



State of New Hampshire
Department of Health and Human Services

REQUEST FOR PROPOSALS

FOR

Medicaid Care Management Services
RFP-2024-DMS-02-MANAG

RELEASE DATE: September 8, 2023



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Dear Prospective Respondent:

The New Hampshire Department of Health and Human Services (DHHS) is soliciting proposals from qualified organizations to arrange physical health, behavioral health, and pharmacy services for eligible and enrolled Medicaid participants through New Hampshire's Medicaid managed care program, known as *New Hampshire Medicaid Care Management (MCM)*. The awarded Respondent's contractual obligations, including readiness review, will become effective on the date the Governor and Executive Council approve the executed MCM Contract. Managed Care Organizations (MCOs) will begin providing services to Members on the Program Start Date, September 1, 2024 and continue through the contract term of August 31, 2029.

The aim of the procurement is to promote optimal health and equitable access to services by better integrating physical and behavioral health care through a more meaningful and holistic role of Providers in the delivery of care in the MCM Program.

Key program objectives of the procurement include: 1) patient-centric Provider relationships developed through primary care delivery and preventive services, 2) increased focus on priority populations such as infants, children and youth engaged with the Division for Children Youth and Families, infants with Neonatal Abstinence Syndrome, among other populations, 3) enhanced efforts to ensure safe and effective use of medications, 4) strengthened alignment of Community Mental Health Center funding with existing State behavioral health investments, 5) improved reliability and safety of Medicaid non-emergency medical transportation, and 6) strengthening the full potential of program integrity functions to ensure appropriate use of Medicaid dollars.

DHHS expects to select three (3) MCOs willing to work responsively with the State, Providers, and Members to provide high-quality, integrated health care on a statewide basis. The Executive Summary contained within this request for proposal (RFP) provides an overview of key provisions of Appendix F: Draft MCM Model Contract that reflect the priorities of DHHS, and described in further detail throughout the RFP, Appendix F: Draft MCM Model Contract, and other State policy documents.

MCOs will arrange for the provision of services to approximately 180,000-190,000 MCM Members determined by DHHS to be eligible for managed care, including pregnant women, children, non-elderly, non-disabled adults under the age of 65, and individuals who are aged, blind or disabled, among others, as described in Appendix F: Draft MCM Model Contract. MCOs will cover State Plan acute care, behavioral health, and pharmacy services for all Members, and work with DHHS to support individuals who have health-related social needs.

Respondents are expected to identify ways in which they will meet or exceed MCM Program requirements and goals by offering innovative strategies for building on authentic patient/provider relationships with an emphasis on primary care prevention and provider-delivered care coordination to effectively reduce future illness burden and improve population health in every county of the State.

Specific instructions and details for the State's solicitation and selection process are included in this RFP. Respondents are expected to review the Appendix F: Draft MCM Model Contract subject to further development during the procurement process to inform their understanding of the MCM Program and requirements for participation. Respondents must routinely check the New Hampshire procurement website for RFP updates, including addenda and other notices.

A Letter of Intent, for Vendors who intend to submit a Response to this RFP, is mandatory. The Letter of Intent must be signed by an authorized representative of the Vendor organization and submitted by the date as specified in Subsection 1.3, Procurement Timetable.



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A Mandatory Respondent Conference will be held on September 21, 2023, at 2:00 p.m. ET, in Concord, NH. The Respondent Conference will serve as an opportunity for Respondents to express their interest and ask questions of DHHS staff concerning the requirements of the RFP. Conference Respondents must pre-register (see RFP, Subsection 4.2, Respondents Conference, for more details).

Sincerely,

Lori A. Weaver
Commissioner,
NH Department of Health and Human Services



1. INTRODUCTION

1.1. Introduction

The New Hampshire Department of Health and Human Services, Division of Medicaid Services (“DHHS” or “Department”) is seeking responses to this Request for Proposals (RFP) from organizations to provide health care services to eligible and enrolled Medicaid participants through New Hampshire’s Medicaid managed care program, known as New Hampshire Medicaid Care Management (MCM).

The Department anticipates awarding multiple contracts for the services in this solicitation.

1.2. Key Information

The information in the table below is as anticipated by the Department. All information is subject to change contingent upon the availability of funds, and/or approval by the Governor and Executive Council.

<p>Contract Effective Date</p>	<p>Contractual obligations, including readiness review, will become effective on the date the Governor and Executive Council approve the executed MCM Contract or health maintenance organization (HMO) licensure in the State of New Hampshire or whichever is later. The Program Start Date shall begin on September 1, 2024, and the Contract term will continue through August 31, 2024, subject to the approval of the Governor and Executive Council. The MCO’s participation in the MCM Program is contingent upon the MCO’s successful completion of the contract readiness review period, as determined by DHHS. The MCO is solely responsible for the cost of all work during the readiness review and undertakes the work at its sole risk. If DHHS determines that any MCO will not be ready to begin providing services on the MCM Program Start Date, September 1, 2024, at its sole discretion, DHHS may withhold enrollment and require corrective action or terminate the Contract.</p>
<p>Contract End Date</p>	<p>August 31, 2029</p>
<p>Point of Contact</p>	<p>Marsha M. Lamarre, Contract Specialist Marsha.M.Lamarre@dhhs.nh.gov 603-271-9780</p>
<p>From the date of release of this solicitation until an award is made and announced regarding the selection of a Vendor, all communication with personnel employed by or under contract with the Department regarding this solicitation is prohibited unless first approved by the Point of Contact listed above. Department employees have been directed not to hold conferences and/or discussions concerning this solicitation with any potential contractor during the selection process, unless otherwise authorized by the Point of Contact. Vendors may be disqualified for violating this restriction on communications.</p>	



1.3. Procurement Timetable

All times are according to Eastern Time. The Department reserves the right to modify these dates and times at its sole discretion.		
Item	Action	Date
1.	DHHS Issues RFP for Respondent Response	09/08/2023
2.	Mandatory Letter of Intent	09/18/2023
3.	Mandatory Respondent Conference <i>(for Respondents only)</i> Pre-Registration is Required <i>Location:</i> DHHS Brown Building Auditorium 129 Pleasant Street Concord, NH <i>(Remote option available for registered Respondents.)</i> <i>See Subsection 4.2 for more details.</i>	09/21/2023 2:00 PM EST
4.	Respondent RFP Questions Due	10/02/2023
5.	DHHS Issues Answers to Respondent Questions	10/12/2023
6.	Respondent Proposals Due	10/30/2023 2:00 PM EST
7.	Respondent Structured Oral Presentations (format and schedule as determined by DHHS)	11/16/2023 (to be scheduled by DHHS)
8.	Contract Discussions with Selected Respondent(s)	11/20/2023 – 12/11/2023
9.	MCO Contract Execution	12/11/2023
10.	DHHS Seeks Governor and Executive Council Approval of MCO Contract	01/2024
11.	Contract Effective Date and Readiness Review Period	Effective Upon Governor and Executive Council
12.	MCM Contract Start Date	09/01/2024

1.4. Terminology

- 1.4.1. All Definitions included in the Appendix F: Draft MCM Model Contract apply to this RFP. In addition, the following definitions apply:
 - 1.4.1.1. **Respondent/Responder** means an organization submitting a proposal in response to the RFP.
 - 1.4.1.2. **Requests for Proposals (RFP)** means an invitation to submit a proposal to provide specified goods or services, where the particulars of the goods or services and the price are proposed by the Respondent and, for proposals meeting or exceeding specifications, selection is



according to identified criteria as provided by RSA 21-I:22-a and RSA 21-I:22-b.

- 1.4.1.3. **State Fiscal Year (SFY)** means the term that begins July 1 and ends the following June 30.
- 1.4.1.4. **Vendor/MCO.** The Vendor/MCO means the contractor with whom DHHS will enter into a contract.
- 1.4.1.5. **Technical Proposal/Technical Components of the RFP** means the Respondent's response to questions and other requested information included in Appendix D, Mandatory Responses to Technical Components).
- 1.4.1.6. **Cost Proposal/Cost Components** of the RFP means the Respondent's response to questions in response to questions and other requested information included in Appendix E, Mandatory Responses to Cost Components.

2. BACKGROUND

2.1. Executive Summary

2.1.1. MCM Program Background

2.1.1.1. DHHS first transitioned to Medicaid managed care and began operation of the MCM Program in December 2013. Currently, under the MCM Program, New Hampshire currently has full-risk, capitated contracts with three (3) MCOs that cover the physical health, behavioral health, and nearly all pharmacy services for approximately 180,000-190,000 Standard Medicaid and Granite Advantage Health Care Program (Medicaid expansion) Members.

2.1.1.2. Upon Contract approval by the Governor and Executive Council and successful completion of readiness review with DHHS, selected MCOs will begin delivering services on September 1, 2024, and will cover acute care, behavioral health, and pharmacy services for eligible children and adults enrolled in New Hampshire's Medicaid program. The MCM Program does not include Long Term Services and Supports (LTSS) (e.g., nursing home and Home and Community Based Services (HCBS) waiver services and supports), Developmental Disability and Acquired Brain Disorder services, or New Hampshire Division of Children, Youth, and Families (DCYF) Medicaid services. All of those services will continue to be offered through fee-for-service (FFS) outside of the MCM Program, as will all services for select MCM exempt populations as described in Appendix F: Draft MCM Model Contract.

2.1.2. Population Overview

2.1.2.1. Coverage in the MCM Program is available to individuals who meet specific income thresholds and other eligibility criteria, including: pregnant women, children, parents/caretaker relatives, non-elderly, non-disabled adults under age sixty-five (65), individuals who are Aged, Blind or Disabled, among others, as further outlined in Figure 1 below.



2.1.2.2. Figure 1. MCM Program Population Overview (July 1, 2023)

Figure 1 - Eligibility Category	Current Members
Low-Income Children–Children’s Health Insurance Program (CHIP) (Age 0-18)	85,204
Foster Care, Former Foster Care & Adoption Subsidy (Age 0-25)	2,851
Children With Severe Disabilities (Age 0-18)	1,016
Low-Income Non-Disabled Adults, Former Foster Care (Age 19-64)	12,131
Low-Income Pregnant Women	1,762
Adults With Disabilities (Age 19-64)	15,327
Elderly & Elderly With Disabilities (Age 65+)	9,016
Granite Advantage Health Care Program (Age 19-64)	62,355
Total Enrollment	189,662

2.2. Goals of the MCM Program

- 2.2.1. DHHS is committed to advancing MCM Program performance and will use the RFP process to select MCOs committed to working with DHHS to provide high-quality, high-value care to New Hampshire residents. Appendix F: Draft MCM Model Contract, attached to this RFP, describes in detail the specific requirements and expectations of MCOs.
- 2.2.2. New Hampshire’s objectives in the upcoming procurement include the following:
 - 2.2.2.1. Patient and Provider centric approach to care delivery and preventive services with introduction of a Primary Care and Preventive Services Model of Care built on authentic patient/provider relationships and provider-delivered care coordination supported by MCO analytics;
 - 2.2.2.2. Increased focus on priority populations, including:
 - 2.2.2.2.1. Individuals who have required an inpatient admission for a behavioral health diagnosis within the previous 12 months;
 - 2.2.2.2.2. Infants, children and youth who are involved in the State’s child welfare system, Division for Children Youth and Families (DCYF), including those in foster care and who have elected voluntary services;
 - 2.2.2.2.3. Babies experiencing low birth weight and/or neonatal abstinence syndrome (NAS); and
 - 2.2.2.2.4. Individuals who are incarcerated and eligible for participation in the Department’s Community Reentry demonstration program, pending CMS approval.
 - 2.2.2.3. Safe and effective use of medications, while providing access to new therapies;
 - 2.2.2.4. Strengthened alignment of the State’s Community Mental Health Center funding with existing behavioral health investments;
 - 2.2.2.5. Focused MCO-Delivered Care Management services for priority populations;



- 2.2.2.6. Improved reliability, quality and safety of Non-Emergency Medical Transportation (NEMT) services with elevated standards and remedies applied to the MCOs’ performance of broker and transportation provider oversight; and
- 2.2.2.7. Expanded efforts to ascertain the full potential of program integrity functions with expanded use of MCO incentives and remedies tied to key quality and performance metrics.
- 2.2.3. DHHS is soliciting Proposals from qualified Respondents to enter into fully capitated, risk-based contracts to administer the MCM Program. DHHS plans to enter into a contract with selected MCOs to provide Covered Services to Members from September 1, 2024 through August 31, 2029. All terms and conditions in Appendix F: Draft MCM Model Contract will be finalized. MCOs shall be required to adhere to all requirements included in the final MCM Contract. The rates will be re-established annually and as needed, subject to CMS approval pursuant to 42 CFR 438.6. Modifications will be issued on an as needed basis.

2.3. Overview of Key MCM Model Contract Components

2.3.1. Figure 2 below provides an executive summary description of key MCM Program requirements further outlined within Appendix F: Draft MCM Model Contract. Respondents are required to demonstrate capabilities to perform all requirements included in Appendix F: Draft MCM Model Contract and not just those listed in Figure 2 below.

2.3.2. Figure 2. Overview of Key Appendix F: Draft MCM Model Contract components

Component	MCM Model Contract Section	Description
Primary Care and Prevention Focused Model of Care, Including Provider-Delivered Care Coordination	4.10 and 4.11.7	<ul style="list-style-type: none"> • The Primary Care and Prevention Focused Model of Care reflects the State’s longitudinal interest in Members’ long-term health and delivery of coordinated, whole-person care • Primary care payment and incentives to develop meaningful relationships with Members to foster longitudinally beneficial medical and behavioral health care • Financial payment and incentives for medical providers to facilitate completion of Member annual health risk assessments, wellness visits, and appropriate preventive screenings; and conduct care coordination • Payments to primary care providers and community pharmacists to conduct comprehensive medication reviews to support appropriate pharmaceutical use among children and adults
MCO-Delivered Care Management for Required Priority	4.11.2	MCOs retain responsibility for delivering Care Management services to targeted priority populations (i.e., DCYF-involved infants/children/youth, infants with low birthweight and/or neonatal abstinence syndrome, previously incarcerated population, and Members discharged from a behavioral health



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Populations		hospital admission)
Integrated Pharmacy Benefit Management	4.2	<ul style="list-style-type: none"> • Increased provider capabilities for reimbursable medication review activities • DHHS overview of Polypharmacy review and prior authorization criteria • Member incentives for engagement in medication review • High-cost pharmacy risk pool across MCOs that allocates funding based on high cost pharmacy claims • Consideration for a single Pharmacy Benefit Manager (PBM) in contract year four to help reduce Provider and Member abrasion and maximize supplemental rebates
Alignment of Community Mental Health Center (CMHC) Funding	4.13.1 9.1.1	<ul style="list-style-type: none"> • Strengthen the community mental health delivery system through financial and operational alignment within the MCM Program • Restructure Community Mental Health Center (CMHC) capitation design to ensure funding intended for investment in the State's mental health delivery system reaches the front line • Alignment of Behavioral Health partners through a State-defined, standardized contract between the MCOs and CMHCs • Anticipated improved access to care and a higher level of performance within the community mental health system
Improved Reliability and Safety of Non-Emergency Transportation Services	4.1.9	<ul style="list-style-type: none"> • Increased oversight of MCO transportation broker subcontracts • NEMT driver requirements to use GPS • Elevated standards and remedies for MCO oversight of NEMT brokers and transportation providers • New MCO Key Personnel transportation broker management position • Heightened MCO financial incentives and penalties to increase reliability, safety, quality and access



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Capture the Full Potential of Program Integrity Functions	5.3	<ul style="list-style-type: none"> Enhanced comprehensive fraud prevention and detection systems including compliance plans, audit plans, data analytics, claims edits, site visits, and service verification Thorough investigation to ensure well-substantiated case referrals to the Medicaid Fraud Control Unit (MFCU) at NH's Attorney General's Office Advanced statistical analysis and methods to identify suspicions of fraud with a focus on provider types recommended for review by the Office of Inspector General (OIG)
Additional Program Features	4.1.3.5	<ul style="list-style-type: none"> Use of In Lieu of Services to support individuals with health-related social needs
	4.16	<ul style="list-style-type: none"> Streamlined and standardized Alternative Payment Model approach
	3.9.1.4	<ul style="list-style-type: none"> Reserved opportunity to establish a Medicare Advantage (Part C) Dual-Eligible Special Needs Plan (D-SNP)
	4.3.4.2	<ul style="list-style-type: none"> Performance-based auto-assignment to award membership to MCOs who meet or exceed program quality metrics

3. PROPOSAL EVALUATION CRITERIA

3.1. Technical Proposal/Components Evaluation Criteria

- 3.1.1. The contents of the Respondent's Technical Proposal will be worth one thousand five hundred ten (1,510) points of the two thousand one hundred sixty (2,160) total potential evaluation points. The topic areas included in Figure 3 (Technical Proposal Evaluation Criteria) below will be scored as part of the Respondent's Technical Proposal and the weights indicated will be applied to DHHS's assessment of the Technical Proposal.
- 3.1.2. The weights are further broken down in Appendix D, Mandatory Responses to Technical Components, in line with the questions posed to the Respondent.
- 3.1.3. Figure 3. Technical Proposal Evaluation Criteria

Figure 3 - Technical Proposal Evaluation Criteria	
Appendix D – Mandatory Responses to Technical Components Section(s)	Assigned Weight (out of 1,510 possible points)
1. Organization Overview and Overview of Relevant Experience	50
2. Subcontractors	50
3. Covered Populations and Services	140
4. Pharmacy Management	200
5. Member Enrollment and Disenrollment	30
6. Member Services	20
7. Access	30



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8. Utilization Management	50
9. Primary Care and Prevention Focused Model of Care	200
10. Care Coordination and Care Management	300
11. Behavioral Health (including Mental Health, Substance Use Disorder, and Integration with Physical Health Services)	200
12. Quality Management	50
13. Alternative Payment Model (APM)	50
14. Claims Quality Assurance and Reporting	50
15. Oversight and Accountability	40
16. Third Party Liability/Coordination of Benefits	50

- 3.1.4. The Respondent's Technical Proposal must address the Respondent's relevant experience, where applicable, and how that experience is to be applied in the covered areas. Generally speaking, scoring will be awarded based on:
- 3.1.4.1. The completeness and quality of the response to each specific prompt included in Appendix D, Mandatory Responses to Technical Components and Appendix D-1, Technical Component Templates; and Appendix E, Mandatory Responses to Cost Components and Appendix E-1, Cost Component Templates, of this RFP;
 - 3.1.4.2. The degree to which the response demonstrates an ability to meet or exceed the requirements of the MCM Program, including those requirements set forth in Appendix F: Draft MCM Model Contract;
 - 3.1.4.3. The degree to which the response demonstrates a thorough and thoughtful understanding of the specific needs of the Members described and included in the scope of this RFP and in Appendix F, Draft MCM Model Contract; and
 - 3.1.4.4. The level of innovation and types of innovative approaches to service delivery described in the response; and the alignment of the response with DHHS's priority areas.
- 3.1.5. The Respondent's Technical Proposal is expected to identify ways in which the Respondent will meet or exceed MCM Program requirements and goals outlined in the RFP and Appendix F: Draft MCM Model Contract by offering innovative strategies for building on authentic patient/provider relationships with an emphasis on primary care prevention and provider-delivered care coordination to effectively reduce future illness burden and improve population health.
- 3.1.6. The Respondent must respond to the questions in a manner that addresses and supports the requirements of Appendix F: Draft MCM Model Contract. A simple restatement of the RFP or the MCM Model Contract language shall not be considered an acceptable response. Appendix F: Draft MCM Model Contract is subject to revision by DHHS during the course of the procurement and negotiations, which will result in the final MCM contracts with the Contracted Vendors.
- 3.1.7. The Respondent's response to the RFP mandatory questions shall reflect an understanding of all other Appendices to the RFP including Appendix F: Draft MCM



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Model Contract, as well as DHHS’s Medicaid waivers and demonstrations¹ and Medicaid State Plan amendments.²

3.1.8. Technical Proposal Special Instructions and Page Limits

3.1.8.1. The Respondent shall comply with the Technical Proposal Page Limits and Special Instructions as provided in Figure 6 below (in response to the mandatory questions included in Appendix D, Mandatory Responses to Technical Components).

3.1.8.2. The Respondent may append any requested tables, flow charts, diagrams, and graphics. If Respondent chooses to append these materials, the materials must be clearly labeled and cross-referenced in the Respondent’s proposal, and displayed in the Proposal Table of Contents (as described in Subsection 6.1, Technical Proposal Contents, of this RFP).

3.1.8.3. Headers/footers and restating of RFP questions may be included using font size 10.

3.1.8.4. Appropriately appended materials will not count toward the assigned Page Limit, including but not limited to, those indicated under “Special Instructions” in Figure 4 below.

3.1.8.5. Figure 4. Special Instructions and Page Limits for Technical Proposal

Figure 4 - Special Instructions and Page Limits for Technical Proposal			
RFP Section	RFP Section Name	Page Limit	Special Instructions (if applicable)
6.1.2.1.	Proposal Table of Contents	No limit	
6.1.2.2	Transmittal Cover Letter and Vendor Information	3	
Appendix B, Transmittal Letter and Vendor Information, Section 4.	Executive Summary of Proposal	5	
Appendix D, Section 1.	Organization Overview and Relevant Experience	5	Organizational chart, resumes, position qualifications and staffing plan may be appended to the Response and will not count toward the indicated page limit.

¹ <https://www.dhhs.nh.gov/programs-services/medicaid/medicaid-waivers-demonstrations>

² <https://www.dhhs.nh.gov/programs-services/medicaid/medicaid-state-plan>



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Appendix D, Section 2.	Subcontractors	3	Sample reports and signed letters of commitment referenced in this Section may be appended to the Response and will not, in that case, count toward the indicated page limit
Appendix D, Section 3	Covered Populations and Services	5	Procedural codes or other identifying information related to any Respondent-offered discretionary service may be appended to the Response and will, in that case, not count toward the page limit.
Appendix D, Section 4	Pharmacy Management	5	
Appendix D, Section 5	Member Enrollment and Disenrollment	3	
Appendix D, Section 6	Member Services	3	
Appendix D, Section 7	Access	3	
Appendix D, Section 8	Utilization Management	5	To meet the requirements outlined, the Respondent may append a table that will not count toward the page limit.
Appendix D, Section 9	Primary Care and Prevention Focused Model of Care	10	
Appendix D, Section 10	Care Coordination and Care Management	10	
Appendix D, Section 11	Behavioral Health (including Mental Health, Substance Use Disorder, and Integration with Physical Health Services)	10	



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Appendix D, Section 12	Quality Management	5	To meet the requirements outlined, the Respondent may append a table that will not count toward the page limit.
Appendix D, Section 13	Alternative Payment Model (APM)	5	To meet the requirements outlined, the Respondent may append a table that will not count toward the page limit.
Appendix D, Section 14	Claims Quality Assurance and Reporting	5	The requested flow chart (Q69), Encounter Data reports (Q71 and Q72), and policies and procedures (Q74) may be appended to the Response and will, in that case, not count toward the indicated page limit.
Appendix D, Section 15	Oversight and Accountability	10	To meet the requirements outlined (Q75), the Respondent shall append tables that will not count toward the page limit.
Appendix D, Section 16	Third Party Liability	5	To meet the requirements outlined (Q81 and Q82), the Respondent shall append tables that will not count toward the page limit.

3.2. Cost Components Evaluation Criteria

- 3.2.1. The contents of the Respondent’s mandatory responses to the Cost Components of the RFP will be worth six hundred fifty (650) points of the two thousand one hundred sixty (2,160) potential evaluation points. The topic areas included in Figure 5 (Cost Components Evaluation Criteria) below, will be scored and the weights indicated will be applied to DHHS’s assessment of the Cost Components of the Respondent’s Proposal.
- 3.2.2. The Respondent must use the Appendix G-1 Cost Development: SFY 2023, and Appendix G-2 Cost Development: Rate Year 2024, MCM Program Capitation Rate Reports provided by DHHS to help inform its responses to the questions posed in Appendix E, Mandatory Responses to Cost Components and Appendix E-1, Cost Component Templates, of the RFP.
- 3.2.3. Figure 5. Cost Components Evaluation Criteria



Figure 5 - Cost Components Evaluation Criteria	
Appendix E – Mandatory Responses to Cost Components Section(s)	Assigned Weight (out of 650 possible points)
1. Managed Care Savings Opportunities (Questions 1 through 13)	125
2. MCO Administrative Expenses and Efficiencies (Questions 14 through 22)	400
3. Program Integrity – Fraud, Waste, and Abuse (Questions 23 through 24)	62
4. Third Party Liability, Coordination of Benefits, and Cost Avoidance (Questions 25 through 27)	63

3.2.4. Cost Proposal Special Instructions and Page Limits

3.2.4.1. The Respondent shall comply with the Page Limits and Special Instructions provided in Figure 6 below in its Cost Proposal (in response to questions included in Appendix E, Mandatory Responses to Cost Components).

3.2.4.2. The Respondent may append any requested tables, flow charts, diagrams, and graphics. If the Respondent chooses to append these materials, the materials must be clearly labeled and cross-referenced in the Respondent’s proposal, and displayed in the Proposal Table of Contents (as described in Subsection 6.2, Cost Proposal Contents, of this RFP). Appropriately appended materials will not count toward the assigned Page Limit, including but not limited to, those indicated under “Special Instructions” in Figure 6 below.

3.2.4.3. Figure 6. Special Instructions and Page Limits for Technical Proposal

Figure 6 - Special Instructions and Page Limits for Cost Proposal			
Section	RFP Section Name	Page Limit	Special Instructions (if applicable)
Appendix E, Section 1	Managed Care Savings Opportunities	8	
Appendix E, Section 2	MCO Administrative Expenses and Efficiencies	5	To meet the requirements outlined, the Respondent shall append tables that will not count toward the page limit.
Appendix E, Section 3	Program Integrity – Fraud, Waste, and Abuse	0	To meet the requirements outlined, the Respondent shall append tables only.
Appendix E, Section 4	Third Party Liability (TPL), Coordination of	0	To meet the requirements outlined,



Figure 6 - Special Instructions and Page Limits for Cost Proposal			
Section	RFP Section Name	Page Limit	Special Instructions (if applicable)
	Benefits (COB), and Cost Avoidance		the Respondent shall append tables only.

- 3.2.5. The Department must receive email and paper submissions by the date and time specified in the Procurement Timetable in Subsection 1.3, and in the manner specified or submission may be rejected as non-compliant, unless waived by the Department as a non-material deviation.
- 3.2.6. The Department will conduct an initial content review upon receipt of proposal to verify Vendor compliance with the contents required for this Solicitation. The Department may waive or offer a limited opportunity for a Vendor to cure immaterial deviations from the Solicitation requirements if deemed to be in the best interest of the Department.
- 3.2.7. Late submissions not accepted will remain unopened. Disqualified submissions will be discarded. Submission of solicitation responses shall be at the Vendor's expense.

4. SOLICITATION RESPONSE PROCESS

4.1. Letter of Intent

- 4.1.1. A Letter of Intent to submit a Response to this solicitation is mandatory and must be submitted by the date and time as specified in Subsection 1.3, Procurement Timetable.
- 4.1.2. Receipt of the Letter of Intent by Department will be required to receive electronic notification of any solicitation amendments, in the event such are produced; any further materials on this project, including electronic files containing tables required for response to this solicitation; any addenda, corrections, or schedule modifications; notifications regarding any informational meetings for Vendors; or responses to comments or questions.
- 4.1.3. The Letter of Intent, on Vendor Letterhead, must be transmitted by email to the Procurement Point of Contact identified in Subsection 1.2, Key Information, by the date as specified in Subsection 1.3 Procurement Timetable, and must include:
 - 4.1.3.1. Vendor name;
 - 4.1.3.2. Telephone number,
 - 4.1.3.3. Mailing address; and
 - 4.1.3.4. Email address of the Vendor's designated contact.
- 4.1.4. Notwithstanding the Letter of Intent, Vendors remain responsible for reviewing the most updated information related to this solicitation before submitting a response.
- 4.1.5. **Note:** Proposals received from Vendors who do **not** submit a mandatory Letter of Intent will not be opened or considered by the Department.



4.2. Respondents Conference

- 4.2.1. A mandatory Respondents Conference, limited to Vendors who submit a signed Letter of Intent in accordance with Subsection 4.1 will be held on the date and time, and at the location, as specified in Subsection 1.3, Procurement Timetable.
- 4.2.2. The Respondents Conference will serve as an opportunity for Respondents to ask specific questions of State staff concerning the technical requirements of the solicitation as specified in Appendix H, Technical Requirements Workbook.
- 4.2.3. Attendees must pre-register for the Respondents Conference by emailing the Procurement Point of Contact identified in Subsection 1.2, Key Information as soon as possible, and no later than September 20, 2023. Please specify if you will be attending in person or remotely. The Procurement Point of Contact will email a link to the conference.

4.3. Questions and Answers

- 4.3.1. Vendors' Questions
 - 4.3.1.1. The Department will accept questions from only those Vendors who have submitted a Letter of Intent by the deadline identified in Subsection 1.3, Procurement Timetable, as follows:
 - 4.3.1.1.1. Questions about this Solicitation including, but not limited to, requests for clarification, additional information or any changes to the Solicitation must be made in writing, via email, citing the Solicitation page number and section, subsection, etc., and submitted to the Contract Specialist identified in Subsection 1.2, Key Information.
 - 4.3.1.2. The Department may consolidate or paraphrase questions for efficiency and clarity. Questions that are not understood will not be answered. Statements that are not questions will not receive a response.
 - 4.3.1.3. The questions must be submitted by email; however, the Department assumes no liability for ensuring accurate and complete email transmissions.
 - 4.3.1.4. Questions must be received by the Department by the date identified in Subsection 1.3, Procurement Timetable.
 - 4.3.2. Department Responses
 - 4.3.2.1. The Department intends to issue responses to properly submitted questions by the date specified in Subsection 1.3, Procurement Timetable, which is subject to change at the Department's discretion. All oral answers given are non-binding. Written answers to questions received will be posted on the Department's website at (<https://www.dhhs.nh.gov/doing-business-dhhs/contracts-procurement-opportunities/open-requests-proposals>).
 - 4.3.3. Exceptions
 - 4.3.3.1. The Department will require the successful Vendor to execute a contract using the Form P-37, General Provisions and Standard Exhibits, which are attached as Appendix A. To the extent that a Vendor believes that exceptions to Appendix A will be necessary for



the Vendor to enter into a Contract, the Vendor must note those exceptions during the Question Period as specified in Subsection 1.3, Procurement Timetable.

- 4.3.3.2. **Note:** Vendors may not request exceptions to the RFP companion documents or attachments, including Appendix F: Draft MCM Model Contract. **In no event is a Vendor to submit its own standard contract terms and conditions as a replacement for the Department's terms in response to this Solicitation.**
- 4.3.3.3. The Department will review requested exceptions and accept, reject or note that it is open to negotiation of the proposed exception at its sole discretion in its response to Vendor questions.
- 4.3.3.4. Any exceptions to the Form P-37 General provisions and Standard Exhibits not raised by a Vendor during the Question and Answer Period may not be considered.

4.4. Solicitation Amendment

- 4.4.1. The Department reserves the right to amend this Solicitation by publishing any addenda, as it deems appropriate, prior to the Submission Deadline on its own initiative or in response to issues raised through Vendor questions. In the event that an addendum is published, the Department, at its sole discretion, may extend the Submission Deadline.

5. SOLICITATION RESPONSE SUBMISSION INSTRUCTIONS

5.1. Submission Format

- 5.1.1. Respondents are expected to examine all documentation and other requirements provided and/or referenced by the Department. Failure to observe the terms and conditions in completion of the Proposal are at the Respondent's risk and may at the discretion of the State result in disqualification of the Proposal for non-responsiveness.
- 5.1.2. Proposals must conform to all instructions, conditions, and requirements included in the RFP.
- 5.1.3. Acceptable Proposals must offer all services identified in Appendix F: Draft MCM Model Contract, and the conditions specified throughout the RFP.
- 5.1.4. Responses to this Solicitation must be submitted electronically via email and via paper copy, as follows:
 - 5.1.4.1. **Electronic Email Submission:**
 - 5.1.4.1.1. Email submission to rfx@dhhs.nh.gov, AND to the Procurement Point of Contact at the email address specified in Subsection 1.2, Key Information.
 - 5.1.4.1.2. The subject line must include the following information: **RFP-2024-DMS-02-MANAG (email xx of xx).**
 - 5.1.4.1.3. The maximum size of file attachments per email is 25 MB. Submissions with file attachments exceeding 25 MB must be sent via multiple emails.



- 5.1.4.1.4. Technical and Cost Proposal sections must be clearly identified and separated by an electronic “page break” or be submitted as separate electronic files.
- 5.1.4.2. **Paper Copy Submission:**
 - 5.1.4.2.1. The Respondent must provide one (1) paper copy of the Technical Proposal and one (1) paper copy of the Cost Components, single or double sided-copies, each in a separate three-ring binder, marked “Original.”
 - 5.1.4.2.2. The Respondent must provide twelve (12) paper copies of the Technical Proposal and 12 paper copies of the Cost Components, double-sided copies, each in a separate three-ring binder, marked as “Copy.”
 - 5.1.4.2.3. Technical and Cost proposals/components must not be submitted in the same binder. Loose proposals will not be accepted.
 - 5.1.4.2.4. **Front Cover of paper Proposals must include:**
 - 5.1.4.2.4.1. Name of company/organization;
 - 5.1.4.2.4.2. RFP ID Number and Title; and
 - 5.1.4.2.4.3. Technical Proposal (“Original” or “Copy”), or Cost Components (“Original” or “Copy”).
- 5.1.4.3. **All paper copies must be delivered or shipped to:**

Marsha M. Lamarre, Contract Specialist
Bureau of Contracts and Procurement
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

6. SOLICITATION RESPONSE REQUIREMENTS

6.1. Technical Proposal Contents

- 6.1.1. Acceptable solicitation responses must offer all services identified in Appendix F: Draft MCM Model Contract.
- 6.1.2. Each Technical Proposal must contain the following, in the order described in this Section:
 - 6.1.2.1. **Table of Contents** – Must be numbered sequentially in accordance with the order in which the required contents of the Technical Proposal are outlined in this RFP; and must clearly represent an overview of any and all appended materials, including delineation between materials appended in accordance with the requirements of the Technical Proposal Response and those that are included on the basis of Addenda, as described in Subparagraph 6.1.2.11, Addenda to Technical Proposal.
 - 6.1.2.2. **Appendix B – Transmittal Letter and Vendor Information**



- 6.1.2.3. **Vendor Letter** (if applicable), outlining sections/pages containing confidential, commercial or financial information in accordance with Subsection 7.8, Public Disclosure.
- 6.1.2.4. **Appendix C – Culturally and Linguistically Appropriate Services (CLAS) Requirements**
 - 6.1.2.4.1. Vendors are required to consider the need for language services for individuals with Limited English Proficiency as well as other communication needs, served or likely to be encountered in the eligible service population, both in developing their budgets and in conducting their programs and activities.
 - 6.1.2.4.2. Vendors are required to complete Appendix C, Culturally and Linguistically Appropriate Services (CLAS) Requirements as part of their solicitation response. This is in accordance with Federal civil rights laws and intended to help inform Vendors' program design, which in turn, will allow Vendors to put forth the best possible solicitation response.
 - 6.1.2.4.3. If awarded a contract, the selected Vendor(s) will be:
 - 6.1.2.4.3.1. Required to submit a detailed description of the language assistance services they will provide to LEP persons to ensure meaningful access to their programs and/or services, within ten (10) days of the date the contract is approved by Governor and Council; and
 - 6.1.2.4.3.2. Monitored on their Federal civil rights compliance using the Federal Civil Rights Compliance Checklist, as made available by the Department.
- 6.1.2.5. **Appendix D – Mandatory Responses to Technical Components**
- 6.1.2.6. The Respondent shall provide in mandatory responses to all RFP questions included in Appendix D – Mandatory Responses to Technical Components.
- 6.1.2.7. The Respondent's answers to each of the proposed questions shall be in the same sequence as, and numbered in accordance with, the numbering logic provided by DHHS in Appendix D, Mandatory Responses to Technical Components (for example, Question 1, Question 2, etc.), and should restate the question prior to providing the narrative response. Restatement of the question will not count toward the page limits assigned to the Respondent's response.
- 6.1.2.8. **Appendix D-1 – Technical Component Templates**
- 6.1.2.9. **Resumes** – Vendors must provide resumes for those key personnel who would be primarily responsible for meeting the terms and conditions of any agreement resulting from this Solicitation. Vendors must redact all personal contact information from resumes.
- 6.1.2.10. **Appendix H – Technical Requirements Workbook**



6.1.2.11. License, Certificates and Permits as Required

6.1.2.11.1. The Respondent is responsible for obtaining all requires licenses, certificates, and permits set forth herein below, as well as those required and described in Section 4.23 (Contingency) of this RFP. This includes:

6.1.2.11.1.1. A Certificate of Good Standing with the New Hampshire Office of the Secretary of State, in accordance with Revised Statues Annotated (RSA) 5:18-a, by the effective date of the Agreement.

6.1.2.11.1.2. Performance Bond and Insurance. The Respondent shall, at time of Contract award, meet all New Hampshire Department of Insurance requirements to operate as an HMO in the State of New Hampshire as required by RSA 420-B and any other relevant New Hampshire laws and regulations.

6.1.2.12. Addenda to Technical Proposal

6.1.2.12.1. The Respondent may submit any additional material not requested in the RFP that the Respondent believes to be germane to understanding its qualifications, capabilities, and successes in a separate document entitled "Addenda to Technical Proposal." No material in this segment will be considered by DHHS as meeting any of the required conditions of this RFP. This material should be bound or contained as a single discrete unit with its own Table of Contents.

6.1.2.12.2. If the Respondent submits Addenda to the Technical Proposal, the Respondent shall submit one (1) copy marked "Original" and 12 copies marked "Copy."

6.2. Cost Component Contents

6.2.1. **Appendix E – Mandatory Responses to Cost Components**

6.2.2. **Appendix E-1 – Cost Component Templates**

7. ADDITIONAL TERMS AND REQUIREMENTS

7.1. Non-Collusion

The Vendor's required signature on the Appendix B, Transmittal Letter and Vendor Information, submitted in response to this Solicitation guarantees that the prices, terms and conditions, and services quoted have been established without collusion with other Vendors and without effort to preclude the Department from obtaining the best possible competitive solicitation response.

7.2. Collaborative Solicitation Responses

Solicitation responses must be submitted by one organization. Any collaborating organization must be designated as a subcontractor subject to the terms of Appendix A, P-37 General Provisions and Standard Exhibits.



7.3. Validity of Solicitation Responses

Solicitation responses must be valid for one hundred and eighty (180) days following the deadline for submission in the Procurement Timetable above in Subsection 1.3, or until the Effective Date of any resulting contract, whichever is later.

7.4. Debarment

Vendors who are ineligible to bid on proposals, bids or quotes issued by the Department of Administrative Services, Division of Procurement and Support Services pursuant to the provisions of RSA 21-I:11-c shall not be considered eligible for an award under this solicitation.

7.5. Property of Department

Any material property submitted and received in response to this solicitation will become the property of the Department and will not be returned to the Vendor. The Department reserves the right to use any information presented in any solicitation response provided that its use does not violate any copyrights or other provisions of law.

7.6. Solicitation Response Withdrawal

Prior to the Response Submission Deadline specified in Subsection 1.3, Procurement Timetable, a submitted Letter of Intent or solicitation responses may be withdrawn by submitting a written request for its withdrawal to the Contract Specialist specified in Subsection 1.2.

7.7. Confidentiality

- 7.7.1. Pursuant to RSA 21-G:37, the content of responses to this solicitation must remain confidential until the Governor and Executive Council have awarded a contract. The Vendor's disclosure or distribution of the contents of its solicitation response, other than to the Department, will be grounds for disqualification at the Department's sole discretion.

7.8. Public Disclosure

- 7.8.1. The information submitted in response to this solicitation (including all materials submitted in connection with it, such as attachments, exhibits, addenda, and presentations), any resulting contract, and information provided during the contractual relationship may be subject to public disclosure under Right-to-Know laws, including RSA 91-A. In addition, in accordance with RSA 9-F:1, any contract entered into as a result of this solicitation will be made accessible to the public online via the New Hampshire Secretary of State website (<https://sos.nh.gov/>).
- 7.8.2. Confidential, commercial or financial information may be exempt from public disclosure under RSA 91-A:5, IV. If a Vendor believes any information submitted in response to this solicitation should be kept confidential, the Vendor must specifically identify that information where it appears in the submission in a manner that draws attention to the designation and must mark/stamp each page of the materials that the Vendor claims must be exempt from disclosure as "CONFIDENTIAL." Vendors must also provide a letter to the person listed as the point of contact for this solicitation, identifying the specific page number and section of the information considered to be confidential, commercial or financial and providing the rationale for each designation. Marking or designating an entire submission as confidential shall neither be accepted nor honored by the Department. Vendors must also provide a separate copy of the full and complete document, fully redacting those portions and shall note on the



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applicable page or pages that the redacted portion or portions are “confidential.”

- 7.8.3. Submissions which do not conform to these instructions by failing to include a redacted copy (if necessary), by failing to include a letter specifying the rationale for each redaction, by failing to designate the redactions in the manner required by these instructions, or by including redactions which are contrary to these instructions or operative law may be rejected by the Department as not conforming to the requirements of the solicitation.
- 7.8.4. Pricing, which includes but is not limited to, the administrative costs and other performance guarantees in responses or any subsequently awarded contract shall be subject to public disclosure regardless of whether it is marked as confidential.
- 7.8.5. Notwithstanding a Vendor’s designations, the Department is obligated under the Right-to-Know law to conduct an independent analysis of the confidentiality of the information submitted in response to the solicitation. If a request is made to the Department to view or receive copies of any portion of the response that is marked confidential, the Department shall first assess what information it is obligated to release. The Department will then notify the Vendor that a request has been made, indicate what, if any, information the Department has assessed is confidential and will not be released, and specify the planned release date of the remaining portions of the response. To halt the release of information by the Department, a Vendor must initiate and provide to the Department, prior to the date specified in the notice, a court action in the Superior Court of the State of New Hampshire, at its sole expense, seeking to enjoin the release of the requested information.
- 7.8.6. By submitting a response to this solicitation, Vendors acknowledge and agree that:
 - 7.8.6.1. The Department may disclose any and all portions of the response or related materials which are not marked as confidential and/or which have not been specifically explained in the letter to the person identified as the point of contact for this solicitation;
 - 7.8.6.2. The Department is not obligated to comply with a Vendor’s designations regarding confidentiality and must conduct an independent analysis to assess the confidentiality of the information submitted; and
 - 7.8.6.3. The Department may, unless otherwise prohibited by court order, release the information on the date specified in the notice described above without any liability to a Vendor.

7.9. Electronic Posting of Solicitation Results and Resulting Contract

- 7.9.1. At the time of receipt of responses, the Department will post the number of responses received with no further information. No later than five (5) business days prior to submission of a contract to the Department of Administrative Services pursuant to this solicitation, the Department will post the name, rank or score of each responding Vendor. In the event that the resulting contract does not require Governor and Executive Council approval, the Agency will disclose the rank or score at least five (5) business days before final approval of the contract.



- 7.9.2. Pursuant to RSA 91-A and RSA 9-F:1, the Secretary of State will post to the public any document submitted to G&C for approval, including contracts resulting from this solicitation, and posts those documents on its website (<https://sos.nh.gov/administration/miscellaneous/governor-executive-council/>). By submitting a response to this solicitation, vendors acknowledge and agree that, in accordance with the above mentioned statutes and policies, (and regardless of whether any specific request is made to view any document relating to this solicitation), any contract resulting from this solicitation that is submitted to G&C for approval will be made accessible to the public online.

7.10. Non-Commitment

Notwithstanding any other provision of this solicitation, this solicitation does not commit the Department to award a contract. The Department reserves the right to reject any and all responses to this solicitation or any portions thereof, at any time and to cancel this solicitation and to solicit new solicitation responses under a new procurement process.

7.11. Liability

By submitting a response to this solicitation, the Vendor agrees that in no event shall the Department be either responsible for or held liable for any costs incurred by a Vendor in the preparation or submittal of or otherwise in connection with a solicitation response, or for work performed prior to the Effective Date of a resulting contract.

7.12. Request for Additional Information or Materials

The Department may request any Vendor to provide additional information or materials needed to clarify information presented in the solicitation response. Such a request will be issued in writing and will not provide a Vendor with an opportunity to change, extend, or otherwise amend its solicitation response in intent or substance.

7.13. Oral Presentations and Discussions

The Department reserves the right to require some or all Vendors to make oral presentations of their solicitation response. The purpose of the oral presentation is for Respondents to clarify and expound upon information provided in the written solicitation response. Respondents are prohibited from altering the original substance of their solicitation response during the oral presentations.

The Department will use the information gained from oral presentations to refine the technical review scores. Any and all costs associated with an oral presentation shall be borne entirely by the Vendor.

7.14. Successful Vendor Notice and Contract Negotiations

If a Vendor is selected, the Department will send written notification of their selection and the Department's desire to enter into contract negotiations. Until the Department successfully completes negotiations with the selected Vendor(s), all submitted solicitation responses remain eligible for selection by the Department. In the event contract negotiations are unsuccessful with the selected Vendor(s), the evaluation team may recommend another Vendor. The Department will not contact Vendor(s) that are not initially selected to enter into contract negotiations.

7.15. Scope of Award and Contract Award Notice

- 7.15.1. The Department reserves the right to award a service, part of a service, group of services, or total solicitation response and to reject any and all solicitation responses in whole or in part. A contract award is contingent on approval by the Governor and Executive Council.



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7.15.2. If a contract is awarded, the selected Vendor(s) must obtain written consent from the State before any public announcement or news release is issued pertaining to any contract award.

7.16. Site Visits

The Department may, at its sole discretion, at any time prior to contract award, conduct a site visit at the Vendor's location or at any other location deemed appropriate by the Department, to determine the Vendor's capacity to satisfy the terms of this solicitation. The Department may also require the Vendor to produce additional documents, records, or materials relevant to determining the Vendor's capacity to satisfy the terms of this solicitation. Any and all costs associated with any site visit or requests for documents shall be borne entirely by the Vendor.

7.17. Protest of Intended Award

Any challenge of an award made or otherwise related to this solicitation shall be governed by RSA 21-G:37, and the procedures and terms of this solicitation. The procedure set forth in RSA 21-G:37, IV, shall be the sole remedy available to challenge any award resulting from this solicitation. In the event that any legal action is brought challenging this solicitation and selection process, outside of the review process identified in RSA 21-G:37,IV, and in the event that the State of New Hampshire prevails, the challenger agrees to pay all expenses of such action, including attorney's fees and costs at all stages of litigation.

7.18. Contingency

Aspects of the award may be contingent upon changes to state or federal laws and regulations.

7.19. Ethical Requirements

From the time this solicitation is published until a contract is awarded, no Vendor shall offer or give, directly or indirectly, any gift, expense reimbursement, or honorarium, as defined by RSA 15-B, to any elected official, public official, public employee, constitutional official, or family member of any such official or employee who will or has selected, evaluated, or awarded a solicitation, or similar submission. Any Vendor that violates RSA 21-G:38 shall be subject to prosecution for an offense under RSA 640:2. Any Vendor who has been convicted of an offense based on conduct in violation of this section, which has not been annulled, or who is subject to a pending criminal charge for such an offense, shall be disqualified from submitting a response to this solicitation, or similar request for submission and every such Vendor shall be disqualified from submitting any solicitation response or similar request for submission issued by any state agency. A Vendor that was disqualified under this section because of a pending criminal charge which is subsequently dismissed, results in an acquittal, or is annulled, may notify the Department of Administrative Services, which shall note that information on the list maintained on the state's internal intranet system, except in the case of annulment, the information, shall be deleted from the list.

- 7.19.1. The State intends to implement liquidated damages as described in Appendix F: Draft MCM Model Contract and its appendices in the event any deliverables are not met.
- 7.19.2. The Department and the Vendor agree that the actual damages that the Department will sustain in the event the Vendor fails to maintain the required performance standards throughout the life of the Contract will be uncertain in amount and difficult and impracticable to determine. The Vendor acknowledges and agrees that any failure to achieve required performance levels by the Contractor will more than likely substantially delay and disrupt the Department's operations. Therefore the parties agree that liquidated damages shall be determined as part of the contract specifications.
- 7.19.3. Assessment of liquidated damages shall be in addition to, and not in lieu of, such other remedies as may be available to the Department. Except and to the extent expressly



provided herein, the Department shall be entitled to recover liquidated damages applicable to any given incident.

- 7.19.4. The Department will determine compliance and assessment of liquidated damages as often as it deems reasonable necessary to ensure required performance standards are met. Amounts due the State as liquidated damages may be deducted by the State from any fees payable to the Vendor and any amount outstanding over and above the amounts deducted from the invoice will be promptly tendered by check from the Contractor to the State.

8. APPENDICES TO THIS SOLICITATION

8.1. Appendix A – Form P-37 General Provisions and Standard Exhibits

- 8.1.1. General Provisions, Form Number P-37
- 8.1.2. Exhibit A - Revisions to Standard Contract Provisions
- 8.1.3. Exhibit B – Scope of Services (See Appendix F: Draft MCM Model Contract)
- 8.1.4. Exhibit C – Payment Terms – Placeholder
- 8.1.5. Exhibit D – DHHS Standard Exhibits:
 - 8.1.5.1. Certification Regarding Drug Free Workplace Requirements
 - 8.1.5.2. Certification Regarding Lobbying
 - 8.1.5.3. Certification Regarding Debarment, Suspension, and Other Responsibility Matters
 - 8.1.5.4. Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower
 - 8.1.5.5. Certification Regarding Environmental Tobacco Smoke
 - 8.1.5.6. Certification Regarding the Federal Funding Accountability and Transparency Act (FFATA) Compliance
- 8.1.6. Exhibit E: DHHS Information Security Requirements
- 8.1.7. Exhibit F: Health Insurance Portability Act Business Associate Agreement

8.2. Appendix B – Transmittal Letter and Vendor Information

8.3. Appendix C – Culturally and Linguistically Appropriate Services (CLAS) Requirements

8.4. Appendix D – Mandatory Responses to Technical Components

8.5. Appendix D-1 – Technical Component Templates

8.6. Appendix E – Mandatory Responses to Cost Components

8.7. Appendix E-1 – Cost Component Templates

8.8. Appendix F – Draft MCM Model Contract (*For Reference Only – Do Not Return*)

- 8.8.1. Exhibit B: Scope of Services
- 8.8.2. Exhibit L: MCO Implementation Plan
- 8.8.3. Exhibit M: Reserved
- 8.8.4. Exhibit N: Liquidated Damages Matrix



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- 8.8.5. Exhibit O: Quality and Oversight Reporting Requirements
- 8.8.6. Exhibit P: MCO Program Oversight Plan
- 8.9. Appendix G-1 – Cost Development: SFY 2023 MCM Program Capitation Rates (July 1, 2022 - June 30, 2023) *(For Reference Only)***
- 8.10. Appendix G-2 – Cost Development: RY 2024 MCM Program Capitation Rates (July 1, 2023 - August 31, 2023) *(Pending CMS approval) (For Reference Only)***
- 8.11. Appendix H – Technical Requirements Workbook**