upon the identification of the

				4.18.5.3.5.1 The CONTRACTOR shall void or adjust (as applicable) claims to reflect any identified provider overpayments, regardless of whether they have been recovered.	identified at the point when a refund demand letter is issued by the MCO, not at the point when an MCO negotiates a settlement agreement. In the event an MCO enters a settlement agreement, please confirm claims should be voided or adjusted at the point when the agreement is signed, not at the point payments are received from the provider.	overpayment, not at the time of collection of the overpayment.
13.	Contract	4.4.4.2	85	4.4.4.2 The CONTRACTOR shall use HSD's standardized HRA, CNA (when indicated), utilization data, and/or Claims data to determine Member need for Care Coordination and assign a CCL to each Member. The CONTRACTOR shall use the following CCLs: … 4.4.4.2.7 Other CCLs as described in the MCO Systems Manual.	The Model Contract indicates that HSD will develop a standardized Comprehensive Needs Assessment (CNA). Please confirm that MCOs will have the opportunity to collaborate with HSD in developing the CNA, and particularly if MCOs will be able to provide input	The State confirms that Contractors will have the opportunity to collaborate and provide input in the development of the standardized Comprehensive Needs Assessment (CNA).

					regarding NCQA requirements.	
14.	Contract	6.4	317	HSD is exploring changes to the Rate Cohort structure which may include but is not limited to: the implementation of a per-delivery maternity payment separate from monthly Capitation Payments, consolidation of existing Rate Cohorts, and/or modifications to risk adjustment.	Please confirm that the maternity payment will use cohort level delivery prices per the fee schedule in effect at the time of the payment to account for any future fee schedule increases.	The State has not made a determination on the pricing methodology regarding a per-delivery maternity payment separate from monthly capitation payments.
15.	Data Book Narrative	3	8	The capitation rates for CY2024 will be developed at a later date.	When does HSD anticipate releasing actuarial sound rates? Will these rates be subject to negotiation and agreement?	The State anticipates releasing CY2024 rates in early to middle of fall CY2023. As stated in Section 6.5.1 of the Model Contract, Appendix L, "the capitation rates awarded are not subject to negotiation during the term of the Agreement." While the capitation rates are not subject to negotiation, the State will provide Contractors information on the development of the capitation and an opportunity to ask questions and provide feedback.
16.	Data Book Narrative	3	10	BH or LTSS rate cells are not currently subject to risk adjustment, however, the State is evaluating the expansion of the risk adjustment process to BH and/or LTSS rate cohorts.	When does HSD expect to announce a decision regarding whether these rate cells will subject to risk adjustment?	As stated in Section 6.4.6.8 of the Model Contract, Appendix L, "HSD will notify the CONTRACTOR of any changes to the risk adjustment methodology or populations included in the risk adjustment at least thirty (30) days before the effective date of the change.

17.	Data Book Narrative	3	11	Effective January 2022, the State implemented a High-Cost Member Risk Pool (HCRP).	Will any cohorts be excluded from the HCRP?	As described in Attachment 6 of the Model Contract, Appendix L, the High-Cost Member Risk Pool (HCRP) is limited to Physical Health (PH) and Other Adult Group Physical Health (OAHPH) services and rate cohorts. Behavioral Health services and Long-Term Services and Supports (LTSS) rate cohorts are excluded from the HCRP. The State clarifies that all PH and OAHPH rate cohorts are included in the HCRP.
18.	Data Book Narrative	3	10	The State currently uses the "Chronic Illness and Disability Payment System including Pharmacy" (CDPS+Rx) model to further adjust the applicable PH base capitation rates.	Can HSD confirm that version 7.0 (or the most recent subsequent version available) of the CPDS+Rx model will be used?	The State intends to use a risk adjustment methodology for CY2024 that is similar to the risk adjustment methodology used for CY2022. Information about the current risk adjustment methodology is included in Section 3 of the Data Book Narrative as well as in the NM Risk Adjustment Methodology Letter available in the Procurement Library under the HSD Resources section.
19.	Data Book Narrative	3	11	The CDPS+Rx model is based on national experience from more than 30 Medicaid programs. However, more recent and complete State data was available to develop a State-specific CDPS+Rx model.	The Data Book discusses the CDPS+Rx model. Utilizing prospective weights within the model may rely on experience from the prior year, which can be complex and not indicative of future risk if new MCOs enter the market. Please confirm that HSD will calculate risk adjustment using a concurrent	See response to Offeror Question #18.

					model rather than a prospective model to capture risk of new and existing MCOs more accurately.	
20.	Data Book Narrative	3	11	Acuity factors are only developed for recipients with at least six months of Medicaid eligibility (continuous or non-continuous) within the 12-month study period.	The Data Book states that acuity factors are only developed for recipients with at least six months of Medicaid eligibility. The existing calculation utilizes the list of members active in the September preceding rating year. If new MCOs enter the market in 2024, how will the membership "snapshot" be determined for risk adjustment? How will new offerors without prior membership data potentially be accounted for in the calculation?	As stated in Section 6.4.6.5 of the Model Contract, Appendix L, "The State, at its discretion, may reevaluate the CONTRACTOR's enrollment used to develop the risk scores at any time during this Agreement and may modify risk-adjusted Capitation Rates on a prospective basis." The methodology for the enrollment snapshot component of the risk adjustment process is dependent on the outcome of the procurement. If new Contractor MCOs enter the market in 2024 the State anticipates a modification to the enrollment snapshot component of the risk adjustment methodology.
21.	Contract	4.10.3.10.22	189	When the CONTRACTOR removes drugs from its Formulary, or adds prior authorizations, quantity limits and/or step therapy restrictions on a	The Model Contract states that members should be notified when the Contractor removes drugs from its	The notification must include all members and prescribers to inform them of the changes in coverage. This notification must be no less than sixty (60) calendar days before the change is implemented.

				drug, the CONTRACTOR shall provide Members with at least sixty (60) Calendar Day notice before the effective date of the change.	Formulary. Please confirm that the Contractor is required to only provide notice to members who were currently prescribed the drugs in question and are therefore negatively impacted by the removal from the Formulary, and not all MCO plan members.	
22.	Contract	4.10.3.10.1	185	HSD maintains a Preferred Drug List (PDL) for covered outpatient prescription drugs in certain therapeutic classes. The CONTRACTOR shall adopt HSD's PDL and prior authorization criteria for all drug classes listed on HSD's PDL. Upon notice of any upcoming changes to HSD's PDL or prior authorization criteria, **HSD will provide the CONTRACTOR at least thirty (30) Calendar Days advance notice** to implement the updated PDL or prior authorization criteria on	The Model Contract states that HSD will provide the Contractor at least 30 days advance notice to implement an updated PDL or prior authorization criteria. Will HSD consider expanding the notice from 30 days to 60 days to allow sufficient time for the Contractor to provide contractually required 30 days prior notice to members?	Yes. The State has revised the advance notice requirement in Section 4.10.3.10.1 of the Model Contract, Appendix L from "at least thirty (30) Calendar Days" to "at least sixty (60) Calendar Days." This correction has been made in Amendment #2 of Turquoise Care RFP #23-630-8000-0001.

<table>
<tr><td></td><td></td><td></td><td></td><td>the effective date identified by HSD.</td><td></td><td></td></tr>
<tr><td>23.</td><td>Contract</td><td>2 Definitions, Acronyms, and Abbreviations</td><td>14</td><td>Child(ren) in State Custody (CISC) means child(ren) and youth in the legal custody of CYFD’s Protective Services division, including Native Children and children never removed from the Respondent’s home or children returned to the Respondent’s home following a removal. COEs: 017, 037, 046, 047, 066, and 086.</td><td>Please confirm that the COEs listed in the definition of Children in State Custody are the only six COEs that will be managed by the single MCO of the CISC program. Also, please provide the most recently available number of individuals in each of the six COEs.</td><td>A correction has been made in Amendment #2 of Turquoise Care RFP# 23-630-8000-0001 to revise the definition of Child(ren) in State Custody (CISC) in the Model Contract, Appendix L to include all children and youth in the legal custody of CYFD’s Protective Services division.

The most recent enrollment number for each of the six (6) COEs is as follows:<table><tr><td>COE 017</td><td>553</td></tr><tr><td>COE 037</td><td>3,625</td></tr><tr><td>COE 046</td><td>40</td></tr><tr><td>COE 047</td><td>643</td></tr><tr><td>COE 066</td><td>1,955</td></tr><tr><td>COE 086</td><td>81</td></tr></table></td></tr>
<tr><td>24.</td><td>Mandatory Reqts.</td><td>Reqt. 5.14.6</td><td>41</td><td><u>5.14 Proposal Summary and Offeror Information, #6.</u>
6. Organizational chart or diagram of the Offeror’s organizational structure to fulfill the requirements of this RFP. The organizational chart or diagram must present information clearly and concisely and include, at a minimum, health plan functions including but not limited to key staff and roles in areas (e.g., quality management and improvement,</td><td>Please define “Member connections,” as it is not referenced in the Model Contract (Appendix L).</td><td>The State clarifies that RFP Section 5.14, item number 6, “Member connections” means “Member services.”

This correction has been made in Amendment #2 of Turquoise Care RFP #23-630-8000-0001.</td></tr>
</table>

				population health management, care coordination, network management, utilization management, credentialing and recredentialing, Member rights and responsibilities, **Member connections**, Medicaid benefits and services, contract management, program integrity, IT/data systems [includes claims processing, encounter data submission and reporting], finance, actuarial support, etc.), lines of reporting, and the physical location of staff and functional/program areas. The organizational chart must show the corporate structure and lines of responsibility and authority in the administration of the Offeror's business as a health plan. Include a description to supplement the chart.		
25.	RFP	Sect. 3.3.3 Sect. 3.4.2.3 Sect. 6	30 32 41	<u>Section 3.3.3 Technical Proposal Supporting Exhibits (final</u>	Given the following, please clarify what exhibit or exhibits are required or	If the Offeror intends to use a Subcontractor to fulfill any part of the response to technical responses, the Offeror's Technical Proposal

				paragraph) The electronic copies of 2the Technical Proposal Supporting Exhibits must include searchable PDF files or MS Word files of the entire Technical Proposal Supporting Exhibits. Exhibits must only be submitted for questions as specified in Section 6: Technical Proposal. Any exhibits submitted for questions that are not specified in Section 6 will not be considered. Section 3.4.2.3 The Technical Proposal Supporting Exhibits Electronic File Submission must include the following exhibit(s) if the Offeror intends to use a Subcontractor to fulfill any part of the response to technical questions: 1. Proposed Subcontractor Template (Appendix F) for each Subcontractor the Offeror intends to use	allowed to be provided in the Technical Proposal Supporting Exhibits file: • Section 3.3.3 says that "any exhibits submitted for questions that are not specified in Section 6 will not be considered." • Section 3.4.2.3 says that the Proposed Subcontractors Template (Appendix F) is required to be included in the Technical Proposal Supporting Exhibits file for each subcontractor the Offeror intends to use. • Other than the inclusion of Appendix F described in Section 3.4.2.3, it doesn't appear that any	Supporting Exhibits must include the completed Proposed Subcontractor Template (Appendix F) for each Subcontractor the Offeror intends to use. The Offeror may also submit a supporting exhibit in its response to Section 6, Technical Proposal, Question #8 (please see answer to Offeror Question #26). No additional exhibits are required or permitted to be included in the Offeror's Technical Proposal Supporting Exhibits Electronic File Submission.

					additional exhibits are specified in Section 6 as required or allowed to be included in the Technical Proposal Supporting Exhibits file. Are any additional exhibits required or allowed in the Technical Proposal Supporting Exhibits file?	
26.	RFP	Sect. 6, Q8	44	<u>Topic Area 3: Benefits/Services, Q8</u> Describe any value-added services the Offeror intends to offer members, including the target population, the scope of the benefit, including any limitations, the desired outcome of providing the value-added service, and how the Offeror will monitor and evaluate the effectiveness of value-added services.	Detailing the requested info for all VAS will require substantial space. Will HSD consider either removing the page limit for the VAS description within the response to question 8, or allow inclusion of the VAS description in an exhibit? (Note that this question also applies to CISC Technical proposal. See Offeror question #6 for a related question.)	Offerors may submit a supporting exhibit in their response to Question #8. The supporting exhibit included in the Technical Proposal Supporting Exhibits Electronic File Submission will not be counted toward the per topic area maximum page limits, but must not exceed three (3) pages for each value-added service. This correction has been made in Amendment #2 of Turquoise Care RFP #23-630-8000-0001.
27.	Technical RFP	Sect. 6, Q13	46	<u>Topic Area 5: Behavioral</u>	Comprehensive crisis models need	Contractors will not be responsible for managing non-Medicaid benefits, but Contractors will be

				Health Integration, Q13 13. Describe the Offeror's experience with and approach to creating and monitoring a comprehensive behavioral health crisis continuum that interfaces with other crisis resources and models to meet the needs of Members and the community twenty-four (24) hours a day, seven (7) days a week. Describe how the Offeror will measure and evaluate the effectiveness of its behavioral health crisis system.	to serve the entire community not limited to a payor. Does the state intend for the Offeror to manage state non-Medicaid funds as part of creating and monitoring the crisis model?	responsible for coordinating with non-Medicaid benefits, including crisis services.
28.	CISC Technical RFP	Sect. 3.3.5 Sect. 3.4.2.5 Sect. 7	31 33 51	Section 3.3.5 CISC Technical Proposal Supporting Exhibits (final paragraph) The electronic copies of the CISC Technical Proposal Supporting Exhibits must include searchable PDF files or MS Word files of the entire CISC Technical Proposal Supporting Exhibits. Exhibits must only be submitted for questions as specified in Section 7: CISC	Given the following, please clarify what exhibit or exhibits are required or allowed to be provided in the CISC Technical Proposal Supporting Exhibits file: • Section 3.3.5 says that "any exhibits submitted for questions that are not specified	If the Offeror intends to use a Subcontractor to fulfill any part of the response to CISC technical responses, the Offeror's CISC Technical Proposal Supporting Exhibits must include the completed Proposed Subcontractor Template (Appendix F) for each Subcontractor the Offeror intends to use. The Offeror may also submit a supporting exhibit in its response to Section 7, Child(ren) in State Custody (CISC) Technical Proposal, Question #5 (please see answer to Offeror Question #29). No additional exhibits are required or permitted to be included in the Offeror's CISC Technical Proposal Supporting Exhibits Electronic File Submission.

				Technical Proposal. Any exhibits submitted for questions that are not specified in Section 7 will not be considered. Section 3.4.2.5 The CISC Technical Proposal Supporting Exhibits Electronic File Submission must include the following exhibit(s) if the Offeror intends to use a Subcontractor to fulfill any part of the response to CISC technical questions: 1. Proposed Subcontractor Template (Appendix F) for each Subcontractor the Offeror intends to use	in Section 7 will not be considered." • Section 3.4.2.5 says that the Proposed Subcontractors Template (Appendix F) is required to be included in the CISC Technical Proposal Supporting Exhibits file for each subcontractor the Offeror intends to use. • Other than the inclusion of Appendix F described in Section 3.4.2.5, it doesn't seem that any additional exhibits are specified in Section 7 as required or allowed to be included in the CISC Technical Proposal Supporting Exhibits file.	

					Are any additional exhibits required or allowed in the CISC Technical Proposal Supporting Exhibits file?	
29.	CISC Technical RFP	Sect. 7, Q5	54	Topic Area 3: Network Development and Management and Benefit Package, Q5 5. Describe each of the value-added services the Offeror will provider to CISC Members. For each value-added service, include the: a. Service name; b. Service description, including any amount, scope or duration limitations and authorization requirements; c. Goals and objectives in providing the service, any geographical considerations, and how the value-added service will complement covered services; d. Eligibility criteria for receiving the value-added service; e. Projected number of members that will receive the service each	If some of the VAS described in the Technical Proposal are also applicable to the CISC Technical Proposal, can the CISC Technical Proposal reference those VAS in lieu of repeating the content in this question's response? (See Offeror question #3 for a related question.)	Offerors may submit a supporting exhibit in their response to Question #5. The supporting exhibit included in the Child(ren) in State Custody (CISC) Technical Proposal Supporting Exhibits Electronic File Submission will not be counted toward the per topic area maximum page limits, but must not exceed three (3) pages for each value-added service. This correction has been made in Amendment #2 of Turquoise Care RFP #23-630-8000-0001.

				year; and f. Type of provider or other entity that will provide the service.		
30.	CISC Technical RFP	Sect. 7, Q6	54, 55	Topic Area 4: Care Coordination, Q6. 6. Describe the Offeror's Care Coordination program for CISC Members. The Offeror must include, but is not limited to, the following in its response: a. Identification of the individuals and parties that may be involved with providing care coordination to CISC Members; the Offeror's approach to communicating and engaging with those parties; and how the Offeror will obtain the necessary consents and authorizations to facilitate such communications; b. A description of the Offeror's dedicated care coordination team and proposed caseload ratios, with supporting rationale, specific to CISC Members; c. A description of how the Offeror will	Would the state post in the bidder's library the most recent NM Family First Prevention Services Act Title IV-E 5-year plan?	The NM Family First Prevention Services Act Title IV-E plan is currently under federal review and is not available.

				coordinate care with both CYFD and HSD in complex cases; d. The Offeror's proposed approach for initial and ongoing training programs for care coordination staff, including how the Offeror will develop curriculum, document and track attendance, and evaluate post-training competencies; e. The coordination and completion of required assessments, and the Offeror's efforts to reduce duplication of assessments; f. The criteria that will be used to stratify CISC Members into care coordination levels and assign case coordinators; g. The approach to develop a Comprehensive Care Plan and the Offeror's experience with using the New Mexico Crisis Screening Tool (CAT) and Child and Adolescent Needs and Strengths (CANS) or similar tools to assist in		

				the development of the care plan; h. The Offeror's care coordination approach to ensure that enrollment changes do not negatively impact the continuity of care for CISC Members and that CISC Members have immediate access to care coordination and services upon entering into state custody; i. The Offeror's care coordination approach to transition planning and support for inpatient and placement discharges and age transitions; and j. How the Offeror will monitor, including the Full Delegation and Shared Functions Models of care coordination.		
31.	CISC Technical RFP	Sect. 7, Q6	54, 55	Same as above.	May HSD-designated CareLink providers provide delegated care coordination functions for members in CISC?	The State confirms that a Child(ren) in State Custody (CISC) member can receive care coordination through CareLink if the member is assigned to a Health Home.
32.	Contract	Introduction	5	This Agreement (the "Agreement" or the	Does including NM Children, Youth,	HSD will maintain direct oversight of the contract and compliance of MCOs contracted as Turquoise

				"Contract") is made and entered into by and between the New Mexico Human Services Department ("HSD"); the New Mexico Children, Youth, and Families Department ("CYFD"); the New Mexico Early Childhood Education and Care Department ("ECECD"); the New Mexico Behavioral Health Purchasing Collaborative (the "Collaborative"); and [SELECTED OFFEROR] ("CONTRACTOR"); and is to be effective upon signatures by all parties.	and Families Department, NM Early Childhood Education and Care Department as new signatories to the contract affect non-Medicaid reporting requirements, contract oversight, funding, or other requirements?	Care and Child(ren) in State Custody (CISC) Contractors. HSD will collaborate and work with other State parties on matters that are within the Scope of Work of the RFP and Model Contract, Appendix L.
33.	Contract	Sect. 4.8.8.3.1	156	The CONTRACTOR shall ensure that Member caseload of any PCP does not exceed on-thousand, five-hundred (1,500) Members per MCO. Exception to this caseload ratio may be made with HSD's prior written consent.	The Centennial Care contract permits a PCP caseload of 2,000 members per MCO. To support continuity of care and avoid disruption for members, please clarify if members with existing relationships with a given PCP will be grandfathered in accordance with	The State clarifies, as provided in section 4.8.8.3.1 of the Model Contract,Appendix L, the Contractor may request an exception to the PCP caseload ratio from HSD.

					the new Turquoise Care limitation.	
34.	Contract	Sect. 4.10.3.1.1	181	Unless otherwise noted in Section 4.10.3 of this Agreement, the CONTRACTOR shall reimburse all providers at or above the State Plan approved fee schedule.	How will compliance of 4.10.3.1.1 be measured for VBPs, APMs, and risk-based reimbursement? Would the state consider revising language to indicate this requirement applies to FFS reimbursement only?	The State clarifies that the Contractor must reimburse all providers at or above the State Plan approved fee scheduled for all services reimbursed at a fee-for-service payment methodology. For VBP, APM, and risk-based reimbursements, the Contractor must incorporate the "at or above" State Plan approved fee schedule into the Contractor's payment methodology and be able to account for the respective utilization and payment methodology to ensure that the requirement is met. This clarification has been made in Amendment #2 of Turquoise Care RFP #23-630-8000-0001.
35.	Contract	Sect. 4.10.3.10.1	184	HSD maintains a Preferred Drug List (PDL) for covered outpatient prescription drugs in certain therapeutic classes.	Will HSD convene a working group of HSD and the Turquoise Care MCOs to work through transition to the PDL including policy and operational requirements for implementation?	The State confirms that HSD will allow Contractor input in the Pharmacy & Therapeutics Committee.
36.	Contract	Sect. 4.10.3.10.1	184	Upon notice of any upcoming changes to HSD's PDL or prior authorization criteria, HSD will provide the CONTRACTOR at least thirty (30) Calendar Days advance notice to implement the updated	The current CMS requirement for DSNP formulary change notification to dually eligible members is 60 days. Will the state consider a longer notification period	See response to Offeror Question #22,

				PDL or prior authorization criteria on the effective date identified by HSD.	for updates to the PDL or prior authorization criteria?	
37.	Contract	Sect. 4.10.3.10.1 4.10.3.10.22	184 188	HSD maintains a Preferred Drug List (PDL) for covered outpatient prescription drugs in certain therapeutic classes. The CONTRACTOR shall adopt HSD's PDL and prior authorization criteria for all drug classes listed on HSD's PDL. Upon notice of any upcoming changes to HSD's PDL or prior authorization criteria, HSD will provide the CONTRACTOR at least thirty (30) Calendar Days advance notice to implement the updated PDL or prior authorization criteria on the effective date identified by HSD. When the CONTRACTOR removes drugs from its Formulary, or adds prior authorizations, quantity limits and/or step therapy restrictions on a drug, the CONTRACTOR shall provide Members with at least sixty (60)	Regarding contracting sections 4.10.3.10.1 and 4.10.3.10.22, we understand the State will provide at least 30 days advanced notice to the MCO's to implement any PDL, UM or PA changes. This conflicts with the mandated timeline to notify members in advance of the effective date of the change. Please clarify how CONTRACTORS are able to meet the 60-calendar day member notification requirement before the effective date of the PDL change.	See response to Offeror Question #22.

				Calendar Day notice before the effective date of the change.		
38.	Contract	Sect. 4.10.3.10.4	184	The CONTRACTOR shall not include any drugs on HSD's PDL in any other rebate arrangements.	Can the state clarify this requirement? Is the intent to prevent supplemental rebate agreements for any drugs on the PDL? At what level are rebate arrangements made (NDC, GPI)?	This will be discussed during Contract Negotiations.
39.	Contract	Sect. 4.10.3.10.4	184	The CONTRACTOR shall not include any drugs on HSD's PDL in any other rebate arrangements.	Please confirm the CONTRACTOR will continue the current supplemental rebate process for both drugs on the PDL and drugs on the Contractor's formulary?	See response to Offeror Question #38.
40.	Contract	Sect. 4.10.3.10.6	184	The CONTRACTOR shall ensure that drugs are dispensed in generic form unless otherwise required as brand on HSD's PDL or the prescriber has indicated in writing that the branded product is medically necessary. If a branded product is on HSD's PDL, the CONTRACTOR shall consider the generic	Will the preferred PDL be pursuing brand name rebates and prefer a brand name medication over its generic equivalent?	The State confirms brand name drugs may be preferred over generic drugs in certain situations.

				form non-preferred and shall not require the prescriber to indicate in writing that the branded product is medically necessary.		
41.	Contract	Sect. 4.10.3.10.11.1	185	The CONTRACTOR shall ensure payment to Independent Community based Pharmacies identified by HSD is no lower than the Medicaid fee schedule, inclusive of the ingredient cost and the professional dispensing fee.	Does the State have a fee schedule for retail Pharmacy drugs? What happens if the fee schedule is silent on the drug?	See response to Offeror Question #38.
42.	Contract	Sect. 4.10.3.10.11.1	185	The CONTRACTOR shall ensure payment to Independent Community-based Pharmacies identified by HSD is no lower than the Medicaid fee schedule, inclusive of the ingredient cost and the professional dispensing fee.	Could there be clarification around payments to pharmacies? How does the Medicaid fee schedule relate to MAC or NADAC or WAC+ 6%?	See response to Offeror Question #38.
43.	Contract	Sect. 4.10.3.10.11.2	185	The CONTRACTOR shall ensure payment to chain and other community-based pharmacies not identified as independent pharmacies is based on the Maximum Allowed Cost (MAC) for	Can HSD provide clarification or definition of "Community Based Pharmacies" "Independent Pharmacies" and "Independent Community Based Pharmacies"? Are	Closed-door pharmacies such as Mail Order Pharmacies, Specialty Mail Order Pharmacies, or long-term care (LTC) Pharmacies, are not considered community-based pharmacies and are not included in this requirement.

				ingredient cost generic drugs and is no lower than the current National Average Drug Acquisition Cost (NADAC) listed for the National Drug Code (NDC) for the drug item. Dispensing fees will be paid in accordance with the terms of the applicable pharmacies' contracts. When NADAC is not available, the MAC must be no lower than the published Wholesaler's Average Cost (WAC) listed for the NDC + 6%, The WAC must come from a published national pharmacy pricing source such as Medi-Span or First Data Bank that is not associated with the CONTRACTOR or the CONTRACTOR's PBM.	Mail Order and Specialty Pharmacies included in this requirement?	
44.	Contract	Sect. 4.10.3.10.11.2	185	The CONTRACTOR shall ensure payment to chain and other community-based pharmacies not identified as independent pharmacies is based on the Maximum Allowed Cost (MAC) for ingredient cost generic	Currently NADAC only applies to the "Community" pharmacies defined by HSD. Is the intent to apply NADAC to all contracted pharmacies and not allow MAC negotiations if they	Any Maximum Allowed Cost (MAC) used for generic drug reimbursement may not be lower than the current NADAC for the same drug item. This requirement applies to community pharmacies, but does not apply to closed-door pharmacies such as mail order pharmacies.

				drugs and is no lower than the current National Average Drug Acquisition Cost (NADAC) listed for the National Drug Code (NDC) for the drug item. Dispensing fees will be paid in accordance with the terms of the applicable pharmacies' contracts. When NADAC is not available, the MAC must be no lower than the published Wholesaler's Average Cost (WAC) listed for the NDC + 6%, The WAC must come from a published national pharmacy pricing source such as Medi-Span or First Data Bank that is not associated with the CONTRACTOR or the CONTRACTOR's PBM.	are a lower rate than NADAC?	
45.	Contract	Sect. 4.24.2	304	Enrollment of CISC recipients	Please describe the process and financial responsibilities for CISC Members transitioning to the CISC Contractor effective 01/01/24, including the required length of any existing authorizations for	Transition details will be discussed after contracts are awarded for Turquoise Care MCO RFP #23-630-8000-0001.

					services for higher levels of care (e.g., inpatient, RTC in and out-of-state).	
46.	Contract	Sect. 6.4	317	The Capitation Payments made by HSD to the CONTRACTOR are based on the Capitation Rates for the Members enrolled with the CONTRACTOR. The Rate Cohorts designate the Covered Services and/or population characteristics (age/gender/geography) of the Capitation Rate.	When will the CY 2024 Technical Proposal and CISC Proposal rates be provided?	See response to Offeror Question #15.
47.	Contract	Sect. 6.4	317	The Capitation Payments made by HSD to the CONTRACTOR are based on the Capitation Rates for the Members enrolled with the CONTRACTOR. The Rate Cohorts designate the Covered Services and/or population characteristics (age/gender/geography) of the Capitation Rate.	Apart from risk adjustment, will all MCOs receive the same rate? If not, how will rates for each MCO be determined?	As described in Section 3 of the Data Book Narrative, each Contractor will be reimbursed for its long-term services and supports (LTSS) nursing facility level of care (NF LOC) members through a blended payment rate based on the projected proportion of its NF and community benefit members, which is specific to each Contractor. See also Section 6.4.3 of the Model Contract, Appendix L. The State has not yet determined if the rate cohorts will include any other adjustments that are specific to each Contractor.
48.	Contract	Sect. 7.2.10	336	The CONTRACTOR shall spend no less than ninety percent (90%) of net Medicaid line of business Net Capitation Revenue on direct medical expenses on an	How will sub-capitated medical arrangements be reflected in the MLR calculation? How will VBPs be	As stated in Section 7.2.10.1 of the Model Contract, Appendix L, the Medical Loss Ratio (MLR) calculation standards must be consistent with 42 C.F.R. § 438.8, which describes the required MLR elements. Further MLR guidance is provided in sub-regulatory guidance, including

				annual basis. HSD reserves the right, in accordance with and subject to the terms of this Agreement, to reduce or increase the minimum allowable for direct medical services over the term of this Agreement provided that any such change: (i) shall only apply prospectively; (ii) shall exclude any retroactive increase to allowable direct medical services; and (iii) shall comply with State and federal law. The MLR calculation and definitions for its calculation are separate from the underwriting gain limitation outlined in Section 7.2.1-7.2.2.4 of this Agreement.	reflected in the MLR calculation?	the CMCS Information Bulletins dated May 15, 2019 and June 5, 2020. Contractors must report expenditures associated with both sub-capitated and VBP arrangements accurately in accordance with CMS requirements at 42 C.F.R. § 438.8 and sub-regulatory guidance, including the CMCS Information Bulletins dated May 15, 2019 and June 5, 2020.
49.	Data Book Exhibits	CISC tabs	2A	Encounter Summary PH (CISC)	It is our understanding that CISC includes COEs 017, 037, 046, 047, 066, 086. Does this represent all members transitioned to CISC?	See response to Offeror Question #23.
50.	Data Book Narrative	Sect. 3	10	Risk Mitigation and Withholds	Would the state consider implementing a	The State does not anticipate implementing a short-term risk corridor or other risk mitigation

					short-term risk corridor or other risk mitigation mechanism for pharmacy costs following PDL implementation until post-implementation data is available for capitation rate development?	mechanism related to the implementation of the Preferred Drug List (PDL).
51.	Data Book Narrative	Sect. 3	10	Risk Mitigation and Withholds	Would the state consider implementing a short-term risk corridor or other risk mitigation mechanism for the CISC population until post-implementation data is available for capitation rate development?	The State does not anticipate implementing a short-term risk corridor or other risk mitigation mechanism related to the Child(ren) in State Custody (CISC) population.
52.	Data Book Narrative	Sect. 3	9	-- Sub-capitated and/or globally capitated reimbursement arrangements.	Can Mercer provide additional detail on how capitated arrangements are reflected in the data book and what adjustments it intends to make in the rate development process?	Centennial Care 2.0 MCOs are required to submit claims for all provider payment arrangements, including sub-capitated arrangements. Accordingly, the Turquoise Care Medicaid Managed Care Request for Proposals RFP#23-630-8000-0001 Data Book Exhibits reflect expenses associated with sub-capitated arrangements.
53.	Data Book Narrative	Sect. 3	9	-- Drug utilization	Please explain how Mercer intends to	Mercer includes preferred drug list (PDL) considerations in our pharmacy efficiency

				management edits; -- Avoidable costs for drug utilization due to reimbursement inefficiencies	adjust the experience data for these items given the change to PDL management.	methodology. For the Maximum Allowed Cost (MAC) analysis, brands preferred on the PDL are removed from the MAC analysis, as well as generics that are expected to move to brand. For the remaining pharmacy efficiencies, including drug utilization management edits, Mercer may make adjustments to be reflective of the State's policy and PDL requirements.
54.	Model Contract	4.4.9.6.4	99	The CONTRACTOR shall ensure the Member's care coordinator is actively involved with the CYFD PPW for PS involved children and youth, juvenile probation officer or juvenile facility staff for JJS involved youth, and BHS community behavioral health clinician for CYFD involved children/youth, provided that CYFD informs the CONTRACTOR of the assigned CYFD lead worker.	Can HSD confirm that the children and youth engaged with a juvenile probation officer or juvenile facility will be assigned to the CISC program, and not the main Medicaid program?	If a Medicaid eligible, justice involved youth is also in CYFD custody, then the youth is Child(ren) in State Custody (CISC) and will be enrolled in the CISC Contractor. However, if the justice involved youth is not in CYFD custody then the youth is not CISC and would not be enrolled in the CISC Contractor.
55.	Model Contract	Model Contract 7.3.3.6.7	343	Failure to comply with the requirements for arranging for a Member to receive care outof-state as described in Sections Error! Reference source not found. and Error! Reference source not found. of this Agreement.	Can the state provide the intended langauge for Model Contract 7.3.3.6.7 Program Issues #2 relating to out of state care for Members, along with the Penalty assigned, given that there appears to be	The State clarifies that the systems error message resulted when the Microsoft Word version of the **Turquoise Care Medicaid Managed Care Request for Proposals (RFP #23-630-8000-0001) Appendix L Model Contract** was converted to a pdf document. The intended language can be found in the Word version of the Microsoft Word version of the **Turquoise Care Medicaid Managed Care Request for Proposals (RFP #23-630-8000-0001) Appendix L Model Contract** https://www.hsd.state.nm.us/2022-turquoise-

				Up to two percent (2%) of the CONTRACTOR's monthly Capitation Payment for each month that HSD determines that the CONTRACTOR is not in compliance with the requirements of Sections Error! Reference source not found. and Error! Reference source not found. of this Agreement. HSD will determine the specific percentage of the capitation penalty based on the severity or…	a typo, e.g., "Sections Error!", in both provisions.	care-mco-rfp-procurement-library/ that is available on HSD's online procurement library, https://www.hsd.state.nm.us/2022-turquoise-care-mco-rfp-procurement-library/
56.	RFP and Bonfire Submission System	3.3 Electronic Submission and Formatting Requirements	29	The Offeror's proposal must be organized and electronically submitted in five (5) separate electronic file submissions as follows: • one (1) electronic file submission for the Mandatory Requirements; • one (1) electronic file submission for the Technical Proposal; • one (1) electronic file submission for the Technical Proposal Supporting Exhibits; • one (1) electronic file	Per RFP Section 3.3 Electronic Submission and Formatting Requirements, the Offeror must submit in five separate electronic files. However, the Bonfire online submission system lists areas for individual uploads of each Mandatory Requirements, Technical Proposal un-redacted/Technical	Bonfire has been modified to reflect the electronic file submission requirements in Section 3.3 of the RFP.

				submission for the CISC Technical Proposal; and one (1) electronic file submission for CISC Technical Proposal Supporting Exhibits.	Proposal redacted versions, and CISC Technical Proposal/CISC Technical Proposal un-redacted and Technical Proposal redacted versions. Please confirm the Offeror should upload the Mandatory Requirements as outlined on the Bonfire Submission System and not as one seperate electronic file as outlined in Section 3.3 of the RFP. In addition, please confirm multiple files for the Technical Proposal and Technical Proposal Exhibits/CISC Proposal and CISC Technical Proposal Exhibits are to be uploaded utilizing the area identified on Bonfire with multiple files allowed.	
57.	RFP	1.7, #8	12	An Offeror must disclose to HSD its relationship to other	Can you please confirm that Appendix A,	The State clarifies that the Offeror's Disclosure of Contractor Relationships (Appendix A of the RFP) must be included as part of the Mandatory

				entities contracting with the State, noting all entities, organizations and contractors doing work for both the State and the Offeror, and the nature of that work. Offerors must use the format provided in the Disclosure of Contractor Relationships form (Appendix A) and submit this information in the Exhibits Electronic File Submission.	Disclosure of Contractor Relationships, is to be included in the Exhibits Electronic File Submission? RFP §§ 3.4.2.3 and 3.4.2.5 do not list Appendix A for inclusion in either the Technical Proposal Supporting Exhibits Electronic File Submission or the CISC Technical Proposal Supporting Exhibits Electronic File Submission.	Requirements Electronic File Submission, RFP Section 3.4.2.1. This clarification has been made in Amendment #2 of Turquoise Care RFP #23-630-8000-0001.
58.	RFP	3.2, #3	28-29	3. Be printed in font size twelve (12) point Times New Roman (smaller font is permissible for charts, diagrams, graphics, and similar visuals);	HSD requires us to use 12-point Times New Roman font. For headers/footers, may we use a smaller, readable font size?	Yes, Offerors may use a smaller, readable font size in the headers and footers. Headers and footers do not need to be in 12 point Times New Roman.
59.	RFP	3.3	29-30	The Offeror's proposal must be organized and electronically submitted in five (5) separate electronic file submissions as follows: • one (1) electronic file submission for the Mandatory	Can the State confirm that the redacted version of the proposal must be organized and submitted in five separate electronic files as required for the original/unredacted	The State has amended Section 3.3 to clarify that all Offerors must submit redacted/public versions of each of the five (5) separate electronic file submissions of proposals and documents in order to facilitate the potential eventual public inspection of the non-confidential version of the Offerors' proposals. This correction has been made in Amendment #2 of Turquoise Care RFP # 23-630-8000-0001.

				Requirements; • one (1) electronic file submission for the Technical Proposal; • one (1) electronic file submission for the Technical Proposal Supporting Exhibits; • one (1) electronic file submission for the CISC Technical Proposal; and • one (1) electronic file submission for CISC Technical Proposal Supporting Exhibits … . … If Offeror's proposal contains confidential information, as defined and detailed in Section 2.3.8, the Offeror must submit two (2) additional separate electronic file submissions: • One (1) electronic file submission of the unredacted version for evaluation purposes; and • One (1) electronic file submission of the	version of the proposal and in alignment with the Bonfire submission directions?	

				redacted version for the public file, in order to facilitate the potential eventual public inspection of the non-confidential version of Offeror's proposal. Redacted versions must be clearly marked as "REDACTED" or "CONFIDENTIAL" on the first page of the electronic file. Each electronic file submission must prominently identify the title of the submission on the file name and the front page of each uploaded submission as specified below.		
60.	RFP	Section 6: Technical Proposal; Section 7 CISC Proposal	41; 51	The Technical Proposal must be labeled "Technical Proposal in Response to RFP #23-630-8000-0001" and contain the Offeror's response to each of the questions in this Section. For each question, the Offeror must start a new page and include both the number of the question, the text of the question, and then provide the response.	We are required to include the text for each question, which will count towards page limits. The current requirement is to use 12-point Times New Roman font. Will HSD allow a smaller, readable font size for the text of the question?	No, Offerors may not use a smaller font size for the restated RFP question. The text of each question must be in 12 point Times New Roman. See also response to Offeror Question #4.

				The CISC Technical Proposal must be labeled "CISC Technical Proposal in Response to RFP #23-630-8000-0001" and contain the Offeror's response to each of the questions in this section. For each question, the Offeror must start a new page and include both the number of the question, the text of the question, and then provide the response.		
61.	RFP	Section 6, Question #10	45	10. Describe the Offeror's strategies for outreaching and engaging Members in Care Coordination, including: a. Members who are pregnant or post-partum; b. Members with behavioral health conditions; c. Members who are elderly or disabled and in need of LTSS; d. Members who are justice-involved; e. Members who are Native American; f. Members with significant intellectual	Can HSD confirm that Question 10.h. intends to encompass all "Members in out-of-home or out-of-state placements," which include "Members who do not speak English (e.g., Native American languages, Spanish) or have other communication needs (e.g., TTY, augmentative communication devices)" or if these Member populations should	The State clarifies that in Question #10 under Topic Area 4: Care Coordination, "Members who do not speak English (e.g., Native American languages, Spanish) or have other communication needs (e.g., TTY, augmentative communication devices)" should be subsection i, and the following subsections relettered to be j, k, and l. This correction has been made in Amendment #2 of Turquoise Care RFP # 23-630-8000-0001.

				and developmental disabilities; g. Members who are homeless, precariously housed, and/or transient; h. Members in out-of-home or out-of-state placements; Members who do not speak English (e.g., Native American languages, Spanish) or have other communication needs (e.g., TTY, augmentative communication devices); i. Members who are difficult to contact or choose not to engage; j. Adolescents transitioning to adulthood; and k. Members residing in rural and/or frontier areas of New Mexico.	be separated into two distinct groups: "10.h.i. Members in out-of-home or out-of-state placements" and "10.h.ii. Members who do not speak English (e.g., Native American languages, Spanish) or have other communication needs (e.g., TTY, augmentative communication devices)"?	
62.	Data Book	Section 1.9	14	A data book summarizing MCO encounter data for CY2019-CY2021 and supplemental narrative is available through Bonfire and the Procurement Library. Offerors are encouraged	Will you confirm if the data book exhibits are inclusive of GRT, Vaccination Act, and/or performance based payments to VBC providers?	The Turquoise Care Medicaid Managed Care Request for Proposals RFP#23-630-8000-0001 Data Book Exhibits include the claim costs that are negotiated between providers and the Centennial Care 2.0 MCOs. Costs reimbursed to providers that are separate from claims are not included in the Turquoise Care RFP #23-630-8000-0001 Data Book Exhibits.

				to review the exhibits contained in the data book.	Additionally, does the Data Book exhibits include the data for a single PDL?	
63.	RFP	Section 5.7	39	A statement of whether there is any pending or recent (within the past five [5] years) litigation against the Offeror where the amount in controversy or the damages sought or awarded is one (1) million or more. This includes, but is not limited to litigation involving the failure to provide timely, adequate, or quality health care services. If there is pending or recent litigation against the Offeror, the Offeror must describe the litigation and the damages being sought or awarded and the extent to which an adverse judgment is/would be covered by insurance or reserves set aside for that purpose. If there has been a judgment against the Offeror, the Offeror must provide the details of the	Similar to the paragraph above whereby the State confines the reporting of litigation against the Offeror where the amount in controversy or the damages sought or awarded is one (1) million or more, can the State confirm that Offerors should report Directed Corrective Action Plans as related to an agreement with each State for only those matters that resulted in $1 million or more in sanctions, fines or penalties?	The Offeror is required to include all Directed Corrective Action Plans within the past five (5) years, regardless of the amount of any associated sanction, fine, or penalty.

				judgment and whether the judgment will affect the Offeror's solvency and/or impair the Offeror's ability to perform under the Model Contract (Appendix L). If applicable, the Offeror must include any Securities Exchange Commission (SEC) filings discussing any pending or recent litigation. The statement must also include Directed Corrective Action Plans within the past five (5) years to include, but is not limited to, matters involving the failure to provide timely, adequate, or quality health care services due to deficiencies in performance of contractual requirements related to an agreement with each State.		
64.	RFP	3.4.1	31	The first page in each electronic file submission must be the table of contents. It must contain a list of all sections of the proposal in the electronic file submission and the	Will HSD allow Offeror's to place a cover title page as page one of each electronic file with the table of contents following on page 2?	No, the Offeror must not include a cover title page as page one of each electronic file submission. The first page of each electronic file submission must be the table of contents. However, the Offeror may include the title on the same page as the table of contents.

				corresponding page numbers. The table of contents in the electronic file must be linked to appropriate sections in the proposal		
65.	RFP	3.2	28	The Offeror's proposal must comply with the following formatting requirements: Written using an 8.5" x 11" page size;	Will HSD allow Offeror's to use a larger page size for organizational charts for ease of review since the submission is electronic only?	The Offeror may use a larger page size for the organizational chart or diagram required as part of the Proposal Summary and Offeror Information required in Section 5.14.6 of the RFP. The Offeror may not use a larger page size for any other part of its proposal.
66.	RFP	3.3	29-30	The Offeror's proposal must be organized and electronically submitted in five (5) separate electronic file submissions as follows: 1. one (1) electronic file submission for the Mandatory Requirements; File Name: Mandatory Requirements in Response to RFP # 23-630-8000-0001	The requirement in the RFP is requesting a single combined PDF of the Mandatory requirements but the Bonfire procurement site is requesting separate PDFs for each of the 13 mandatory items. 1. Please confirm that Offeror's should load each of the 13 Mandatory Requirements separately. 2. Please confirm that HSD does not want a complete combined PDF of all	See the response to Offeror's Question #56.

					mandatory items. 3. If it is HSD's intention to request a combined PDF of all mandatory items, will HSD provide the option on Bonfire for the full PDF of the Mandatory electronic file?	
67.	Contract	4.2.5	75	Auto-assignment during the initial open enrollment period for Turquoise Care will be determined by HSD	Will HSD guarantee a minimum level of initial enrollment for Turquoise Care MCOs? Alternatively, will HSD provide the highest proportion of auto assignment to any MCO whose membership falls below a certain percentage of total MCO enrollment? The addition of a new MCO and/or the removal of an incumbent MCO could cause significant population shifts. Guaranteeing a minimum level of enrollment for each Turquoise Care MCO is especially	As stated in section 4.2.5.2 of the Model Contract, Appendix L, auto-assignment during the initial open enrollment period for Turquoise Care will be determined by HSD. Following the initial open enrollment period for Turquoise Care, the auto-assignment algorithm default logic will consider one (1) or more of the following factors: (i) Member experience based upon Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results and (ii) MCO enrollment size and financial viability. The State reserves the right to modify the auto-assignment methodology at its discretion at any time.

					important due to the increased minimum MLR requirements, as smaller plans will generally have higher administrative costs per member.	
68.	Contract	7.2	330	Entire section	Will Mercer consider the impacts of the Underwriting Gain Limitation and Medical Loss Ratio when developing the capitation rates to ensure the rates are reasonable given these limitations and risks? The combination of an MLR limitation and underwriting gain limitation may impact the actuarial soundness of the rates.	The Minimum Medical Loss Ratio (MLR) and Underwriting Gain Limitation will be considered when developing capitation rates.
69.	Contract	6.4	317	HSD is exploring changes to the Rate Cohort structure which may include but is not limited to: the implementation of a per-delivery maternity payment separate from monthly Capitation	Could HSD provide more insight into what rate cohorts may be consolidated?	The State is exploring the possibility of consolidating existing Rate Cohorts to simplify payment streams. The State is considering various consolidations, including consolidating the existing physical health (PH) rate cohorts into the rate cohorts used in risk adjustment.

				Payments, consolidation of existing Rate Cohorts, and/or modifications to risk adjustment.		
70.	Contract	4.10.3.10.4	184	The CONTRACTOR shall not include any drugs on HSD's PDL in any other rebate arrangements	Can HSD share what the State's formulary strategy will be for the single PDL, or could HSD share a proposed version of the PDL within Turquoise Care? Will HSD focus on the lowest unit cost formulary strategy to continue the 90% use of generics as stated in the HSD presentation in the LHHS Hearing on 8/10/2022? Shifting to a single PDL may cause MCOs to lose rebates on certain brand drugs, potentially increasing costs.	The State's formulary strategy will be to ensure the best possible combination of access and value for members and HSD and will consider clinical efficacy, safety, and cost net of federal and State supplemental rebates. In some cases, brand products may be lower net cost and preferred over generic alternatives. Contractors may not negotiate for or collect rebates for any drug that is part of the State's preferred drug list (PDL).
71.	RFP	6.4.10 (h)	45	h. Members in out-of-home or out-of-state placements; Members who do not speak English (e.g., Native American languages, Spanish) or have other communication needs (e.g., TTY, augmentative	Please confirm that HSD intended "Members who do not speak English…" to be a separate subquestion, i.e. letter "i.". Please confirm that this change will cascade	See response to Offeror Question #61.

				communication devices);	to the subsequent letters.	
72.	RFP	3.3	29	The Offeror's entire proposal must be submitted electronically via Bonfire, which can be accessed at **New Mexico Human Services Department (bonfirehub.com).** Offerors must register with Bonfire in order to log in and submit proposals.	In order to ensure that files are not blocked during upload by our security software, can you please provide the root amazon web service site address so we can ensure that the root site is on our list of approved sites for file sharing?	Please review the Bonfire article that covers the network permissions needed for Bonfire's full functionality at this link: Which domains and email addresses should be whitelisted in order to access Bonfire from my secure institution?
73.	RFP	6.05.14 b.		Describe the strategies and process the Offeror will use to: Build behavioral health capacity through tele-behavioral clinical supervision	It is our understanding that, per licensing board requirements, clinical supervision for unlicensed behavioral health providers must be face to face. Can HSD provide examples of behavioral health provider types that permit tele-behavioral clinical supervision?	The State confirms that virtual clinical supervision is permitted. Please refer to the Clinical Implementation Guide at this link: https://www.hsd.state.nm.us/wp-content/uploads/APPENDIX-EE.pdf
74.	Contract	4.10.3.10.4	184	The CONTRACTOR shall not include any drugs on HSD's PDL in any other rebate arrangements	Can HSD share a draft of the upcoming statewide PDL? This would help us understand	HSD will share a draft at a later date.

					potential impacts to our current contracts and pharmacy reimbursement arrangements.	
75.	RFP	3.2	28	3. Be printed in font size twelve (12) point Times New Roman (smaller font is permissible for charts, diagrams, graphics, and similar visuals);	Please confirm that tables are considered “charts, diagrams, graphics, and other similar visuals”.	Tables are not exempt from the font requirement and must be in 12 point Times New Roman.
76.	Contract	4.8.8.5.13	158	For Behavioral Health crisis services, face-to-face appointments shall be available within ninety (90) minutes of the request;	Please confirm that telehealth appointments will meet the face-to-face requirement.	The State confirms that telehealth may be used to meet face-to-face appointment standards for Behavioral Health Crisis services. Please refer to New Mexico Telehealth Act 24-25-4.