



Response to Vendor Questions for RFI for Healthcare Guides

1) Are the responses to the RFIs regarded by NMHIX as applications for funding? Is the RFI a planning step and will an RFP follow, or will contracts be awarded on the basis of this RFI?

Response: The RFI will provide the basis for selection of contractors; due to the required timeframe for training, outreach and education, and enrollment, an RFP process is not anticipated. The NMHIX may issue additional RFIs if the responses to this RFI do not provide for comprehensive Healthcare guide programs reaching all areas of the state and all populations..

2) The RFI envisions two or more lead organizations that would subcontract with others. Has the NMHIX already identified the lead organizations?

Response: The NMHIX has not identified the lead organizations.

3) If the respondent to the RFI would like to propose to be a lead organization, does the respondent need to identify all of the subcontractors for this RFI?

Response: The majority of the subcontractors should be identified to provide NMHIX with sufficient information to understand the capacity of the respondent; in some cases a lead organization may need to add additional subcontractors after a contract is awarded.

4) If the respondent to the RFI would like to be a subcontractor, does the respondent need to identify its lead organization?

Response: In general, lead organizations should respond rather than subcontractors. In some cases, there may be responders that have special capabilities to serve certain populations or geographical areas or who have some other special capability yet they do not want to be a lead organization. The NMHIX encourages partnerships that will result in the most cost-effective and efficient system for Healthcare Guides. The NMHIX is committed to ensuring that all geographic areas and populations are reached with Healthcare Guide services.

5) To maximize statewide reach for a specific subpopulation which may have mobility concerns, will structured assistance and enrollment by telephone satisfy the requirements of this RFI? Similarly, must healthcare guide services be delivered physically in-person or is telephonic guidance permitted?

Response: Although telephone guidance will be permitted, each lead organization respondent must have capability to deliver services in-person, not just over the telephone.

6) Is this RFI geared toward a healthcare guide “master organization” or is this RFI seeking information from smaller community groups/agencies/organizations seeking to assist people in enrollment?

Response: As stated in the RFI, the NMHIX contracting with two or more umbrella entities to develop Navigator/Assister programs and implement comprehensive outreach, education, and enrollment strategies. It is assumed that these umbrella entities will utilize subcontractor organizations to provide a comprehensive Healthcare Guide program. It is also assumed that some separate contracts may be needed to provide services to specialized populations or certain geographic areas. Groups other than umbrella entities may respond. As the NMHIX reviews the responses it may be appropriate to link smaller respondents to potential umbrella entities to provide for a comprehensive system. In some cases the NMHIX may contract directly with smaller organizations to ensure the Healthcare Guide system reaches all areas and all populations of the state.

7) If an organization or group of organizations does not send in information about their capacity to provide these services through the RFI, will they be precluded from responding to any final request for proposal?

Response: Please see question 1.

8) Will funding decisions be made on the basis of the response to this RFI?

Response: Please see question 1.

9) Will funding or contracts be awarded on the basis of this RFI?

Response: Please see question 1.

10) Will there be a separate RFP for healthcare guide services?

Response: Please see question 1.

11) The RFI does not request cost proposals and does not include any indication of what criteria or factors other than cost will be used to determine which entities will be selected for contracts to provide Healthcare Guide services. Since the exchange is exempt from the state Procurement Code and is not following it for this procurement, there appears to be little guidance available to prospective offerors. What criteria will the exchange use to make this determination, and are there weighting factors or a specific range of possible points associated with the various components of an organization's response to the RFI?

Response: The NMHIX is developing criteria to evaluate responses. The NMHIX goal is to have a cost-efficient and effective Healthcare Guide system that can be developed and implemented in the required timeframe to reach all geographic areas and all populations.

12) It appears to be the intent of the exchange primarily to contract with two or more "umbrella" organizations, which would in turn subcontract with other organizations to collectively provide outreach, education and in-person enrollment assistance. If a potential subcontractor is or will be affiliated with a potential umbrella organization, is that potential subcontractor required also to submit a response to this RFI, or is it sufficient simply to include a brief summary of the partner organizations, as indicated in item 11 on page 6 of the RFI? Since virtually all of the questions that must be addressed in the RFI appear to be specifically applicable (only) to the applying umbrella agency and not the partners, the latter approach would not appear to provide sufficient information to the reviewers about the collective capacity and practices of the network created by the umbrella organization and its partner subcontractors.

Response: Potential subcontractors are not required to submit a response to the RFI. Any lead organization responding should adequately describe the proposed subcontractors and partnering organizations. The NMHIX may request additional information on proposed subcontractors if sufficient information is not provided. If the responses received do not address all geographic areas and all populations, the NMHIX plans to reach out to additional organizations to ensure a comprehensive system.

13) Will the organizations that are selected to serve as umbrella organizations have an opportunity to add additional subcontractors, other than those listed in the response to this RFI, after the selection is made, in order to strengthen or expand their network?

Response: See question 3.

14) Other than the possibility of a separate contract for a specific target population or geographic area, is there any point or incentive to respond to this RFI for a community organization interested in providing Healthcare Guide service but not currently affiliated with a potential umbrella organization and not interested in serving as an umbrella organization?

Response: See question 6.

15) The RFI indicates (p. 2) that “some separate contracts may be needed to provide services to specialized populations or certain geographic areas”. It also states that there is an assumption of an average of two hours for each enrollment and an average cost of \$50 per enrollment. However, providing services exclusively to a more “challenging” target population or geographic area may require a higher payment rate in recognition of the greater expertise of the staff needed and a greater amount of average time taken to address the specific needs and issues of the group or area served. If the review of responses to the RFI leads the exchange to determine that some such separate contracts are needed, will there be a second RFI or RFP issued soliciting proposals to targeted groups or geographic areas, or will such contracts only be completed with entities that respond to the current RFI? If there will be separate contracts for this purpose, will these be contracts directly between the exchange and specific additional organizations, or will these be additional subcontracts that the selected umbrella organizations will be directed (and funded) to negotiate? Will the exchange take higher levels of need into account in determining the rates and amounts of payments provided for services to target populations or geographic areas, either for subcontractors to umbrella organizations or in separate contracts?

Response: Given the required timeframe for activities to result in the ability to start enrollment in October, the NMHIX anticipates making the majority of the contract awards on the basis of responses to this RFI. It is possible an additional RFI may be necessary based on responses to this RFI. If an additional RFI is required it is possible that there would be contracts directly with additional organizations or through the umbrella entities. The NMHIX will take into consideration a number of factors in determining payment for all contracts. The NMHIX is committed to ensuring that all geographic areas and populations are reached with Healthcare Guide services. Also see question 6.

16) Is the RFI looking for just a few regional entities, with some other contractors to apply to niche populations or for numerous local organizations to cover the State? Specifically, would it be possible for Rio Arriba County's Health and Human Services Dept. to submit an application for its own residents, exclusively? And if so, would that application be viewed on equal par with other more regional applications?

Response: See question 6.

17) On page two the last paragraph indicates two types of "Navigator" entities are required one of which must be a community and consumer focused nonprofit group. The other can be a number of other organizations including an agent or broker. However on page 6 under ELIGIBILITY: #3 indicates Broker or Agents receiving compensation directly or indirectly from insurance carrier are not permitted to submit. If a Broker or Agency receives compensation from insurance companies but does not receive compensation from any "Medical" plans (BCBS; Lovelace; Presbyterian etc.) is that firm still not permitted to submit?

Response: Brokers and agents may be navigators but only if they cease to receive commissions or other fees from Health Plans. At this time, the NMHIX does not intend to contract directly with brokers or agents utilizing federal Exchange grant funds.

18) In the RFP on page 2, bullet 2, it states: "...25 percent time to be allocated to outreach and 75 percent to enrollment; average cost per enrollment of \$50, and 15 percent management/oversight costs for the two entities to ensure effective and efficient program implementation...." Is this 15% on top of the \$50 per enrollment (total of \$57.50), or is it included in the \$50?

Response: In the conceptual system envisioned in the May 15 grant submission, the 15 percent management/oversight costs would be in addition to the \$50 per enrollment.

19) The RFI states NMHIX envisions a preliminary model that was proposed in the May 15, 2013 Level One Grant application and is based on a per enrollment figure of \$50.00 plus 15% management and oversight. If this model were to be implemented at the above rate, does NMHIX envision paying 15% to each entity \$7.50 or a total of 15% which would equate to \$3.75 per enrollee based on the above assumptions .

Response: In the conceptual system envisioned in the May 15 grant submission, the 15 percent management/oversight costs would be in addition to the \$50 per enrollment and would be paid to each umbrella entity. It is envisioned that the 15 percent would be calculated as an add-on to the total amount for enrollments and outreach.

20) How will "enrollment credit" be generated? For example if a Healthcare Guide spends considerable time guiding a client and then the client decided to enroll and choose a plan at home will the Healthcare Guide get credit when the customer enrolls.

Response: Details of the enrollment system are still being finalized. The NMHIX will work with selected umbrella organizations to implement a system that recognizes time spent with clients.

21) The Umbrella organization and its potential partners and subcontractors must hire Healthcare Guides by August 15th (presumably), insure they are trained by NMHIX in September, begin enrollment in October, propose a plan to deliver the required services through July 15, 2014. Open Enrollment presumably will take place between October 1, 2013 - March 31, 2014. How are applicants and their partners and subcontractors expected to advertise, conduct the hiring process, orient new employees, send them to training, provide computer equipment, pay the Healthcare Guides in August and September, and maintain an adequate level (or some level of staffing to provide required services subsequent to the (presumed) end of the open enrollment period? Is this projected to be financed by the enrollment fee of \$50 and/or the overhead?

Response: The NMHIX acknowledges the ambitious timeframe. While some new hires will be needed, it is envisioned that some organizations may have existing staff that may be assigned to Healthcare Guides as part of their duties. The NMHIX will work with the selected umbrella organizations to ensure adequate resources for timely implementation.

22) You mention that Healthcare Guides "must assist customers with opening or accessing an account with NMHIX (p.4 Bullet 3). Will either or both of these actions be tracked by the system and will either or both result in credit for an enrollment?

Response: Details of the enrollment system are still being finalized. The NMHIX will work with selected umbrella organizations to implement a system that recognizes time spent with clients.

23) Will the customer service center do enrollments or "walk and talk" the people through the enrollment process on the customers computer as many software or service providers do?

Response: Such a system is envisioned as the NMHIX implements the IT platform for the individual enrollment process.

24) You state Healthcare Guides will make referrals to NMHIX Customer Service, Brokers, etc. (P.4 Bullet 9) Again if the Healthcare Guide has spent significant time with the Customer will they receive enrollment credit?

Response: Details of the enrollment system are still being finalized. The NMHIX will work with selected umbrella organizations to implement a system that recognizes time spent with clients.

25) Under what circumstances might a Healthcare Guide refer a customer to a broker? Will there be any requirement that customers be informed prior to enrollment that they can or have the right to be enrolled by a broker. (particularly important if the Healthcare Guide is forfeiting "credit")

Response: Healthcare Guide authority is limited to informing and educating members on available plan and rates. When the member requests a plan recommendation, the guide would refer the member to a broker.

26) Healthcare Guides are responsible for maintaining expertise about NMHIX programs and certification and accurately tracking and recording activities (p4 Bullets 12-13). Is there any estimate of the time requirement for these duties and have they been factored into the estimate 2 hours per client enrollment outreach?

Response: Information from other states indicates enrollments may take between 20-120 minutes. The NMHIX will work with selected umbrella organizations to implement a system that recognizes time required for training and administrative activities.

27) Is there any estimate of the number of hours of required training and associated testing for certification? Will training be delivered in person or via internet or both?

Response: It is estimated that a minimum of 30 hours of training will be required initially and additional training may be required. It is anticipated that the majority of the training will be delivered via the internet.

28) In number 5 the applicant must estimate number of customers served from July 15, 2013 - July 15, 2014. Should those estimates be based on the assumption that open enrollment ends March 31, 2013?

Response: Yes.

29) Does NMHIX have any data or projection regarding how Wednesday July 3rd's government decision to delay the business coverage mandate will the impact enrollment?

Response: The NMHIX does not have any specific data on the July 3 decision; it is not anticipated to adversely impact NMHIX enrollment.

30) Will there be a mandate that individuals be covered or otherwise penalized? If there is no requirement for individual coverage, the requested estimate will have to be significantly reduced. In the assumed scenario where administration and management of the program is funded through enrollment, the ability to sustain a competent and responsive administrative infrastructure may be severely compromised.

Response: The NMHIX is not aware of any plans to eliminate the individual mandate.

31) Question 5 asks how the applicant would ensure Healthcare Guides meet certification requirements. Is there any information on certification requirements? If a prospective guide fails to pass the certification test would they be required to go through the training a second time?

Response: The NMHIX is in the process of developing certification requirements. It is anticipated a guide would be allowed to retake the test without going through a second round of training.

32) If enrollment closes March 31, 2013 what services may Healthcare Guides be expected to deliver during the interim period and how are umbrellas and partners/subcontractors expected to support them?

Response: The NMHIX envisions that Healthcare Guides would continue to do some enrollments during the interim period as well as continue to do outreach and education. It is envisioned that umbrella organizations would provide ongoing administrative and coordination support as well as function to disseminate information from the NMHIX to health care guides.

33) Will NMHIX maintain a "help desk" for Healthcare Guides to answer questions generated in the field regarding the enrollment process for consumers and Healthcare Guides or is the Umbrella responsible for this function, or is this function available through the NMHIX Customer Service Center?

Response: It is envisioned that initial questions will be fielded by the umbrella entity and if it is not resolved at that level it would be referred to the NMHIX Customer Service Center.

34) NMHIX or the federal Government will maintain the Enrollment Management information system. The applicant is required to meet federal and state standards requiring protection of confidential information. Is it expected that all information will reside on the "host" system? Will NMHIX maintain a help desk and support for IT and connection issues experienced by the Healthcare Guides?

Response: The NMHIX is currently working with contractors and the federal government and partners on details of the IT systems. NMHIX will maintain a help desk and support for IT and connection issues experienced by the Healthcare Guides.

35) Is there a physical address to hand carry the RFI response or to send via overnight mail? If not, is a postmark before July 15 sufficient or does it need to be physically in your office on the 15th? We are waiting on an MOU with a partnering agency that won't be signed until the 11th and we are concerned regarding getting the hard copies to you via overnight or hand delivery without a physical address.

Response: RFI responses may be sent to the following physical address: 506 Agua Fria Street Santa Fe, NM 87501.