Maintenance and Operations
Scope of Work

This document represents the ongoing support activities for the current NM Medicaid system.

The new modular system will leverage this application to support claims operations in the new system. No final formal requirements have been established.

Deliverable 1: OmniCaid – Ongoing Operation and Maintenance [Monthly System Operations]

Deliverable 1	Due Date	Compensation
OmniCaid – Ongoing Operation and Maintenance [Monthly System Operations]	**TBD**	**TBD**

Task Item	Subtasks	Description
1.1 Support Required Interfaces and Reporting	**1.1.1 Support New and Existing System Interfaces**	The New Mexico OmniCaid system documentation identifies internal interfaces and interfaces with external entities that are necessary to support MMIS functions. The Contractor shall support these interfaces, modify them in response to changes in requirements, and develop new interfaces as necessary to support new program initiatives.
	1.1.2 Operate Existing MMIS System and Provide All Reports	The Contractor shall operate the existing OmniCaid system and related systems and shall provide all reports as specified in the current systems documentation. The Contractor will modify existing reports and develop and implement new reports as requested by the Procuring Agency.
	1.1.3 Provide All Technology Infrastructure & Staff Support	The Contractor shall supply the necessary hardware, software, telecommunications and other components and information technology staff support to operate the system.
	1.1.4 Provide Regular Reports	The Contractor is responsible for the following general reporting tasks: 1.1.4.1 Produce all required production reports on designated schedule, as agreed upon by the Procuring agency, as exists in

Task Item	Subtasks	Description
		OmniCaid or is referenced in system documentation and provide other reports and downloads of data on request. 1.1.4.2 Provide electronic report output at the option of the Procuring Agency for any individual report and distribute such reports to the user(s). 1.1.4.3 Maintain a list of all MMIS scheduled outputs, the frequency of production, and the media, and for reports distributed via hard copy, the number of copies and to whom the copies are to be provided. The Contractor shall be responsible for all Transform Medicaid Statistical Information System (T-MSIS) reporting, including, but not limited to the following:
	1.1.5 Complete All Transform Medicaid Statistical Information System (T-MSIS) Reporting Tasks	1.1.5.1 Serving as the primary contact with the federal government or their Contractors in constructing, submitting, testing, and achieving approval on all T-MSIS submissions. 1.1.5.2 Maintain and update crosswalks of data from the MMIS to federal T-MSIS reporting requirements. 1.1.5.3 Produce T-MSIS reports and transmit them to the Centers for Medicare and Medicaid Services as required by the Centers for Medicare and Medicaid Services, which are housed in the Data Warehouse. 1.1.5.4 Coordinate changes, error thresholds, corrections, and resubmissions as required with the Centers for Medicare and Medicaid Services or their Contractors.
1.2 Provide Maintenance and Modification Support	**1.2.1 Meet Business Support Unit Specifications**	The Contractor shall provide a Business Support Unit composed of a staff of business analysts to provide analysis of operational issues, analysis of system problems and changes, conduct testing, develop, and distribute documentation updates, and other MMIS support functions. The Business Support Unit shall:

Task Item	Subtasks	Description
		1.2.1.1 Participate in the program planning and development functions at the Procuring Agency's request. 1.2.1.2 Document system test and review test data results prior to sending results to the Procuring Agency for review. 1.2.1.3 Support MMIS development through attending meetings and representing the Contractor when local representation is required. 1.2.1.4 Investigate issues of data accuracy and validation for production reports. 1.2.1.5 Support MMIS reporting activities through user training and technical support of the T-MSIS, Financial, FADS, Drug Rebate, and other MMIS reporting systems. 1.2.1.6 Support MMIS operational activities through training and technically supporting MMIS users regarding MMIS system functions and capabilities, including reviewing and assisting with reviews of test data associated with system changes and/or development, and the meaning and use of values and codes in the MMIS. 1.2.1.7 Investigate problem reports on operational and systems issues and make recommendations for correction. 1.2.1.8 Remain informed on changes in transactions, codes and values at the national level and coordinates their introduction into the MMIS system with approval and input from the Procuring Agency. 1.2.1.9 Review changes in national coding systems for impact on MMIS, exceptions, payment, and other claims processing issues. 1.2.1.10 Review changes and proposed changes in program policies and reimbursement for impact on the MMIS and make recommendations for necessary changes in exceptions and parameters.

Task Item	Subtasks	Description
	1.2.2 Meet System Maintenance Unit Specifications	1.2.1.11 Function as subject matter experts on MMIS data and databases. 1.2.1.12 The Business Support Unit shall consist of a technically and operationally-experienced skilled staff consisting at minimum of a Business Support Manager and a sufficient number of Business Analysts to provide timely and responsive MMIS maintenance support, as proposed by the Contractor and accepted by the Procuring Agency. 1.2.1.13 Business Support Unit personnel will be knowledgeable in the Medicaid Program and in the business needs and operations of the functional area(s) they support. 1.2.1.14 Business Support Unit staff will possess the technical expertise to effectively use the MMIS. 1.2.1.15 The Contractor shall designate at least one Business Support Unit staff member to function as the liaison to the Medical Assistance Division to serve as a single point of contact on issues of claims processing and files maintenance. The Contractor shall provide a System Maintenance Unit comprising a staff of programmers to develop changes that may be required as a result of legislative decisions, program and policy changes, or errors discovered in the executable software. The System Maintenance Unit shall: 1.2.2.1 Perform software updates and enhancements and maintain system documentation. 1.2.2.2 Analyze and size change requests generated by the Procuring Agency. 1.2.2.3 Perform software support and error correction. 1.2.2.4 Be made up of a sufficient number of technically and operationally experienced and skilled professionals to provide timely and responsive MMIS maintenance support, as proposed by the Contractor and accepted by the Procuring Agency, under the

Task Item	Subtasks	Description
		leadership of an experienced Systems Manager, specifically dedicated to the New Mexico MMIS. At any given time the majority of the MMIS System Maintenance staff dedicated to the New Mexico MMIS must each have at least one year of experience working with MMIS or other healthcare payment systems. 1.2.2.5 The Systems Manager will have a Bachelor's degree from a four-year accredited college or university or equivalent work experience and eight (8) years substantive experience in data processing management (systems or operations). 1.2.2.6 System Maintenance Unit personnel will be knowledgeable in the Medicaid Program and in the business needs and operations of the functional area(s) they support. 1.2.2.7 The System Maintenance Unit will be in addition to the technical staff necessary for computer operating system support and support of peripheral but related systems such as the Pharmacy Benefits Management System, Web portal, Audio Voice Response System, Drug Rebate System, Fraud and Abuse Detection System, and the Contractor's HIPAA translation solution.
	1.2.3 Provide a Dedicated System Development Consultant	Contractor shall assign at least one senior staff member with significant technical expertise regarding New Mexico's MMIS implementation as a System Development Consultant fully-dedicated to requests by the Procuring Agency for technically-detailed analyses of upcoming projects; state and federal initiatives; and critical system issues. 1.2.3.1 At the direction of the Procuring Agency, the System Development Consultant shall perform additional reviews of system test results and provide recommendations to Procuring Agency staff for technical resolutions. 1.2.3.2 At the direction of the Procuring Agency, the System Development Consultant shall represent the Procuring Agency at meetings with other Contractors and government agencies pertaining to technical initiatives.

Task Item	Subtasks	Description
1.3 Manage System Maintenance and Modification Activities	**1.3.1 Maintain Written, Approved IT Processes**	At a minimum, the Contractor shall have written processes approved by the Procuring Agency describing in detail how the Contractor shall perform the following functions as they relate to software development: software configuration management, requirements management, software project planning, software project tracking and oversight, software quality assurance, and system tests.
	1.3.2 Comply with Procuring Agency Codes and Regulations	All Project Planning and Program Management activities will comply with New Mexico Administrative Code Title 1, Chapter 12, Part 5 (1.12.5 NMAC) and other rules or regulations as established by the Procuring Agency or the New Mexico Department of Information Technology (DoIT).
	1.3.3 Provide IT Process Documentation to the Procuring Agency	The Contractor shall provide the Procuring Agency with copies of the Contractor's IT management processes and related procedures, including, but not limited to, Software Development Life Cycle procedures.
	1.3.4 Obtain Approval for IT Process Changes	Any change to these processes or any related procedures will be made only after the Procuring Agency's approval.
	1.3.5 Provide Updated Versions of IT Process Documents	After completion of changes to any of these processes or to any related procedures, a new copy of any changed process or procedure will be provided to the Procuring Agency.
	1.3.6 Provide Detailed Documentation of Computer Code Changes Upon Request	Upon Procuring Agency request, the Contractor shall provide the Procuring Agency with detailed documentation for any change to computer code, including a description of the parts of the code were changed, the purpose of the change, and the specific changes

Task Item	Subtasks	Description
	1.3.7 Maintain Written, Approved Change Management Process **1.3.8 Meet Change Management Specifications**	that were made, along with an updated Version Description Document acceptable to the Procuring Agency. The Contractor shall use a written Change Management Process, approved by the Procuring Agency, for changes to the MMIS software, including releases of revisions or enhancements to the application software, and upgrades to programming languages and databases. The Contractor's written Change Management Process will include, at a minimum, provisions for the following activities: 1.3.8.1 Development of a detail level analysis describing the required system changes and a detail level estimate identifying the estimated staff hours required to develop, test, implement and document the change. 1.3.8.2 Procuring Agency approval of detail level analyses and estimates prior to starting programming of any system change initiated by the Procuring Agency, and of other changes upon request. 1.3.8.3 Procuring Agency approval of the Contractor's test results prior to releasing any change initiated by the Procuring Agency, and for other changes upon request. 1.3.8.4 An estimated completion date provided by the Contractor when requested by the Procuring Agency for a change request. 1.3.8.5 Release management for new releases of the application software when applicable. 1.3.8.6 Provision of advanced notice, consistent with Procuring Agency requirements, prior to implementing system changes and updates in order to ensure minimum down time and support coordination with the various Network Help Desks operated by the Procuring Agency.

Task Item	Subtasks	Description
		1.3.8.7 Update of system documentation and user manuals within fifteen (15) business days of updates or changes and supply of the updated version to the Procuring Agency in an electronic format. 1.3.8.8 A method for the Procuring Agency to determine the estimated and actual hours allocated to change requests and the personnel assigned to each request, when requested by the Procuring Agency. 1.3.8.9 A method for the Procuring Agency to determine the estimated and actual hours allocated to change requests and the personnel assigned to each request, when requested by the Procuring Agency. 1.3.8.10 Updating the system from daily maintenance transactions. 1.3.8.11 Monitoring and providing adequate space allocations for the system's data volume. 1.3.8.12 Maintaining online access to system files within scheduled business hours. 1.3.8.13 Purging, archiving, backing up, and restoring required data.
	1.3.9 Use an Approved Change Management Tracking Tool **1.3.10 Provide Sufficient Classification Categories for Root Cause Analysis**	The Contractor shall manage and track all change requests by using an automated change and tracking tool approved by the Procuring Agency. The change tracking tool and process must provide for classifying and assigning defect types (root causes), including categories identical or comparable to the following: 1.3.10.1 Code – code error or issue (requires development fix and re-test).

Task Item	Subtasks	Description
		1.3.10.2 SCM – Software Configuration/Migration issues identified in a migration package, or migration error (requires configuration fix and re-test). 1.3.10.3 Env – The test environment caused the issue (requires fix to environment before re-testing). 1.3.10.4 Proc – Test error due to input data or test sequence or validation error (requires correction to test plan and/or data followed by re-test). 1.3.10.5 Reqs – The requirements were wrong or missed (requires business to fix requirements, then possible code modifications and re-testing). 1.3.10.6 Design – Design was wrong (requires design fix, re-coding, and re-testing). 1.3.10.7 As designed – Works as designed, and business code does not need to be fixed. 1.3.10.8 Docs – Documentation error with requirement or design document or migration package (need to correct documents or document versions, but no impact to code). 1.3.10.9 Not Repro – Issue is not reproducible.
	1.3.11 Collect and Analyze Trending Metrics1.3.12 Document Deficiencies Resulting from Insufficient System Maintenance **1.4.1 Provide Sufficient**	The change tracking tool must provide for collecting and trending metrics, to include: 1.3.11.1 Number of change requests opened and closed per Quality Assurance reporting period. 1.3.11.2 Defect backlog (number in the open state) for each defect type. The Contractor shall document any deficiencies resulting from insufficient system maintenance. The document will provide a

Task Item	Subtasks	Description
	Online Test Environments	detailed description of the deficiency and the Contractor's plan for resolution of the problem.
1.4 Test Programming Changes	**1.4.2 Conduct Tests Approved by the Procuring Agency**	The Contractor shall provide multiple and complete online MMIS test environments to support unit, system, and acceptance testing, including test versions of all batch and online programs and files to be used for testing releases and non-release changes.
	1.4.3 Provide Test Documentation Upon Request	The Contractor shall conduct repeatable testing in accordance with written processes and procedures approved by the Procuring Agency. The processes and procedures will not be changed without prior approval by the Procuring Agency. Test plans will be created for major system changes or as otherwise requested by the Procuring Agency.
	1.4.4 Support the Procuring Agency's Ongoing User Acceptance Testing	Documentation of test results for all Procuring Agency-initiated system changes, as well as other changes when requested by the Procuring Agency, will be provided to the Procuring Agency for review and approval. The Procuring Agency will conduct User Acceptance Testing (UAT) for user interface changes delivered by Contractor. The form of each UAT will be determined by the criticality, frequency, complexity, and novelty of the user task supported by each change; and by the staffing resources available to the Procuring Agency. 1.4.4.1 Contractor shall support UAT by deploying the changes to the UAT environment from the system test environment and consulting with the Procuring Agency on any issues that the Contractor encountered during system testing. 1.4.4.2 Contractor shall provide communication and planning with the Procuring Agency to help the Procuring Agency establish the format and plan for UAT. 1.4.4.3 Procuring Agency shall provide a detailed UAT Plan including all user test scenarios and acceptance criteria, for review by Contractor at least fourteen (14) business days before the UAT sessions are scheduled to begin. Contractor shall review the UAT

Task Item	Subtasks	Description
		Plan and provide feedback to the Procuring Agency at least seven (22) business days before the UAT sessions are scheduled begin. 1.4.4.4 Contractor shall deliver complete test scenario instructions for the designated users participating in the UAT, for each of the test scenarios in the UAT Plan, at least three (3) business days before the UAT sessions are scheduled to begin. 1.4.4.5 Contractor shall provide a software tool (i.e., Rational) to log UAT defects and allow users to track the progress of the defect correction. 1.4.4.6 Contractor shall review the list of UAT participants proposed by the Procuring Agency and identify any individuals who may have participated in the design or development of the system features being tested. 1.4.4.7 Contractor shall migrate the changes in the system test environment to the UAT environment at least two (2) business days before the UAT testing is scheduled to begin. 1.4.4.8 Contractor shall ensure UAT workstations are properly configured for the UAT environment. The Contractor shall provide a training environment that aligns with the production environment.
1.5 O&M Training	**1.5.1 Training Material**	The Contractor shall provide initial and updated, ongoing training materials, knowledge transfer materials, and other documentation (e.g., User guides, on-line help) to the Stakeholders on an agreed upon regular cadence.
	1.5.2 Business User Manual	The Contractor shall maintain the ongoing User Manuals for all aspects of the system. These manuals will provide correct information in sufficient detail and user-friendly language, so that users may accomplish their everyday functions using the MMIS. The Contractor shall provide an initial and ongoing updated Business User Manual to the Stakeholders on an agreed upon regular cadence.

Task Item	Subtasks	Description
1.6 Manage Agreed Payment Schedule	**1.5.3 Knowledge Transfer**	The Contractor shall provide initial and ongoing updated online help (e.g., Screen Tip, hyperlinks to other documents, keyword search, chat, tool tips, definitions page, user guide, policy guidance, hover over help) and support documentation for Stakeholder-specific business use of the FS tools and guidance to end Users in correct execution of User-performed application maintenance and report configuration activities on an agreed upon regular cadence. The Contractor shall provide initial and updated, ongoing training, and knowledge transfer to the Stakeholders on an agreed upon regular cadence. The training shall include general initial orientation and advanced training. The Contractor shall provide initial and updated, ongoing instructor-led (either online or on site) and on-demand, self-paced training to the Stakeholders on an agreed upon regular cadence. The Contractor shall provide up to date knowledge transfer in the event there is a change in a subcontractor that provides any portion of the Contractor's solution, to ensure a smooth transition.
	1.6.1 Invoice the Procuring Agency According to the Operations Payment Schedule	Contractor shall be paid a fixed monthly rate for delivering these operations, including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:

Deliverable 2: Pharmacy Benefits Management System (PBMS) – Ongoing Operation and Maintenance [Monthly System Operations]

Deliverable 2	Due Date	Compensation
PBMS – Ongoing Operation and Maintenance **[Monthly System Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
2.1 Meet Claims Processing Requirements	**2.1.1 Provide and Maintain a Pharmacy Benefits Management System (PBMS)**	The Contractor shall provide and maintain a Pharmacy Benefits Management System (PBMS) with the capability to process electronic point of sale and paper transactions. The system will be accessible either by POS device or through a provider's own practice management system. Providers will be responsible for obtaining and paying for required interface equipment, software, switch vendor, telecommunications (phone lines and service; analog, fiber optic, internet service provider, DSL, T-1 lines, etc.) and support services necessary to transmit and receive all data and messaging required under NCPDP standards in effect on given date of service.
	2.1.2 Meet the PBMS Specifications	The Contractor shall provide the following claims processing capabilities through the PBMS: 2.1.2.1 The system, including online real-time adjudication of pharmacy claims shall be available twenty-four (5) hours per day, seven (7) days per week for provider billing purposes. 2.1.2.2 Payment methodologies shall allow for variable dispensing fees based on provider, refill status, product selection activity by comparing the prescribed NDC to the dispensed NDC; variable limitations on days supply for defined groups of providers or recipients (e.g., Indian Health Service); all federal upper payment limits and restrictions, National Average Drug Acquisition Cost (NADAC), other payment limitations as directed by the Procuring

Task Item	Subtasks	Description
	2.1.3 Meet Drug Reference Database Specifications	Agency, and the ability to reimburse pharmacies as approved by the Procuring Agency in accordance with applicable federal regulations (42 CFR § 4422.312 and 42 CFR § 4422.313) applying various co-pay arrangements as defined or approved by the Procuring Agency, 2.1.2.3 Enforce limitations of program benefits based on client's categories of eligibility, participation in other programs such as hospice and PACE, residence in an institution, or other circumstances that affect client benefits. 2.1.2.4 Edit pharmacy claims to ensure that only valid claims are paid, including: 2.1.2.5 Enforcing Procuring Agency payment policies for clients with insurance or other third-party liability; recognizing fee for service claims submitted for members identified to have third-party coverage according to Procuring Agency policies, and the ability to allow providers to submit a third party's carrier identification number and plan/policy numbers for insurance carriers not listed on the Procuring Agency roster. 2.1.2.6 Maintain and support use of therapeutic category codes, therapeutic class codes, generic class spread codes, and therapeutic equivalents for each drug, and using this information to determine payment levels and coverage as directed by the Procuring Agency. 2.1.2.7 Enforce the Procuring Agency's prior authorization policies. The drug reference in the PBMS shall include the following capabilities and responsibilities: 2.1.3.1 Maintain a master drug table, which will contain an entire list of products available including legend and OTC drugs, as well as supplies and all injectable drugs that have been assigned National Drug Codes (NDCs). 2.1.3.2 Edit all online drug update data to ensure the integrity and quality of the information contained on the drug database.

Task Item	Subtasks	Description
		2.1.3.3 Maintain maximum and minimum daily dosage ranges for drug items. The PBMS must allow sufficient flexibility and adaptability to enforce Procuring Agency Pharmacy Program policies, including allowing different dispositions for different client groups, and for encounter data.
	2.1.4 Maintain Flexibility of the PBMS	The PBMS must provide the capability to permit overrides for emergencies, life-threatening illnesses, and other situations defined by the Procuring Agency and administered by the Contractor.
	2.1.5 Design the PBMS to Permit Administrator Overrides	The PBMS must allow the Contractor's Pharmacy Support Help Desk staff to permit a claim to bypass specific edits when the provider submits an authorization issued by Contractor in accordance with Procuring Agency guidelines.
	2.1.6 Flexibility of Claims Processing	The PBMS shall provide Prospective Drug Utilization Review (ProDUR) capability from the point-of-sale per 42 CFR § 456.2200-2205, using online real-time intervention at the point-of-sale with clinical edits to detect therapeutic duplication, drug/disease contraindication, drug/drug interaction, incorrect drug dosage, incorrect duration of drug treatment, clinical abuse or misuse, non-compliance/underutilization, excessive utilization, high cost, and not using first drug of choice.
2.2 Meet Prospective Drug Utilization Review (ProDUR) Requirements	**2.2.1 Provide Prospective Drug Utilization Review (ProDUR) Capabilities in the PBMS** **2.2.2 Meet Detailed PBMS Specifications for ProDUR**	The PBMS must include the following ProDUR features: 2.2.2.1 The ability to set variable, Procuring Agency-defined look-back periods. 2.2.2.2 The ability to allow for the submitting provider to respond to alerts by overriding alerts, reversing the claim submitted, or for ProDUR denials, and to the extent possible using NCPDP standards, clear messaging as to reason for denial and phone number to call for follow-up.

Task Item	Subtasks	Description
		2.2.2.3 The ability to set edits which cannot be over-ridden when the potential drug conflict reaches certain Procuring Agency-approved severity or significance levels. To the extent possible using NCPDP standards, the messages will be clear as to the meaning of each edit and what further actions are available (e.g., "prescriber must contact _____;" "pharmacy must contact_____"). 2.2.2.4 Standards and criteria that can be used to lock-in individual recipients and providers for exceptional drug utilization patterns. 2.2.2.5 Standards and criteria for review by the Pharmacy and Therapeutics Committee, along with any modifications recommended and approved by the Procuring Agency. 2.2.2.6 Training for the Procuring Agency's staff, for Contractor staff, and for providers on application of ProDUR principles. 2.2.2.7 Support for interaction criteria in the system using flexible, statistically significant criteria so that only appropriate alerts/denials are transmitted back to the provider. 2.2.2.8 Provide for monthly ProDUR reporting of screening for potential drug therapy problems as outlined in 42 CFR 453.2205(b)(1-22), including drug-drug interactions by level of severity. Reporting will include the ability to sort by pharmacy, alert type, claims paid, claims denied, claims reversed, and number of claims by percent and dollar amount. 2.2.2.9 Ability to identify the clinically significant alerts that the Procuring Agency has determined to receive an automatic denial. 2.2.2.10 Online or other easily retrievable access to DUR criteria/screening. 2.2.2.11 Provide an alert or a denial of a claim for over-utilization or under-utilization of drugs, drugs used in lower than or higher than effective doses, or refill patterns that suggest noncompliance by a patient.

Task Item	Subtasks	Description
		2.2.2.12 Provide an alert or a denial of a claim with a drug-use duration exceeding therapy recommendations, or failure to use the first drug of choice, but allow payment when appropriate according to criteria. 2.2.2.13 Provide an alert or a denial of a claim where there is a prescribed overlap of two drugs from the same therapeutic class or generic class spread, or where drugs have the same or similar ingredients. 2.2.2.14 Provide for each such alert or denial to inform the provider of the alert conflict type, alert severity (e.g., minor, major, etc.), and available data related to the alert (e.g., other drug or condition in conflict). 2.2.2.15 Allow for online ProDUR responses from providers for Prospective Drug Utilization Review (ProDUR), to meet the requirement that providers enter codes for actions taken in response to drug interaction alerts and warnings and the outcomes of those actions. The POS system will maintain these acknowledgment codes in history, as well as report them in easily sorted electronic format. 2.2.2.16 Support for the following technology requirements for ProDUR: 2.2.2.16.1 An editing process in the system that should be parameter or table-driven to meet the dynamic needs of the Pharmacy and Therapeutics Committee. 2.2.2.16.2 Online access to DUR criteria/screening tables so that potential changes can be reviewed at Pharmacy and Therapeutics Committee meetings. The PBMS will accommodate interfaces as necessary for Retrospective Drug Utilization Review (RetroDUR) activities through an agent designated by the Procuring Agency and with all Procuring Agency Contractors who may have responsibilities for analyzing information, making recommendation, or otherwise assisting the Procuring Agency with its drug program administration.

Task Item	Subtasks	Description
2.3 Meet Retrospective Drug Utilization Review (RetroDUR) Requirements	**2.3.1 Provide Retrospective Drug Utilization Review (RetroDUR) Capabilities** **2.3.2 Meet Detailed PBMS Specifications for RetroDUR**	The PBMS requirements for RetroDUR include: 2.3.2.1 Marking a claim that has been set to pay and report for RetroDUR purposes. 2.3.2.2 Generation of data for RetroDUR purposes with monthly updates and summaries. 2.3.2.3 Generate Quarterly letters for focused educational interventions based on RetroDUR criteria to providers and patients at the direction of the Procuring Agency. 2.3.2.4 The capability to produce a report, upon request, listing all ProDUR encountered for specified members within the last twelve (12) months. Similar alerts will be listed first and then the remaining in chronological order.
2.4 Meet PBMS Reporting Requirements	**2.4.1 Meet Detailed PBMS Reporting Specifications**	In addition to reports produced by the MMIS, the PBMS shall produce reports and other output documents in easily sorted, clearly titled, electronic formats, which may be customized to the Procuring Agency's needs, including reports for general program administration, including: 2.4.1.1 Report of pharmacies by amount paid. 2.4.1.2 Report of top prescribing physicians ranked by ingredient cost, number of prescriptions and average prescription cost. 2.4.1.3 Report of the most prescribed drugs ranked by amount paid and by number of prescriptions. 2.4.1.4 Report of pharmacy generic drug usage ranked by percent of generic prescriptions, based on type of reimbursement. 2.4.1.5 Physician generic prescribing report ranked by percent of generic prescriptions. 2.4.1.6 Claims payment summary.

Task Item	Subtasks	Description
		2.4.1.7 Member drug history profile, on request. 2.4.1.8 A monthly denied claims summary that will include denial reasons, denial codes, and number and percent from each provider by both individual denial code and aggregate denials as defined by the Procuring Agency. This report will indicate the need for provider education to be undertaken by the appropriate Contractor staff when the percent of claims denied due to provider error exceeds a threshold defined by the Procuring Agency. 2.4.1.9 Per member per month pharmacy cost summary report. 2.4.1.10 Report of all members with total monthly pharmacy expenditures greater than a threshold specified by the Procuring Agency. 2.4.1.11 Member exception report. 2.4.1.12 Report on the total dollar of paid pharmacy claims. In addition to reports produced by the MMIS, the PBMS shall produce reports and other output documents in easily sorted, clearly titled, electronic formats, which may be customized to the Procuring Agency's needs on drug file reference database updates and changes, including: 2.4.2.1 Detail and summary reports for each automated table update including the total number of records received, processed, and successfully updated. 2.4.2.2 An exception report that identifies any transactions that were included on the update tape, but had errors or inconsistencies, which prevented the records from being updated.
	2.4.2 Meet Detailed Reporting Specifications for the	2.4.2.3 A monthly report, as required by the Centers for Medicare and Medicaid Services, indicating all NDCs that have increased in price by greater than 50%. Drugs included in this report shall indicate NADAC prices in addition to the previous average wholesale price.

Task Item	Subtasks	Description
	Drug File Reference Database	2.4.2.4 Audit trails showing before and after data fields for drug tables updated manually.
	2.4.3 Meet Detailed RetroDUR Reporting Specifications	In addition to reports produced by the MMIS, the PBMS shall produce reports and other output documents in easily sorted, clearly titled, electronic formats, which may be customized to the Procuring Agency's needs for RetroDUR purposes, including: 2.4.3.1 Tracking and reporting on specific drugs, providers, groups of providers, and clients. The Contractor shall use this information to develop client profiles and provider profiles. 2.4.3.2 Information to support the Procuring Agency in completing DUR reports as described in Section 198 (g)(3)(D) of the Social Security Act. 2.4.3.3 Claim, provider, and recipient files and control reports for the Procuring Agency. 2.4.3.4 A monthly summary report that will contain a count of patients whose profiles are being flagged for the current month, a listing of patient names and numbers, and a listing of all drugs that caused profiles to be generated. This report will contain a count of the providers that caused profiles to be flagged and a listing of their names and shall identify what criteria were used. 2.4.3.5 Specific patient drug history reports which include a chronological listing of all drugs being taken and summarize the number of prescribers/providers involved in a patient's therapy. 2.4.3.6 Drug therapy risk assessment report. This report shall be generated before and after interventions are instituted to determine the impact of the DUR program on drug expenditures and drug therapy induced hospitalizations. This report shall be available at the first Pharmacy and Therapeutics Committee meeting following the generation of the report. 2.4.3.7 Quarterly follow-up drug history profiles and reports.

Task Item	Subtasks	Description
		2.4.3.8 Provide quarterly educational intervention recommendations and reports based on RetroDUR analyses, including mix of educational interventions. 2.4.3.9 Summarization report of the severity and the number of alerts that have occurred over a given period. Based upon the results of this report, specific reports to display additional detail for any given type or category of alert may be requested by the Procuring Agency. 2.4.3.10 Listings of all drug claims and diagnostic information per member and the amount of money involved. 2.4.3.11 Quarterly reports for a user-defined period of time (e.g., all DUR activity that occurred between two dates) including alerts and denials by types, quantity, prescribing provider, and pharmacy provider. 2.4.3.12 Month-to-date and year-to-date reports on the RetroDUR program. 2.4.3.13 Periodic reports on costs and savings of the RetroDUR program. 2.4.3.14 Reports based upon pharmacy and physician criteria, such as: 2.4.3.14.1 NDCs, generic drug codes, or therapeutic classification codes of drugs and specific ICD-10-CM. 2.4.3.14.2 NDCs, generic drug codes, or therapeutic classification codes and quantities of drugs prescribed by a specific physician or filled by a specific pharmacy. 2.4.3.15 Annual DUR report for submission to the Centers for Medicare and Medicaid Services. 2.4.3.16 Reports, upon request, that list all ProDUR and RetroDUR alerts encountered for specified members within the last 12 months.

Task Item	Subtasks	Description
2.5 Operate and Maintain the PBMS	**2.5.1 Provide Additional Staff for the PBMS**	The Contractor shall supply the necessary hardware, software, telecommunications and other components and information technology staff support to operate the PBMS. The Contractor shall have the ability to accommodate existing and future NCPDP standards, accommodate Procuring Agency policies regarding drug program payments and benefits, provide client eligibility verification using NCPDP standards, utilize a preferred drug list as defined by the Procuring Agency, and supply data and information as necessary for the drug rebate data system and functions. The Contractor shall produce and distribute via the EDMS, hard copy, or other Procuring Agency-approved means all production reports proposed as part of the Contractor's PBMS solution. All programming functions for the PBMS are the responsibility of staff assigned to PBMS support, and such staff is in addition to the System Maintenance Unit staff required by Deliverable 1. Programming staff assigned to support the PBMS will be knowledgeable in the system, in the Medicaid Program, and in the business needs and operations of the functional area supported by the system. 2.6.1.2 The Contractor shall develop, test, and implement software updates, corrections, and enhancements, including but not limited to the following subtasks: 2.6.1.2.1 Analyze and size change requests submitted by the Procuring Agency. 2.6.1.2.2 Perform software support and error correction. 2.6.1.2.3 Comply with the software development, change management and system test requirements contained in Tasks 1.3 and 1.4 of Deliverable 1.

Task Item	Subtasks	Description
2.6 Modify the PBMS **2.22 Manage Agreed Payment Schedule**	**2.5.2 Ensure PBMS Support Staff are Qualified** **2.6.1 Manage PBMS Revisions** **2.6.2 Modify Claim Edits and Payment Methodologies at No Additional Charge** **2.22.1 Invoice the Procuring Agency According to the Operations Payment Schedule**	The Contractor shall modify claim edits and payment methodologies as necessary or as defined by the Procuring Agency when policy or coverage changes are implemented at no additional charge to the Procuring Agency. Contractor shall be paid a fixed monthly rate for delivering these operations, including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:

Deliverable 3: Plan of Care Management System (POCMS) – Ongoing Operation and Maintenance [Monthly System Operations]

Deliverable 3	Due Date	Compensation
POCMS – Ongoing Operation and Maintenance **[Monthly System Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
3.1 Meet Plan of Care Management System's General Requirements	**3.1.1 Provide Appropriate POCMS Architecture**	The Contractor's Plan of Care Management System (POCMS) may consist of one system with all the functionality required to support Mi Via/SDCB FMA activities or multiple systems (e.g., Palco that interface with each other and provide specific functionality.
	3.1.2 Meet Detailed Specifications for POCMS	The POCMS must meet the following general requirements: 3.1.2.1 Provide role-based security access and enforce user access, authentication, and authorization using role-based security consistent with Procuring Agency-approved standards. 3.1.2.2 Provide automatic password expiration controls and user notifications consistent with Procuring Agency-approved standards. 3.1.2.3 Conform to the requirements of Section 508 of the Rehabilitation Act for accessibility to people with disabilities. 3.1.2.4 Support browser access using the most current versions of Microsoft Internet Explorer and Mozilla Firefox.
3.2 Meet Service and Support Plan System		The POCMS must meet the following requirements for Service and Support Plan (SSP) processing: 3.2.1.1 Provide web-based capability for SSP entry, updating, and inquiry to match New Mexico's SSP form.

Task Item	Subtasks	Description
Requirements	**3.2.1 Meet Detailed Specifications for SSP**	3.2.1.2 Generate automated email notifications to the Third-Party Assessor (TPA) and appropriate Consultant/Support Broker Agency for pending SSP entries, changes, approvals, and rejections. 3.2.1.3 Generate automated email notifications to the TPA and appropriate Consultant/Support Broker Agency for SSPs with insufficient funds for payroll. 3.2.1.4 Generate email notifications to the TPA and appropriate Consultant/Support Broker Agency of upcoming SSP expirations. 3.2.1.5 Provide queuing and workflow capabilities for handling SSPs. 3.2.1.6 Provide mechanism to modify existing SSPs and pend, review, approve, and reject service-level SSP changes. 3.2.1.7 Validate participant/member eligibility on a daily basis based on data from the MMIS. 3.2.1.8 Store key SSP dates, including but not limited to the date of expiration. 3.2.1.9 Track payroll expenditures against SSP and display this data online. 3.2.1.10 Provide the ability to produce the SSP as a report.
3.3 Meet Employer, Employee Enrollment and Vendor Enrollment System Requirements	**3.3.1 Support Employer, Employee**	The POCMS must meet the following requirements for support of employer and employee enrollment: 3.3.1.1 Provide the capability to print Employer Information Packets and Employee Information Packets with fields pre-populated from POCMS data. 3.3.1.2 Provide web-based capability for entry, update, and inquiry of participant or member/employer, employee/vendor, Contractor, and Consultant /Support Broker Agency data.

Task Item	Subtasks	Description
3.4 Meet Timesheet and Payment Request System Requirements	**Enrollment and Vendor Enrollment**	3.3.1.3 Provide web-based capability for entry, update, and inquiry of information packet data. 3.3.1.4 Provide web pages for entry and inquiry of employee changes and separations. 3.3.1.5 Provide web pages to store license information, license indicators, and expiration dates. 3.3.1.6 Provide online indicators for participants/members entering and leaving Mi Via/SDCB program.
	3.4.1 Meet Detailed Timesheet and Payment Request Specifications	The POCMS must meet the following requirements for timesheet and payment request processing: 3.4.1.1 Provide web-based capability for electronic timesheet submission, payment requests, and mileage reimbursements. 3.4.1.2 Provide online editing to ensure that employees and Contractors do not report more than 21 hours per week on submitted timesheets. 3.4.1.3 Provide web-based capability for approving or rejecting timesheet submissions, payment requests, and mileage reimbursements. 3.4.1.4 Provide online editing to enforce existing and updated participant/member eligibility, total SSP annual amounts remaining, and employee/vendor validity as part of automated timesheet approval. 3.4.1.5 Provide capability to print timesheet submissions, payment requests, and mileage reimbursements. The POCMS must meet the following payroll and financial processing requirements:

Task Item	Subtasks	Description
3.5 Meet Payroll and Financial System Requirements	**3.5.1 Meet Detailed Payroll and Financial Processing Specifications**	3.5.1.1 Provide automated controls for accumulating, validating, and controlling historical expenditures on behalf of the participant/member, including New Mexico policy limits on environmental modifications. 3.5.1.2 Generate payments based on approved timesheets and invoices, including retroactive timesheets. 3.5.1.3 Process and pay all correctly and timely submitted Mi Via/SDCB timesheets in the next scheduled timesheet payment cycle and all correctly and timely submitted Mi Via/SDCB invoices in the next scheduled invoice payment cycle unless the processing delay was beyond the Contractor's control. 3.5.1.4 Compute deductions, gross wages, and net wages due to employees, including deductions for retroactive recoveries. 3.5.1.5 Maintain payroll and payment information. 3.5.1.6 Generate payroll reports for participants/members, employee, vendors, and the Procuring Agency. 3.5.1.7 Maintain financial data to help support an annual reconciliation and reimbursement process for Federal Insurance Contributions Act (FICA), State Unemployment Tax Act (SUTA) and Federal Unemployment Tax Act (FUTA) dollars. 3.5.1.8 Provide a debit card option for all SDCB employees, participants, employers, and vendors. The Money Network Payroll Debit Card (MNC) allows Contractor to load funds for payroll and other goods/services via Automated Clearing House (ACH) to a card that has been issued in that individual's name. 3.5.1.9 Establish debit card program using Money Network Card (MNC) as follows: 3.5.1.9.1 Produce and publish a Pay Selection Form with information and consent of the employee and employer for MNC selection and activation 3.5.1.9.2 Process Pay Selection Forms submitted by employee and employer during either time of enrollment or at a later date

Task Item	Subtasks	Description
		3.5.1.9.3 Contractor will enter details from Pay Selection from and select a temporary paper check 3.5.1.9.4 Process MNC requests from spreadsheet daily to obtain account and routing details from MNC 3.5.1.9.5 Staff will enter details into the Contractor's or Contractor's Sub-Contractor's payroll and financial management system under the individual's account 3.5.1.9.6 Once card is received and activated, individual will contact Contractor customer support to confirm receipt of card and details (account and routing numbers) 3.5.1.9.7 Contractor will update pay type for that individual in the system to reflect MNC 3.5.1.9.8 Once payment type is updated to reflect MNC, the system will process payment files delivered via Automated Clearing House (ACH) to the individual's MNC for all approved payments 3.5.1.10 MNC is issued by Contractor or Contractor's Sub-Contractor in the individual's name for security of the card and to migrate the risk that a card may be shared with others. MNC allows capability for the system to issue funds for other goods and services, including payment for approved purchases and payments. 3.5.1.11 Contractor will process Sub-Contractor payment requests and authorizations in the system. 3.5.1.11.1 Sub-Contractor will issue ACH payment for allotted amount to the MNC on file for that individual based on the established payroll schedule 3.5.1.11.2 Contractor will request verification or purchase form with receipt for records following payment being issued. 3.5.1.12 Contractor will honor any existing deposit accounts transferred during the data transition that contain a valid routing and account number. If account details provided in the data transfer are found to be invalid for deposits, Sub-Contractor will require a pay selection from be completed to designate a new deposit account or allow for election of a MNC. 3.5.1.13 Existing employees, employers, participants, or vendors of SDBC who do not have a MNC and wish to obtain one for

Task Item	Subtasks	Description
3.6 Meet MMIS Interface Requirements	**3.6.1 Meet Detailed Plan of Care Management System (POCMS) Specifications for MMIS Interface**	processing of payments outside of payroll can request one by submitting a pay selection form to Contractor or Contractor's Sub-Contractor, at the direction of Contractor. The POCMS must meet the following MMIS interface requirements: 3.6.1.1 Maintain an interface with the MMIS to update participant/member eligibility data. 3.6.1.2 Produce X12 818P claims and adjustments to reimburse payroll payments on behalf of participants/members, including adjustments for retroactive financial transactions, and submit those claims to the MMIS for processing. 3.6.1.3 Maintain an interface with the MMIS to receive paid claims to support automated reconciliation with 818P claims submitted to the MMIS. 3.6.1.4 Generate reports to identify discrepancies from the claim reconciliation process, including claims denied or suspended by the MMIS. 3.6.1.5 Provide online inquiry into 818P claims produced and reconciliation results with MMIS paid claims. The POCMS must meet the following reporting requirements:
3.7 Meet Mi Via/SDCB FMA Reporting Requirements	**3.7.1 Meet Detailed Mi Via/SDCB FMA Specifications**	3.7.1.1 Generate monthly Per Member Per Month (PMPM) reports. 3.7.1.2 Generate monthly participant or member/employer reports. 3.7.1.3 Generate data to support the Procuring Agency's CMS-182 reporting. 3.7.1.4 Generate operational reports to support timesheet and payroll processing.

Task Item	Subtasks	Description
3.8 Operate and Maintain POCMS	**3.8.1 Provide All POCMS Operations, Infrastructure and Staff** **3.8.2 Produce and Distribute POCMS Production Reports** **3.8.3 Provide Additional Staff for POCMS Support** **3.8.4 Ensure POCMS Support Staff are Qualified**	3.7.1.5 Generate utilization and analysis reports to support program management. 3.7.1.6 Generate all IRS and New Mexico payroll, income tax, and workers compensation forms, reports, and data for employees and vendors, including but not limited to W-2 and 1099 forms. The Contractor shall operate and maintain a POCMS according to the specifications proposed by the Contractor and accepted by the Procuring Agency. 3.8.1.1 The Contractor shall supply the necessary hardware, software, telecommunications and other components and information technology staff support to operate the POCMS. 3.8.2.1 The Contractor shall produce and distribute via the EDMS, hard copy, or other Procuring Agency-approved means all production reports proposed as part of the Contractor's POCMS solution. 3.8.3.1 All programming functions for the POCMS are the responsibility of staff assigned to POCMS support and such staff is in addition to the System Maintenance Unit staff required by Deliverable 1. 3.8.4.1 Programming staff assigned to support the POCMS will be knowledgeable in the system, in the Medicaid Program, and in the business needs and operations of the functional area supported by the system.
3.9 Modify POCMS		The Contractor shall develop, test, and implement software updates, corrections, and enhancements, including but not limited to the following subtasks: 3.9.1.1 Analyze and size change requests submitted by the Procuring Agency.

Task Item	Subtasks	Description
	3.9.1 Manage POCMS Revisions	3.9.1.2 Perform software support and error correction. 3.9.1.3 Comply with the software development, change management and system test requirements contained in Tasks 1.3 and 1.4 of Deliverable 1.
3.10 Meet Electronic Visit Verification Requirements (EVV)	**3.10.1 Meet EVV Implementation Requirements**	CONTRATOR will set-up, prepare, and test the technology required for its performance of this Scope of Work, including the Financial Management System ("FMS") Web-based System and EVV system requirements identified herein. 3.10.1.1 Contractor will coordinate as necessary with Fiserv, the statewide EVV Contractor for New Mexico that is responsible for configuring and implementing the Authenticare solution for the SDCB program, on the interface between the Contractor's MMIS and Fiserv's Authenticare system subject to prior mutual agreement between Procuring Agency and Contractor on price, schedule, scope, resource, performance, SLA, and/or any other impacts (if any) of such coordination activities. 3.10.2.1 EVV Solution will capture the following six required points of data as required by the 21st Century Cures Act in effect as of the date of this amendment: 3.10.2.1.1 Type of service performed 3.10.2.1.2 Individual receiving services 3.10.2.1.3 Individual providing services 3.10.2.1.4 Date of the service 3.10.2.1.5 Location of the service 3.10.2.1.6 Time the service begins and ends 3.10.3.1 EVV Technology Options 3.10.3.1.1 Make available to users the Contractor's or Contractor's Sub-Contractor's telephony that will allow

Task Item	Subtasks	Description
		employees of SDCB to call a toll-free number and complete the check-in and check-out process visa the participant's landline or mobile phone. 3.10.3.1.2 Provide a mobile application that will allow the employees to check-in and check-out via a smart device. Contractor OR Contractor's Sub-contract will preregister the device to capture accurate location integration with GPS technology. The mobile application shall be compatible with Android and iOS Operating Systems. The mobile application shall be available in English and Spanish, and for both Android and iOS. The mobile application shall provide the ability for employees to check-in and check-out when there is no land line or cell coverage (Limited Service Zones). The mobile application will store encrypted visit data for delayed transmission (store and forward) and automatically transmit this data when WiFi or cellular coverage is detected. 3.10.3.1.3 Operate and maintain a third-party online time submission portal for review, edit and approval of time submissions received by employees of SDCB program. Notwithstanding anything to the contrary, the Procuring Agency shall not have any access, use, or other rights to the third-party portal except if and to the extent the third-party has granted such rights to the Procuring Agency directly or in its agreement with Contractor. 3.10.3.1.4 Time entries will be batch uploaded to the online time submission portal by Contractor daily for employee and employer review and submission. 3.10.3.1.5 Neither platform will include a scheduling feature, all services will be captured via the unscheduled visit feature to remain in line with the philosophy of self-direction and maintaining employer authority. 3.10.3.1.6 Intentionally omitted. 3.10.4 User Registration 3.10.4.1 Produce registrations forms, training materials, user guides and instructions for users regarding both the mobile application and telephony 3.10.4.2 Publish all registration materials on the Contractor website

Task Item	Subtasks	Description
3.11 Manage Agreed Payment Schedule	**3.11.1 Invoice the Procuring Agency According to the Operations Payment Schedule**	3.10.4.3 Contractor will distribute, collect and process EVV Registration Forms and enter data into Contractor portal in accordance with the policies and procedures established by Contractor and the Procuring Agency. 3.10.4.4 Contractor will be responsible for collecting registration forms received from SDCB Employees and Employers ("EE") and entering the data from the forms in the Contractor's or Contractor's Sub-Contractor FMS for both new and transitioning EEs. 3.10.4.5 Contractor will enter the EEs valid and unique e-mail address. 3.10.4.6 Contractor will enter the device ID (EE's cell phone) or participant's landline during the enrollment process (Intake). 3.10.4.7 Contractor also will update changes to services and budgets in the Care Management Portal (CMP) 3.10.4.8 Contractor will register all Employee of Record ("EOR") and EEs with Contractor's payment application for both new and existing EEs. 3.10.4.9 Interactive Voice Response (IVR) registration will be completed by the EEs and entered into the Contractor's CMP system. 3.10.4.10 Contractor will issue credentials to the EE end user for access to the portal and EVV mobile application. Contractor shall be paid a fixed monthly rate per member, per month (PMPM) for Electronic Visit Verification Requirements (EVV), including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:

Deliverable 4: Drug Rebate System – Ongoing Operation and Maintenance [Monthly System Operations]

Deliverable 4	Due Date	Compensation
Drug Rebate System – Ongoing Operation and Maintenance **[Monthly System Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
4.1 Accommodate Required Drug Rebate Inputs	**4.1.1 Accommodate Each Input Specified for the Drug Rebate System**	The Drug Rebate System shall accommodate the following inputs: 4.1.1.1 Federal Centers for Medicare and Medicaid Services listing of Manufacturers with Drug Rebate Agreements. 4.1.1.2 Centers for Medicare and Medicaid Services listing of quarterly rebate unit amounts. 4.1.1.3 Pharmacy claims extracts. 4.1.1.4 Weekly interest rates (based on U.S. Treasury bills).
4.2 Provide Required Drug Rebate Functionality	**4.2.1 Meet Detailed Specifications for the Drug Rebate System**	The Drug Rebate system must: 4.2.1.1 Provide online access to pharmacy claims, the Centers for Medicare and Medicaid Services listing of Manufacturers with Drug Rebate Agreements, Centers for Medicare and Medicaid Services listing of quarterly rebate amounts, quarterly rebate invoiced amounts at the NDC Level, and other data as directed by the Procuring Agency. 4.2.1.2 Support rebate updating for specific drugs and also at the manufacturer (labeler) level across all NDCs for that manufacturer when labelers submit updated or revised pricing.

Task Item	Subtasks	Description
		4.2.1.3 Maintain the pharmacy rebate agreement data online. 4.2.1.4 Calculate quarterly rebate amounts due based on number of units per NDC from pharmacy claims and the Centers for Medicare and Medicaid Services listing of quarterly unit rebate amounts. 4.2.1.5 Provide an automated method of checking invoices to determine whether any unit rebate amounts are zero and provide an electronic report that identifies rebate amounts equal to zero and send it to the Procuring Agency. 4.2.1.6 Provide an automatic default of the unit rebate amount to the most recently paid rebate amount to address disputes unless that most recently paid rebate amount is zero. 4.2.1.7 Provide the capability for inclusion of unit type conversion factors for drug unit type mismatches between the pharmacy claim unit types paid, and the drug manufacturer unit rebate amount types on the Centers for Medicare and Medicaid Services rebate list. 4.2.1.8 Provide the ability to compare invoices to remittance advices returned by the manufacturer to determine which NDC line item is in dispute by providing an electronic version of all line items included in the quarterly invoice. 4.2.1.9 Recalculate invoices if the amount the manufacturer submits is different from the invoice and judged to be correct. 4.2.1.10 Identify inconsistencies between the rebate amount due and the amount paid to the pharmacy and flag the inconsistencies for review subject to Procuring Agency guidelines. 4.2.1.11 Provide Procuring Agency staff with a method of extracting claims and other documentation for NDC line items that are in dispute via electronic media. 4.2.1.12 Provide the capability to accept fractional and decimal amounts in the unit field to six digits to the right of the decimal point.

Task Item	Subtasks	Description
		4.2.1.13 Calculate interest on quarterly rebate amounts due. Interest will begin to accrue on the thirty-ninth day after the day of mailing the quarterly rebate invoices. 4.2.1.14 Reconcile amounts paid to amounts invoiced by NDC line items. 4.2.1.15 Provide the capability to invoice manufacturers electronically. 4.2.1.16 Provide the capability to accept payments from the drug manufacturers electronically. 4.2.1.17 Provide the capability to transmit requested detailed drug claim listings electronically as requested by the Procuring Agency via a query or ad hoc request. 4.2.1.18 Provide the capability for the Procuring Agency to access and download drug rebate information electronically in a file type directed by the Procuring Agency. 4.2.1.19 Maintain a drug manufacturer data set for processing drug rebate claims. The data set will be accessible to the Procuring Agency online and will include the following information at a minimum: manufacturer ID, manufacturer name, manufacturer labeler code, mailing address, legal name and phone numbers, effective date (start of calendar quarter in which the manufacturer begins participation), financial contact and phone numbers, technical contact and phone numbers, date agreement becomes effective, retroactive indicator, invoice media indicator, and stop dates. 4.2.1.20 Maintain multiple effective date spans on the drug manufacturer records. Multiple segments are required to identify situations where a manufacturer becomes ineligible to participate in the Drug Rebate program for a period of time (as identified by the Centers for Medicare and Medicaid Services). 4.2.1.21 Validate for consistency of measurement units between the Centers for Medicare and Medicaid Services and MMIS drug

Task Item	Subtasks	Description
		reference data and provide automated conversions where specified by the Procuring Agency. 4.2.1.23 Provide the capability (if applicable) to separately identify drug rebate amounts by program. 4.2.1.24 Provide the capability to exclude specified drugs from drug rebate information processing based on Procuring Agency-defined criteria. 4.2.1.25 Provide the capability to perform batch and online updates to drug manufacturer data and to identify the sources of the updates. 4.2.1.26 Capture address and other information (including last change date) supplied on the quarterly tape from the Centers for Medicare and Medicaid Services. 4.2.1.27 Provide the capability to track pharmacy claims for Drug Rebate reporting by manufacturer via a desktop application. This will allow the Procuring Agency to derive claims level data based upon the Drug Rebate report application. 4.2.1.28 Maintain a process to track Drug Rebate activities by NDC by manufacturer, including billing for manufacturers and tracking collection of rebates. 4.2.1.29 Provide the capability to automatically determine the amounts of rebates due from each manufacturer, based on NDC codes, drug quantity units on paid pharmacy claims (both original and adjusted claims), rebate amounts, interest, and prior period adjustments per unit received from the Centers for Medicare and Medicaid Services. 4.2.1.30 Provide the capability to manually enter and report on corrections to the NDC level on drug rebate invoices. 4.2.1.31 Provide the capability to manually correct invoice records to the NDC level to support the dispute resolution process. 4.2.1.32 Maintain original and corrected invoice information at the NDC level.

Task Item	Subtasks	Description
		4.2.1.33 Maintain an audit trail of all changes made to invoices and flag invoice records that have been changed to facilitate future processing. 4.2.1.34 Provide the capability to display original and corrected records on reports defined by the Procuring Agency. 4.2.1.35 Create an electronic Drug Rebate Accounts Receivable report automatically when the drug manufacturer invoices are produced. 4.2.1.36 Provide the capability to transmit Accounts Receivable and balances to the Procuring Agency's Accounting System as required. 4.2.1.37 Maintain a mechanism to identify providers that are public health service entities (as identified by the Centers for Medicare and Medicaid Services) that have separate agreements with manufacturers under the Veterans Health Care Act of 1992 and subsequent amendments, with effective dates. It is very important that these entities are not invoiced. 4.2.1.38 Provide the capability to exclude from drug rebate invoices those units paid to public health service entities that have separate drug rebate agreements with manufacturers under the Veterans Health Care Act of 1992 and subsequent amendments. 4.2.1.39 Provide the capability to perform online changes to Accounts Receivable information, including the amount owed. The online changes may be made by the Procuring Agency's Fiscal Management Bureau and by the Procuring Agency's Drug Rebate Analyst. 4.2.1.40 Maintain the following information on the drug rebate accounts receivable by Labeler or by NDC including labeler number, original invoice amount, invoiced units/paid units, paid amount and date, applicable rebate quarter, adjusted invoice amount (multiple segments with dates), adjustment codes, additional payments (multiple segments with payment dates),

Task Item	Subtasks	Description
		interest charges, write-off reason, write-off amount and date, balance amount. 4.2.1.41 Maintain an automated drug rebate dispute tracking system. This system should track by labeler and by NDC, the manufacturer name, number, invoiced amount, invoiced quantity, manufacturer's paid quantity for the NDC, unpaid quantity (positive or negative), rebate amount per unit, unpaid rebate amount, dispute reason, interest owed, and quarter. 4.2.1.42 Provide the capability to receive manufacturers' dispute information electronically. 4.2.1.43 Maintain the capability to merge pharmacy claims with provider table records for dispute resolution. 4.2.1.44 Maintain an electronic table of all paid pharmacy claims for disputed products (NDCs) for the rebate quarter under review to facilitate dispute research. 4.2.1.45 Add Drug Rebate data to the Data Warehouse equivalent. 4.2.1.46 Generate prescription/invoice request reports to billing pharmacies for the purpose of requesting information on claims for disputed products. 4.2.1.47 Provide the capability to override recoupments in accordance with criteria provided by the Procuring Agency. 4.2.1.48 Provide the capability to automatically recalculate the utilization for each disputed NDC for all manufacturers after all adjustments have been recorded. 4.2.1.49 Provide an automated mechanism to subject each disputed prescription to a series of queries that compare the billed amount, quantity paid, and system-calculated allowed amount (the maximum amount the Procuring Agency will pay of the prescription) in order to identify the universe of claims for disputed products.

Task Item	Subtasks	Description
4.3 Meet Drug Rebate Reporting Requirements	**4.3.1 Meet Detailed Specifications for Drug Rebate Reporting**	4.2.1.50 Provide the capability to track and process prior period adjustments. 4.2.1.51 Maintain an automated tickler file to track Drug Rebate disputes. This will provide information on non-responding manufacturers. 4.2.1.52 Maintain a process to calculate and apply interest to Accounts Receivable based on drug rebates due to the Procuring Agency from manufacturers. 4.2.1.53 Accept data and calculate drug rebates for NDC codes that may be submitted on CMS-1500 and UB-04 forms and 818P and 818I claims. 4.2.1.54 The Drug Rebate System shall have the functionality to convert HCPCS codes for injectable items to NDC codes and claim the drug rebate when a direct one-to-one association can be established between a HCPCS code and an NDC code. The Drug Rebate system must provide the following outputs: 4.3.1.1 Drug rebate reports (for the Procuring Agency and for manufacturers) in electronic formats as well as on paper. 4.3.1.2 Reports and bills to manufacturers on rebate details and amounts due. 4.3.1.3 Reports to track rebate recoveries. 4.3.1.4 Detail drug claims listing reports. 4.3.1.5 Drug rebate dispute spreadsheets and reports 4.3.1.6 Reports on the effects of drug rebate dispute claim adjustments on aggregate utilization by quarter. 4.3.1.7 Updated utilization summaries on disputed products with information specified by the Procuring Agency.

Task Item	Subtasks	Description
		4.3.1.8 Periodic reports on current and past Accounts Receivable information for each drug manufacturer. 4.3.1.9 Reports on interest billed and collected as imputed by the Procuring Agency. 4.3.1.10 Reports on payment discrepancies and disputes with manufacturers. 4.3.1.11 Reports on drugs excluded from the drug rebate invoice process. 4.3.1.12 Reports to billing pharmacies requesting information on claims for disputed products. These reports will include dates of service, beneficiaries, and prescription numbers. The NDCs and the quantities billed will not be included on these reports. These reports will be used to confirm the accuracy of the claims data; it will be the providers' responsibility to review their records to ascertain that the quantities billed and NDCs are accurate on the claims. 4.3.1.13 Letters to manufacturers to accompany invoices. 4.3.1.14 Interest statements to manufacturers. These statements will accompany the invoices. 4.3.1.15 Manufacturer drug rebate invoices in both electronic format, with Procuring Agency capability to update pricing information, drug exclusions and contact information, and in paper format. 4.3.1.16 Reports showing amounts rebated compared to amounts paid by manufacturers by NDC quarter by line item. 4.3.1.17 Summary reports of Drug Rebate dispute amounts by dispute code by drug manufacturer labeler code. 4.3.1.18 Quarterly drug rebate information in a form compatible with CMS-64 reporting requirements.

Task Item	Subtasks	Description
4.4 Operate and Maintain Drug Rebate System	**4.4.1 Provide All Drug Rebate System (DRS) Operations, Infrastructure & Staff Support** **4.4.2 Produce and Distribute DRS Reports and Bills** **4.4.3 Generate DRS Utilization Summary Reports** **4.4.4 Transfer DRS Files from Point of Sale System**	4.3.1.19 A utilization file, transmitted to CMS quarterly, of all invoices including prior quarter adjustments and adjustments resulting from dispute resolutions and claim unit changes. The Contractor shall operate and maintain a Drug Rebate System according to the specifications proposed by the Contractor and accepted by the Procuring Agency. 4.4.1.1 The Contractor shall supply the necessary hardware, software, telecommunications and other components and information technology staff support to operate the Drug Rebate System. The Contractor shall produce and distribute via the EDMS, hard copy, or other Procuring Agency-approved means all reports and bills relating to drug rebates proposed as part of the Contractor's Drug Rebate System solution. The Contractor shall generate updated utilization summary reports for disputed products and submit the reports to the Procuring Agency. The Contractor shall transfer files from the Point of Sale (POS) System in an agreed upon format required to accomplish drug rebate tasks. All programming functions for the Drug Rebate System are the responsibility of staff assigned to Drug Rebate System support and such staff is in addition to the System Maintenance Unit staff required by Deliverable 2. Programming staff assigned to support the Drug Rebate System will be knowledgeable in the system, in the Medicaid Program, and in the business needs and operations of the functional area supported by the system.

Task Item	Subtasks	Description
	4.4.5 Provide Additional Staff for DRS System Support **4.4.6 Ensure DRS Rebate System Support Staff are Qualified**	The Contractor shall develop, test, and implement software updates, corrections, and enhancements, including but not limited to the following subtasks: 4.5.1.1 Analyze and size change requests submitted by the Procuring Agency. 4.5.1.2 Perform software support and error correction. 4.5.1.3 Comply with the software development, change management and system test requirements contained in Tasks 1.3 and 1.4 of Deliverable 1.
4.5 Modify Drug Rebate System	**4.5.1 Manage DRS Revisions Management**	Contractor shall be paid a fixed monthly rate for delivering these operations, including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:
4.6 Manage Agreed Payment Schedule	**4.6.1 Invoice the Procuring Agency According to the Operations Payment Schedule**	

Deliverable 5: Automated Voice Response System (AVRS) – Ongoing Operation and Maintenance [Monthly System Operations]

Deliverable 5	Due Date	Compensation
AVRS – Ongoing Operation and Maintenance **[Monthly System Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
5.1 Meet Automated Voice Response System Requirements		The Contractor shall support the Automated Voice Response System (AVRS), per procuring agency, that enables providers and clients to perform specific functions.
	5.1.1 Implement an AVRS	The AVRS must include sufficient ports to meet the performance standards of the Procuring Agency.
	5.1.2 Provide Sufficient Ports for AVRS	The AVRS must include the following functionality for providers:
	5.1.3 Meet Detailed Specifications for the AVRS	5.1.3.1 The AVRS must allow providers to verify client eligibility for a single date of service, including category of eligibility, managed care enrollment, lock-in, other insurance, and Medicare coverage. Eligibility may be obtained by entering the client ID number, the card control number, or both the Social Security Number and date of birth. 5.1.3.2 The AVRS must allow providers to obtain the amount of their most recent weekly payment amount. 5.1.3.3 The AVRS must allow providers to obtain the status of a claim by entering the claim's Transaction Control Number (TCN) or both the client ID number and date of service. The AVRS must include the following functionality for clients: 5.1.3.4 AVRS client functions must support English and Spanish language prompts.

Task Item	Subtasks	Description
5.2 Operate and Maintain AVRS	**5.2.1 Provide All AVRS Operations, Infrastructure & Staff Support**	5.2.1.1 The Contractor shall operate and maintain an AVRS according to the specifications proposed by the Contractor and accepted by the Procuring Agency. 5.2.1.2 The Contractor shall supply the necessary hardware, software, telecommunications and other components and information technology staff support to operate the AVRS.
	5.2.2 AVRS Production Reports	The Contractor shall produce and distribute via the EDMS, hard copy, or other Procuring Agency-approved means all production reports proposed as part of the Contractor's AVRS solution.
	5.2.3 Provide Additional Staff for AVRS Support	All programming functions for the AVRS are the responsibility of staff assigned to AVRS support and such staff is in addition to the System Maintenance Unit staff required by Deliverable 1.
	5.2.4 Ensure AVRS Support Staff are Qualified	Programming staff assigned to support the AVRS will be knowledgeable in the system, in the Medicaid Program, and in the business needs and operations of the functional area supported by the system.
	5.2.5 Ensure AVRS Maintains Agreed Service Level	The Contractor shall ensure that the AVRS is operational twenty-four (5) hours per day, seven (22) days per week with maintenance and support downtime for the AVRS scheduled for the low utilization periods when OmniCaid is also scheduled for maintenance and support.
	5.2.6 Minimize AVRS Busy Signals and Wait Time	The Contractor shall ensure there are sufficient incoming lines to access AVRS so that no more than 5% of incoming calls ring busy. The average wait time shall not exceed two (2) minutes. The AVRS will allow for a provider to hold until a connection is made. The call completion rate shall not be below 90%.

Task Item	Subtasks	Description
5.3 Modify AVRS	**5.2.7 Provide AVRS Weekly Reports**	The Contractor shall provide to the Procuring Agency weekly reports containing AVRS call statistics identifying total calls, completed calls, abandoned calls, average time on call, and average wait time. The reports shall be provided in a Procuring Agency-approved format.
	5.3.1 Manage AVRS Revisions	The Contractor shall develop, test, and implement software updates, corrections, and enhancements, including but not limited to the following subtasks: 5.3.1.1 Analyze and size change requests submitted by the Procuring Agency. 5.3.1.2 Perform software support and error correction. 5.3.1.3 Comply with the software development, change management and system test requirements contained in Tasks 1.3 and 1.4 of Deliverable 1.
5.4 Manage Agreed Payment Schedule	**5.4.1 Invoice the Procuring Agency According to the Operations Payment Schedule**	Contractor shall be paid a fixed monthly rate for delivering these operations, including the applicable NM GRT) for that month, according to the following schedule: 5.4.1.1 • 10/1/2024-7/31/25 monthly fixed fee including GRT $1,632.58 • 8/1/25-12/31/25 monthly fixed fee including GRT $1,714.21. • 1/1/26-7/31/26 monthly fixed fee including GRT $1,983.68. The Contractor shall work with the Procuring Agency's Consolidated Customer Service Center vendor to modify the AVRS based on specifications proposed by the Contractor and the Procuring

Task Item	Subtasks	Description
5.5 The Contractor shall work with the Procuring Agency's Consolidated Customer Service Center vendor to modify the AVRS		Agency's Consolidated Customer Service Center vendor and approved by the Procuring Agency. The Procuring Agency may request additional changes to the AVRS. For any work performed under this Section, Conduent will develop a change request and associated fees for review and approval by the Procuring Agency.

Deliverable 6: Electronic Document Management System (EDMS) – Ongoing Operation and Maintenance [Monthly System Operations]

Deliverable 6	Due Date	Compensation
EDMS – Ongoing Operation and Maintenance **[Monthly System Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
6.1 Provide an EDMS		The Contractor shall support an Electronic Document Management System (EDMS) that performs scanning, image storage and retrieval, and optical character recognition of submitted claims.
	6.1.1 Store EDMS Images in Approved File Format	Images shall be stored in an industry-standard, Procuring Agency-approved format that is not restricted to a specific platform or system in order to permit their transfer to another EDMS.
	6.1.3 Provide an ERM Repository	6.1.3.1The EDMS must include an Enterprise Report Management (ERM) repository, formerly known as "Computer Output to Laser Disc" (COLD), to provide storage and retrieval for all MMIS reports. 6.1.3.2 The ERM repository shall provide for easy access and search keys in order to locate specific data amid a large number of reports. 6.1.3.3 The Contractor shall provide sufficient storage capacity so that reports may be retained in the ERM repository indefinitely.
	6.1.4 Provide EDMS Access Security	The EDMS must incorporate security features restricting access to authorized Contractor and Procuring Agency users. The EDMS and Contractor's operating procedures shall meet the requirements of the New Mexico Administrative Code as specified in Title 1, Chapter 13, Part 3 (1.13.3 NMAC), "Management of Electronic Records"; and in Title 1, Chapter 15 (1.15 NMAC),

Task Item	Subtasks	Description
6.2 Operate and Maintain EDMS	**6.1.5 Comply with Specified New Mexico Administrative Codes**	"General Records Retention and Disposition Schedules" as appropriate to the specific records being stored. The Contractor shall operate and maintain the EDMS and the EDMS Workflow according to the specifications proposed by the Contractor and accepted by the Procuring Agency. 6.2.1.1 The Contractor shall supply the necessary hardware, software, telecommunications and other components and information technology staff support to operate the EDMS.
	6.2.1 Provide All EDMS Operations, Infrastructure & Staff Support	The Contractor shall retain reports stored in the ERM repository for seven (7) years; reports are not to be purged or archived without the Procuring Agency's written permission.
	6.2.2 Retain ERM Records Seven (7) Years	All programming functions for the EDMS are the responsibility of staff assigned to EDMS support and such staff is in addition to the System Maintenance Unit staff required by Deliverable 1.
	6.2.3 Provide Additional Staff for EDMS Support	Programming staff assigned to support the EDMS will be knowledgeable in the system, in the Medicaid Program, and in the business needs and operations of the functional area supported by the system.
	6.2.4 Ensure EDMS Support Staff are Qualified	
6.3 Modify EDMS		The Contractor shall develop, test, and implement software updates, corrections, and enhancements, including but not limited to the following subtasks: 6.3.1.1 Analyze and size change requests submitted by the Procuring Agency. 6.3.1.2 Perform software support and error correction.
	6.3.1 Manage EDMS Revisions	

Task Item	Subtasks	Description
6.4 Manage Agreed Payment Schedule	**6.4.1 Invoice the Procuring Agency According to the Operations Payment Schedule**	6.3.1.3 Comply with the software development, change management and system test requirements contained in Tasks 1.3 and 1.4 of Deliverable 1. Contractor shall be paid a fixed monthly rate for delivering these operations, including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:

Deliverable 7: Ongoing Disaster Avoidance and Recovery [Monthly System Operations]

Deliverable 7	Due Date	Compensation
Ongoing Disaster Avoidance and Recovery **[Monthly System Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
7.1 Maintain Disaster Avoidance Measures	**7.1.1 Meet Detailed Specifications for Disaster Avoidance**	The Contractor shall provide for Disaster Avoidance by maintaining all necessary safeguards against the destruction, loss, and improper alteration of the System Data, including the following: 7.1.1.1 Protection from disaster through multiple levels of hardware and software redundancy and the off-site storage of backup files that will allow the Contractor to recover from unexpected failures without interruption in service except for the time required to activate the Contractor's hot site and load backup software and files. 7.1.1.2 Reliability and high availability features to ensure delivery of continuous operation and the integrity and reliability of MMIS data, including: automatic recovery, online backup, roll-forward, failover, and replication. The MMIS will be available twenty-four (5) hours per day, seven (7) days per week unless down time is approved in advance by the Procuring Agency. 7.1.1.3 Backup servers to load balance and provide continued access to the System in the event a server fails. 7.1.1.4 Redundancy and fault tolerance of the data repository through disk arrays on the database servers; servers will be configured in clusters with redundant processors that take over in the event of CPU/memory failures.

Task Item	Subtasks	Description
7.2 Develop and Maintain Disaster Recovery/Business Continuity Plan		7.1.1.5 Application monitoring software that will ensure that, if a process on the server fails, it is restarted automatically and with little perceptible delay to the users. 7.1.1.6 System backups (daily for data and weekly for applications) that will be stored off-site at secure and fireproof locations. Backup procedures, including the media, format, frequency, type (incremental versus full) and storage locations shall be subject to the Procuring Agency's review and approval. 7.1.1.7 Uninterruptible power supplies and programs, including battery power that will protect the network and systems from spikes or drops in incoming power, generators at the MMIS platform location that can provide alternative power for at least 5 hours in the event of a regional power outage, and regularly scheduled tests of the Contractor's ability to switch to battery or generator power.
	7.2.1 Deliver Complete DR/BCP Plan in Agreed Time Period	The Contractor shall provide a Disaster Recovery (DR)/Business Continuity (BCP) Plan to the Procuring Agency. The DR/BCP Plan will provide for a wide range of disasters that could affect one or more of the MMIS system's locations and will provide a strategy to protect the MMIS data and maintain continuous operations during and after those disasters with minimal disruption.
	7.2.2 Adapt to Changing DR/BCP Standards at No Additional Charge	The Contractor shall modify the DR/BCP Plan as required to meet changing conditions or policies from the state at no additional charge to the Procuring Agency.
	7.2.3 Provide All DR/BCP Planning and Infrastructure	The Contractor supplies the DR/BCP Plan and provides all the hardware, software and/or services to support and carry out the

Task Item	Subtasks	Description
		DR plan. The Contractor shall provide at least one alternate location for business recovery in the event of a disaster.
	7.2.4 DR/BCP Plan Revision Management	The Procuring Agency will review the DR/BCP Plan and request modifications and additions as necessary. The Contractor shall make changes as necessary to obtain Procuring Agency approval prior to the start of the Contract. The Contractor shall update the plan throughout the term of the contract to ensure currency of the plan and as necessary to continually meet Procuring Agency standards. The DR/BCP Plan will include detailed procedures for an orderly shutdown, as well as sudden loss of operations (i.e., "crash" shutdowns) and detailed procedures for resumption of operations including estimated time in the event of a disaster.
	7.2.5 Meet Detailed Specifications in the DR/BCP Plan	The Disaster Recovery Plan/Business Continuity Plan will include, at a minimum: 7.2.5.1 Assignment of responsibilities. 7.2.5.2 Established order of restoration precedence. 7.2.5.3 Identification of the operating system and its components (e.g., TSO, POWERBUILDER, CICS, etc.). 7.2.5.4 Identification of operating system dependencies. 7.2.5.5 Identification of all files, data stores, and utilities. 7.2.5.6 Identification of all backup files and descriptions of the frequency and methods used to keep backup files updated. Backup files will be stored off-site and will include but not be limited to source programs, job control language (JCL), data files and

Task Item	Subtasks	Description
7.3 Test and Implement Disaster Recovery /Business Continuity Plan	**7.3.1 Provide Sub-Contractors DR/BCP Plan** **7.3.2 Meet Agreed Service Levels and Recovery Times During Actual Disasters** **7.3.3 Recover or Regenerate any Lost Data Within Agreed Time Period**	databases, reference files, claims history files, eligibility master files, provider master files; application system, user, and operational documentation; system requirements, user documentation, ERM files, and files maintained on the Contractor's local area network. 7.2.5.7 Logistics for creating the disaster copies. 7.2.5.8 Logistics for transferring operations to the backup location. 7.2.5.9 Frequency of operating system backup. 7.2.5.10 Other preparatory measures for disaster recovery and for assuring business continuity: 7.2.5.11 Procedures for regeneration of updates that may be lost due to operator errors, conversion errors, update errors, or system malfunctions. The Contractor shall describe its procedures for storing and backing up update files and retaining source documents required to recreate such files or updates. The Contractor shall store backup copies of source documents using electronic technology and media approved by the Procuring Agency. The Contractor shall conduct an annual test run of the Disaster Recovery Plan/Business Continuity Plan involving all responsible parties, with expected results as the benchmark. Results of the test run will be provided to the Procuring Agency for its review.
7.4 Manage Agreed Payment Schedule	**7.4.1 Invoice the Procuring Agency According to the**	The Contractor shall provide Disaster Recovery Plan/Business Continuity Plan for all sub-Contractor's systems annually. In the event a disaster causes the MMIS to become unavailable or causes an interruption in the delivery of administrative services, the Contractor shall immediately notify the Procuring Agency. The Contractor shall take steps to ensure timely resumption of administrative services and shall load System Data from backup media at the designated alternate site(s) to recover basic functionality of the System within 5 hours and restore complete

Task Item	Subtasks	Description
	Schedule for Disaster Avoidance and Recovery	functionality of the System within 48 hours from the occurrence of the disaster. In the event of a loss of any System Data, the Contractor shall use all necessary means to recover or regenerate the lost System Data, at the Contractor's expense, as soon as practicable within five (5) calendar days from the date the Contractor learns of the loss. The Contractor will deliver invoices according to the following payment schedule for Disaster Avoidance and Recovery, including the applicable New Mexico Gross Receipts Tax (NM GRT:

Deliverable 8: Ongoing Network Support [Monthly System Operations]

Deliverable 8	Due Date	Compensation
Ongoing Network Support **[Monthly System Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
8.1 Maintain Network Management Unit		The Contractor shall provide an operationally experienced Network Management Unit consisting at a minimum of a manager and sufficient network analysts or technicians to support the Contractor's network and provide connectivity to the Procuring Agency's network.
	8.1.1 Provide a Qualified Network Management Unit	The Contractor shall provide operational support for its own network, hardware and software and shall provide connectivity between its network and the Procuring Agency's network to ensure access by authorized users to the MMIS, and other Contractor-operated systems.

Task Item	Subtasks	Description
8.2 Perform Support		The Contractor shall perform, at a minimum, the following functions related to network support:
	8.2.1 Support Internal and External Connectivity	8.2.1.1 Provide all hardware, software, and other resources necessary to maintain connectivity with the Procuring Agency network.
	8.2.2 Meet Detailed Specifications for Support	8.2.2.1 Ensure appropriate licensure for all software provided by the Contractor as part of its overall MMIS solution. 8.2.2.2 Provide access to the MMIS, and other Contractor-operated systems and sub-Contractors to authorized users on the Procuring Agency network. 8.2.2.3 Provide overall administration of its own LAN functions, including providing for continual virus checking and protecting all data through nightly back up routines. Virus detection capability shall be updated at least weekly, with immediate updates distributed in response to specific threat warnings issued by software vendors. 8.2.2.4 Provide troubleshooting for problems affecting user access to the MMIS and other systems. 8.2.2.5 Work with the Procuring Agency's Information Technology Division to resolve issues affecting connectivity with the Procuring Agency network. 8.2.2.6 The Contractor shall provide secure and reliable access to OmniCaid and other applications to users authorized by the Procuring Agency who are not on the Procuring Agency network, via Citrix or a Procuring Agency-approved alternative.
8.3 Provide Secure File Transfer Capability		The Contractor shall provide a secure, web-based file transfer capability for use by the Procuring Agency, other Procuring Agency Contractors, and other Procuring Agency-authorized entities. The secure file transfer capability will support exchange of data with the

Task Item	Subtasks	Description
8.4 Manage Agreed Payment Schedule	**8.4.1 Invoice the Procuring Agency According to the Operations Payment Schedule**	Contractor as well as between the Procuring Agency and the Procuring Agency's other trading partners. Contractor shall be paid a fixed monthly rate for delivering these operations, including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule: 8.4.1.1 • 10/1/2024-7/31/25 monthly fixed fee including GRT $214,084.02 • 8/1/25-12/31/25 monthly fixed fee including GRT $224,788.22. • 1/1/26-7/31/26 monthly fixed fee including GRT $260,124.93.

Deliverable 9: Ongoing Help Desk Services [Monthly Fiscal Operations]

Deliverable 9	**Due Date**	**Compensation**
Ongoing Help Desk Services **[Monthly Fiscal Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
9.1 Maintain Telephone System	**9.1.1 Provide Procuring Agency-of-the-Art Telephone System for PBM**	The Contractor shall operate and maintain a state-of-the-art telephone system for PBM, including Private Branch Exchange (PBX), interaction management software, call management system, and voicemail

	9.1.2 Support All Help Desks	The telephone system shall support the following Help Desk: • Pharmacy Support,
	9.1.3 Support Computer-Telephony Integration	The system will support Computer-Telephony Integration and interface with the Contractor's automated Contact Tracking System (Subtask 9.2.1)
	9.1.4 Provide Sufficient Number of Toll-Free Lines	The Contractor shall establish and maintain a sufficient number of toll-free telephone lines to provide a high level of service. The toll-free lines must be available to all of New Mexico and include a sufficient degree of toll-free access nationwide.
	9.1.5 Provide Weekly Help Desk Statistics	The Contractor shall provide the Procuring Agency with weekly reports with Help Desk call statistics identifying total calls, completed calls, abandoned calls, abandonment rate, average talk time, average speed of answer, average wait on abandoned calls, calls routed to voice mail, and staffing levels for all Help Desks.
9.2 Maintain Contact Tracking System	**9.2.1 Provide Contact Tracking System (CTS)**	The Contractor shall operate an automated Contact Tracking System (CTS) for documenting inquiries and complaints received from pharmacies and providers. The system will be used for tracking each inquiry or complaint from creation to closure and will include, at a minimum, for each contact, a tracking number, pharmacy or provider identification, provider type, category or type of contact, date opened, description of problem, cause of contact, resolution, and date closed.
	9.2.2 Enable CTS to Manage Help Desk Contacts	The CTS will be capable of documenting contacts received by any of the Help Desks operated by the Contractor unless otherwise approved by the Procuring Agency for specific help desks. The CTS will be used to register, and document contacts received through written mail, e-mail, fax, telephone, or face-to-face meetings.
	9.2.3 Use CTS to Manage Contacts Received by Multiple Methods	The Contractor shall provide monthly reports to the Procuring Agency summarizing all contacts opened since the last such report,

	9.2.4 Enable Flexible, Comprehensive CTS Reporting	by type of contact, as well as all inquiries or complaints not yet closed. The Contractor must make detailed reports available upon request.
	9.2.5 Provide Monthly Status Reports of Open Inquiries	
	9.2.6 Capture All Unresolved Contacts in CTS	The CTS will have the ability to generate summary reports for the parameters listed above (Subtask 9.2.1) and for a flexible range of time spans.
	9.3.1 Implement a Call Monitoring System	If an answer to an inquiry or complaint cannot be resolved immediately, the Contractor shall leave that contact open in the CTS.
	9.3.2 Present a Satisfaction Survey Option to Callers	
9.3 Promote Help Desk Quality		The Contractor shall implement a call monitoring system to support quality assurance monitoring and training. The system shall support call recording, screen capture, entry of evaluation results, and auto-scheduling.
	9.3.3 Ensure Procuring Agency Approval is Obtained Before Limiting Help Desk Capacity	The Contractor shall present a satisfaction survey option to callers as part of the quality assurance system, allowing callers to report their experience with the Help Desks' service. The content of the survey shall be approved by the Procuring Agency prior to implementing the survey option. The Contractor shall tabulate survey responses and the Procuring Agency with a monthly summary report.

9.4 Manage Agreed Payment Schedule	**9.4.1 Invoice the Procuring Agency According to the Operations Payment Schedule**	The Contractor may not limit the number of contacts by telephone, except as approved by the Procuring Agency to ensure efficient access to the Help Desks by other callers. Contractor shall be paid a fixed monthly rate for delivering these operations, including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:

Deliverable 10: Ongoing HIPAA Translation Services [Monthly Fiscal Operations]

Deliverable 10	Due Date	Compensation
Ongoing HIPAA Translation Services **[Monthly Fiscal Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
10.1 Provide HIPAA Translation Services		The Contractor shall provide a HIPAA Translation solution, such as a clearinghouse option or its own HIPAA translator.
	10.1.1 Provide Some HIPAA Translation Alternative	The Contractor's HIPAA Translation solution must have the ability to receive and process all X12 5010 transaction sets except the 88 and to store and utilize all data elements submitted on the HIPAA X12 transaction sets.
	10.1.2 Meet Detailed Specifications for HIPAA Translation Services	10.1.2.1 Incoming batch files (for example, 818 transactions) must be processed by the translator and sent to OmniCaid within 5 hours of receipt. 10.1.2.2 Outgoing transactions received from OmniCaid (for example, 816 transactions) must be processed by the translator and sent to the corresponding trading partner within 5 hours of receipt. 10.1.2.3 The Contractor shall ensure the accuracy of information reported on HIPAA response transactions.
10.2 Provide Trading Partner Management System		
	10.2.1 Provide a Trading Partner Management System (TPMS)	The Contractor shall provide a Trading Partner Management System (TPMS) that will be accessible by Contractor staff to enroll and

Task Item	Subtasks	Description
	that Supports Core Functions	disenroll submitters, identify what transactions submitters are allowed to submit, and their status (test or production).
	10.2.2 Coordinate Enrollments with the TPMS	The Contractor shall coordinate provider enrollment and other trading partner enrollment activities using the TPMS.
10.3 Operate the System Enhanced with HIPAA 80/81 Transactions	**10.2.3 Provide TPMS Access to Procuring Agency Employees**	The Contractor shall provide authorized Procuring Agency staff with access to the TPMS.
	10.3.1 Provide Ongoing Batch Support for HIPAA 80/81	The Contractor shall provide ongoing operational support for batch 80/81 transactions.
	10.3.2 Manage Revisions to the HIPAA 80/81 Enhancements	The Contractor shall develop, test, and implement software updates, corrections, and modifications to the enhanced system, including but not limited to the following subtasks:
10.4 Operate the System Enhanced with HIPAA 81 Transactions		10.3.2.1 Analyze and size change requests submitted by the Procuring Agency. 10.3.2.2 Perform software support and error correction. 10.3.2.3 Comply with the software development, change management and system test requirements contained in Tasks 1.3 and 1.4 of Deliverable 1.
	10.4.1 Provide Ongoing Support for HIPAA 81	The Contractor shall provide ongoing operational support for 81 transactions.

Task Item	Subtasks	Description
10.5 Operate the System Enhanced with HIPAA 815 Transactions	**10.4.2 Manage Revisions to the HIPAA 81 Enhancement**	The Contractor shall develop, test, and implement software updates, corrections, and modifications to the enhanced system, including but not limited to the following subtasks: 10.4.2.1 Analyze and size change requests submitted by the Procuring Agency. 10.4.2.2 Perform software support and error correction. 10.4.2.3 Comply with the software development, change management and system test requirements contained in Tasks 1.3 and 1.4 of Deliverable 1.
10.6 Maintain and Modify the 86/822 HIPAA Enhanced System	**10.5.1 Provide Ongoing Support for HIPAA 815**	The Contractor shall provide ongoing operational support for 815 transactions.
	10.5.2 Manage Revisions to the HIPAA 815 Enhancements	The Contractor shall develop, test, and implement software updates, corrections, and modifications to the enhanced system, including but not limited to the following subtasks: 10.5.2.1 Analyze and size change requests submitted by the Procuring Agency. 10.5.2.2 Perform software support and error correction. 10.5.2.3 Comply with the software development, change management and system test requirements contained in Tasks 1.3 and 1.4 of Deliverable 1.
10.7 Maintain and Modify the	**10.6.1 Provide Ongoing Support for HIPAA 86/822**	The Contractor shall provide ongoing operational support for 86/822 transactions.

Task Item	Subtasks	Description
HIPAA 822CA Enhanced System	**10.6.2 Manage Revisions to the HIPAA 86/822 Enhancements**	The Contractor shall develop, test, and implement software updates, corrections, and modifications to the enhanced system, including but not limited to the following subtasks: 10.6.2.1 Analyze and size change requests submitted by the Procuring Agency. 10.6.2.2 Perform software support and error correction. 10.6.2.3 Comply with the software development, change management and system test requirements contained in Tasks 1.3 and 1.4 of Deliverable 1.
10.8 Operate and Maintain the System HIPAA Operating Rules	**10.7.1 Provide Ongoing Support for HIPAA 822CA** **10.22.2 Manage Revisions to the HIPAA 822CA Enhancements** **10.8.1 Provide Ongoing Support** **10.8.2 Manage Revisions to Enhanced Systems**	The Contractor shall provide ongoing operational support for 822CA transactions. The Contractor shall develop, test, and implement software updates, corrections, and modifications to the enhanced system, including but not limited to the following subtasks: 10.7.2.1 Analyze and size change requests submitted by the Procuring Agency. 10.7.2.2 Perform software support and error correction. 10.7.2.3 Comply with the software development, change management and system test requirements contained in Tasks 1.3 and 1.4 of Deliverable 1.
10.9 Manage Agreed Payment Schedule		

Task Item	Subtasks	Description
		The Contractor shall provide ongoing operational support for EFT/ERA transactions and comply with the Operating Rules for those transactions. The Contractor shall develop, test, and implement software updates, corrections, and modifications to the enhanced system, including but not limited to the following subtasks: 10.8.2.1 Analyze and size change requests submitted by the Procuring Agency. 10.8.2.2 Perform software support and error correction. 10.8.2.3 Comply with the software development, change management and system test requirements contained in Tasks 1.3 and 1.4 of Deliverable 1.
	10.9.1 Invoice the Procuring Agency According to the Operations Payment Schedule	Contractor shall be paid a fixed monthly rate for delivering these operations, including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:

Deliverable 11: Ongoing HIPAA Compliance [Monthly Fiscal Operations]

Deliverable 11	Due Date	Compensation
Ongoing HIPAA Compliance **[Monthly Fiscal Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
11.1 Comply with HIPAA Requirements	**11.1.1 Maintain HIPAA Knowledge and Meet All Requirements**	The Contractor shall be knowledgeable about federal HIPAA requirements and meet HIPAA transaction, privacy, and security standards, both in their own functions and operations and in maintaining and operating the MMIS.
	11.1.2 Ensure Timely HIPAA Transactions	The Contractor shall ensure a timely response from the MMIS when responding to a HIPAA transaction.
	11.1.3 Provide Coordination Between HIPAA Translation and MMIS Functions	The Contractor shall provide for coordination of activities and processes between the Contractor's HIPAA Translation solution and MMIS functions, including supporting interfaces, supplying data files for downloading, researching potential interface issues, resolving interface issues, and enforcement of trading partner agreements.
	11.1.4 Provide Free Electronic Claim Submissions During Transition to New Web Portal	The Contractor shall provide free electronic claim submission capability to New Mexico providers by providing a direct data entry (DDE) component as part of the new Web portal enhancement.
	11.1.5 Provide Training on HIPAA Standards and Contractor's Solutions	The Contractor shall provide training and information on use of the HIPAA Translation solution, the Contractor's electronic claim submission solution, and HIPAA standards and requirements.

Task Item	Subtasks	Description
	11.1.6 Remain Informed of HIPAA Changes and Initiate Approved Solutions	The Contractor shall remain informed on national code and value changes and initiate necessary changes in the MMIS with Procuring Agency approval.
	11.1.7 Meet All HIPAA Privacy Requirements	The Contractor shall meet and enforce HIPAA privacy standards within their organization and in the operations of the MMIS.
	11.1.8 Meet all HIPAA Security Requirements	The Contractor shall meet and enforce HIPAA system security standards within their own organization, the sites at which they operate the MMIS, and within the MMIS itself, according to a Security Plan which must be developed by the Contractor and approved by the Procuring Agency.
	11.1.9 Enforce Physical Security Standards at All MMIS Sites	The Contractor shall meet and enforce physical security standards at each of their sites involved in operating the MMIS.
11.2 Manage Agreed Payment Schedule		Contractor shall be paid a fixed monthly rate for delivering these operations, including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:
	11.2.1 Invoice the Procuring Agency According to the Operations Payment Schedule	

Deliverable 12: Ongoing Member Management Services [Monthly Fiscal Operations]

Deliverable Twelve	Due Date	Compensation
Ongoing Member Management Services **[Monthly Fiscal Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
12.1 Manage Member Information	**12.1.1 Perform Specified File Maintenance**	The Contractor shall perform the following files maintenance tasks to support the Member Management business process: 12.1.1.1 Update and reconcile client eligibility received from ASPEN interfaces 12.1.1.2 Merge records of duplicate clients. 12.1.1.3 Unmerge records of clients inappropriately combined. 12.1.1.4 Verify and add TPL coverage to Omnicaid when indicated on a claim, Explanation of Benefits or Managed Care file to ensure cost avoidance. 12.1.1.4.1 Maintain current "other Insurance" indicators and information on the eligibility file for all individuals. 12.1.1.4.2 Maintain the Recipient Resource File, incorporating the related requirements including client identifying information, the insurance carrier(s), the name and address of the carrier(s), the type of coverage, coverage dates, the source of the insurance information, policy holder name and social security number, and policy number.

Task Item	Subtasks	Description
		12.1.1.4.3 Maintain the indicators to show the dates that coverage was in effect. The Contractor shall enter the insurance end date when it is determined that the individual no longer has insurance. 12.1.1.4.4 Work out, with Procuring Agency approval, data exchanges with insurance carriers and governmental agencies; and perform those data exchanges on a schedule approved by the Procuring Agency.
12.2 Support Inquiries on Member Eligibility	**12.2.1 Give Providers Multiple Ways to Check Eligibility**	The Contractor shall allow providers to inquire on member eligibility via a secure Web portal, by calling an Automated Voice Response System. The Contractor shall perform the following enrollment tasks to support the Member Management business process: 12.2.1.1 The Contractor shall make changes to Managed Care and make other changes required to maintain accurate client managed care lock-in information (e.g., new enrollment, switches during open enrollment, and Native American opt in). Clients may select a managed care organization (MCO) by returning a hard copy enrollment form for entry by Contractor staff.
12.3 Support HIPAA on Member Eligibility	**12.3.1 Comply with HIPAA on Member Eligibility**	The Contractor and any Sub-Contractors shall comply with all HIPAA provisions for privacy, security, and transmission of data with regards to client information.
12.4 Support Modifications to Member Data	**12.4.1 Modifications to Member Eligibility Data**	The Contractor shall develop, test, and implement software updates, corrections, and modifications to the enhanced system, including but not limited to the following subtasks: 12.4.1.1 Analyze and size change requests submitted by the Procuring Agency.

Task Item	Subtasks	Description
12.5 Manage Agreed Payment Schedule	**12.5.1 Invoice the Procuring Agency According to the Operations Payment Schedule**	12.4.1.2 Perform software support and error correction. 12.4.1.3 Comply with the software development, change management and system test requirements contained in Tasks 1.3 and 1.4 of Deliverable 1. Contractor shall be paid a fixed monthly rate for delivering these operations, including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:

Deliverable 13: Configure, Test and Implement Pharmacy Benefit Management (PBM) Solution

Deliverable 13	Due Date	Compensation
Configure, Test and Implement Pharmacy Benefit Management (PBM) Solution	**TBD**	**TBD**

Task Item	Sub Tasks	Description
6.1 Meet Minimum PBM Solution Requirements		

Task Item	Sub Tasks	Description
	6.1.1 Provide Pharmacy Benefit Management Solution	The Contractor shall provide a Point of Sale (POS) Solution, which includes at a minimum the following capabilities: • Transmission and online real-time processing of pharmacy claims with immediate response to the Provider • Real-time access to Member and Provider eligibility information and IDs • Prior approval processing • TPL processing and response, • Notification of co-payment requirements, • Reversal of claims • Compounded prescriptions processing including processing of drug rebates related to compounded prescriptions • Accept and process qualifier from the pharmacy or help desk to permit overrides for emergencies, life-threatening illnesses, and other situations defined by the Procuring Agency. The Contractor's solution shall provide POS functionality that will be available to Providers for claims submission. The Contractor's solution shall support electronic signature functionality and accept digital signatures from Providers on prior authorization request and prescribing Physicians. The Contractor's solution shall provide an unlimited free-form text note within the PBM for various functions (e.g., prior authorizations, case management) accessible by authorized PBM users.

Task Item	Sub Tasks	Description
	6.1.2 Claims Ingestion	The Contractor's solution shall accept, and process through vendor interface and electronic claims transactions and send appropriate associated standard responses. The Contractor's solution shall use NCPDP standards and the Pharmacy Universal Claim Form or a similar Form approved by the Procuring Agency, including online submission of multiple ingredient compound prescriptions, ability to receive and verify all NCPDP data fields, voids, rebilling, partial fill transactions, and the most detailed levels of reject code specificity. The Contractor's solution shall process other input documents including, but not limited to, claims for Medicare coinsurance and deductible (crossover claims), in both paper and electronic formats, authorizations for service in paper and electronic formats, and claim adjustments in paper and electronic formats.
	6.1.3 TCN Assignment/Batch Control	The Contractor's Solution shall perform batch control and reporting. The Contractor's Solution shall assign unique TCN that coordinates with Enterprise standards for length and nonduplication for claims.
	6.1.4 Claims Format	The Contractor's solution shall utilize quality and validation procedures to ensure accuracy of the information from paper claims and attachments, entered the PBM while validating data entry before it is adjudicated. The Contractor's solution shall provide the capability to accept decimal amounts in the unit field in compliance with NCPDP standard claims format (version D.0 and higher). The Contractor's solution shall accept National Provider Identifier (NPI) numbers from prescribers on all claims and provide the ability to capture other ID numbers, (e.g., Drug Enforcement Agency [DEA], National Association of Boards of Pharmacy [NABP], Enterprise ID), where appropriate. The Contractor's solution shall accept NCPDP 1.2 batch (non-real time) format for electronic pharmaceutical drug encounter records.

Task Item	Sub Tasks	Description
	6.1.5 Claims Transaction and Adjudication Response	The Contractor's solution shall respond to Providers, based on the Procuring Agency criteria, when claims with automated NCPDP edits and/or supplemental customized edits fail. The Contractor's solution shall provide an NCPDP/HIPAA-compliant transmission response, (e.g., acceptance, rejection) to the submitting Provider on the success/failure of the submission of claims and/or files. The Contractor's solution shall return real-time, to the pharmacy Provider, the status of the claim and any errors or alerts associated with the processing, (e.g., edit failures, Prospective Drug Utilization Review [ProDUR] alerts, Member or coverage restrictions, prior authorization missing, required coordination of benefits, refill too soon, requires generic substitution, deny experimental drugs, requires unit dose {or not}, package size not approved, drug efficacy study implementation [DESI] are not covered) as defined by the Procuring Agency.

Task Item	Sub Tasks	Description
	6.1.6 Claims Adjudication	The Contractor's solution shall perform all necessary validity, logic, consistency, and coverage editing based on Procuring Agency policy for all pharmacy claims submitted. The Contractor's solution shall adjudicate ninety-nine percent (99%) of pharmacy claims submitted via POS technology in real-time. The Contractor's solution shall accept and adjudicate all POS transactions. The Contractor's solution shall automatically adjudicate claims for drugs requiring prior authorization for which criteria has been met. The Contractor's solution shall adjudicate and edit claims for drugs that require prior authorization. The Contractor's solution shall suppress claims processing (e.g., entirely, specific edits, pricing) based on criteria (e.g., behavioral health, pay and chase, management override) defined by the Procuring Agency and refer for follow up. The Contractor's solution shall identify 340B claim lines, conforming to the National Council for Prescription Drug Programs (NCPDP) Standard Transactions Format. The Contractor's solution shall perform adjudication, including validating data items which can be obtained by mathematical manipulation of other data items, agree with the results of that manipulation, and utilizes data elements and algorithms to compute claim reimbursement for claims that is consistent with 42 CFR 447, for individual claims and batch claims. The Contractor's solution shall ensure the processing and adjudication of claims for medical supplies (e.g., diabetic test strips, blood glucose monitors, other medical supplies) in accordance with a process approved by the Procuring Agency.

Task Item	Sub Tasks	Description
	6.1.6 Claims Adjudication (continued)	The Contractor's solution shall process, verify, and adjudicate mass adjustments for all paid and denied claims and zero pays. The Contractor's solution shall adjudicate claims based on national standard adjustment reason codes and remark codes from third parties where Medicaid is not the primary payer. The Contractor's solution shall adjudicate claims based on Provider type and specialty data per Procuring Agency and Federal policy (e.g., only allowing mental health medications to be prescribed by a psychiatrist). The Contractor's solution shall pay for compound drugs through the POS, including those with multiple National Drug Codes (NDC). The Contractor's solution shall adjudicate electronic adjustments to paid claims submitted through the Pharmacy POS Solution. The Contractor's solution shall perform online real-time capture, processing, and adjudication of pharmacy claims, including applying copayment amounts, submitted by Providers via POS devices or switch, (e.g., NCPDP and subsequent-version claims required by 45 CFR Part 162).

Task Item	Sub Tasks	Description
	6.1.7 Claims Adjustment	The Contractor's solution shall allow adjustment and/or void of claims (e.g., payment amounts, mass adjustments) based on data received from the Enterprise and/or user-defined selection criteria and provide adjustment and void information to the Enterprise. The Contractor's solution shall link original claims to subsequent adjustments for a consistent audit trail including overrides. The Contractor's solution shall exclude claims from mass adjustments (as defined by the Procuring Agency rules) that have zero impact to a payment. The Contractors' solution shall identify claims currently and previously subject to audit or recovery down to the line detail level. The Contractor's solution shall initiate adjustments if the billing Provider identifies an error in the claim data billed. The Contractor's solution shall implement and maintain the capability to apply Drug Rebate Recoveries to encounters/claims through history only adjustments for the Claims Administration/Drug Rebate activities. The Contractor's solution shall provide the capability to track, report, and process prior period adjustments in a manner consistent with CMS requirements for correct reporting on the CMS-64. The Contractor's solution shall adjust, process and/or price Medicaid/Medicare dual eligible claims in accordance with Medicare guidelines. The Contractor shall initiate adjustments if the billing pharmacy identifies an error in the claim data billed.
	6.1.8 Claims Financial	The Contractor's solution shall create financial transactions for PBM generated claims through the Enterprise and Supporting Services for payment.

Task Item	Sub Tasks	Description
	6.1.9 Business Rules	The Contractor's solution shall allow for multiple reversals and partial fills on drug claims. The Contractor's solution shall capture, calculate, and store the duration of time between the initial prescription and subsequent refills. The Contractor's solution shall provide an alert to designated staff when a pharmacy claim is paid for specific NDCs (e.g., smoking cessation). The Contractor's solutions shall support limitations on prescriptions for specified date/time ranges as defined by the Procuring Agency (e.g., number of prescriptions, day supply or quantity, duplicate therapy, total dollar amount) for review. The Contractor's solution shall allow Providers to report Member payments on their claims such as copays, co-insurance, and deductibles. The Contractor's solution shall include prior authorization support (e.g., capability to search the claims history to determine if previous steps in therapy have occurred) prior to approving or denying the drug claim. The Contractor's solution shall exempt designated Members from PA requirements, according to the Procuring Agency policy. The Contractor's solution shall use co-insurance, co-pay, and deductibles from third parties at the detail level for detail-oriented claims. The Contractor's solution shall mark claims that have been set to pay and report for Retrospective Drug Utilization Review (Retro-DUR) purposes.

Task Item	Sub Tasks	Description
	6.1.10 Edits	The Contractor's solution shall set post-processing edit(s) or flag rejected claims and indicate the reason for which the claim was rejected. The Contractor's solution shall reject or deny pharmacy claims with certain diagnoses codes, for specific situations (e.g., services, Members, pharmacies, prescribers). The Contractor's solution shall validate that a submitted Member's diagnosis code(s) supports the service being billed. The Contractor's solution shall post edits and deny claims billing separately for a drug for the same Member using different drug identifiers such as NDC number. The Contractor's solution shall provide a POS Solution with the ability to identify Medicare dual-eligible and to edit pharmacy claims pursuant to the Procuring Agency policies. The Contractor's solution shall verify that one or more claims do not exceed the Procuring Agency defined service limits established in a Pharmacy Benefit Plan prior to payment. The Contractor's solution shall limit payment for drugs to those described within the Pharmacy Benefit Plan and shall deny claims exceeding dollar or utilization limits established in the Pharmacy Benefits Plan. The Contractor's solution shall process claims against defined services, policy, and payment parameters within the Pharmacy Benefit Plan for each Benefit Plan. The Contractor's solution shall edit prescription claims based on presence of prior authorization (PA). The Contractor's solution shall verify that a prescribing Provider is a valid prescriber. The Contractor's solution shall verify that a dispensing Provider is enrolled and eligible, including authentication and certification for access to the POS Solution. The Contractor's solutions shall automatically identify and validate the dispensing pharmacist against a database of

		sanctioned pharmacists.

Task Item	Sub Tasks	Description
	6.1.10 Edits (continued)	The Contractor's solution shall post edits and deny claims from the same Provider who is billing more than once for the same drug, Member, and/or the same claim. The Contractor's solution shall prevent Providers, pharmacies, and prescribers from submitting claims or verifications successfully unless the Provider is actively enrolled. The Contractor's solution shall post edits and deny claims from different Providers who are billing separately for a drug for the same Member. The Contractor's solution shall verify the pharmacy Provider and Member was eligible on the same date that the service was provided. The Contractor's solution shall allow claim editing and disposition based on specific characteristics of the Provider (e.g., claims for drugs prescribed by a psychiatrist versus non-psychiatrist Provider type) or therapeutic class of the prescribed drug(s). The Contractor's solution shall edit the active drug claim against up to twenty-four (24) months and continue to maintain eighty-four (84) months of utilization history. The Contractor's solution shall edit the active drug claim against up to twelve (12) months of utilization history. The Contractor's solution shall edit the active drug claim against up to twelve (12) months of utilization history. The Contractor's solution shall maintain edits to support "emergency supply" limitations for pharmaceuticals, as determined by the Procuring Agency.
	6.1.11 Explanation of Benefits (EOB)	The Contractor's solution shall provide the capability to display multiple POS explanation of benefits messages.
	6.1.12 MCO Encounters	The Contractor's solution shall report any encounters that would have been adjudicated differently if they had been processed as fee for service claims.

Task Item	Sub Tasks	Description
	6.1.13 Pharmacy Benefit Plan Management	The Contractor's solution shall create and modify Pharmacy Benefit Plans within the Pharmacy Benefits Management service (PBM) such that the services, services limitations, prior authorizations, Provider rates, and Member cost sharing amounts within a Pharmacy Benefit Plan are easily configurable through a rule-driven design. The Contractor's solution shall identify and limit services within a Pharmacy Benefit Plan for a specific Member, based on utilization criteria established by the Procuring Agency. The Contractor's solution shall add, update, or delete Pharmacy Benefit Plan elements (e.g., TPL information, pricing, prior authorizations). The Contractor's solution shall allow authorized Users to set and override Pharmacy Benefit Limits (e.g., Over the counter [OTC], Quantity limits). The Contractor's solution shall provide the flexibility to support Pharmacy Benefit Plan geographical service areas (e.g., county, city, zip code, and mileage). The Contractor's solution shall calculate and set Medicaid co-pays by Pharmacy Benefit Plan and Member eligibility as directed by the Procuring Agency. The Contractor's solution shall capture benefits used in a managed care plan and then apply those services to the benefit limits when a Member returns to FFS. The Contractor's solution shall perform Member prescription copay reset processing annually. The Contractor's solution shall develop, establish, maintain, and approve Specialty Pharmacy Benefit Plans in coordination with the Procuring Agency and other applicable stakeholders. The Contractor's solution shall validate that a new drug is a covered outpatient drug before adding such a drug to the pharmacy benefit plan. The Contractor's solution shall allow authorized Users to define plans, benefits, and pricing in the PBM. The Contractor's solution shall monitor and update drug program edits as new drugs are added or excluded from drug therapeutic classes.

Task Item	Sub Tasks	Description
	6.1.14 Pharmacy Benefit Plan Enrollment / Disenrollment	The Contractor's solution shall allow manual enrollment/disenrollment in a Pharmacy Benefit Plan when data is not passed through the system. The Contractor's solution shall support accurate and timely enrollment in, or disenrollment from, (e.g., automatic, choice-based) a Pharmacy Benefit Plan. The Contractor's solution shall assign Members to Providers within a new Pharmacy Benefit Plan as a part of the Member Over-Utilization Program (COUP) program so that Members can only receive benefits from specific pharmacies, prescribers, or combinations of the two (2).
	6.1.15 Pharmacy Benefit Plan Data	The Contractor's solution shall maintain current and historical records of Pharmacy benefit assignment(s) for Members.
	6.1.16 Pricing	The Contractor's solution shall price claims/encounters based on reimbursement methodology criteria, dispensing fee criteria and date specifications set by the Procuring Agency. The Contractor's solution shall price and process DME supply claims/encounters. The Contractor's solution shall price pharmacy claims according to the Procuring Agency reimbursement methodologies at the lesser of the Procuring Agency's recognized pharmacy reimbursement methods (e.g., WAC + dispensing fee; Federal MAC [CMS Federal Upper Limit + Dispensing Fee]; Usual and Customary Charges to General Public; Enterprise MAC [Enterprise MAC + Dispensing Fee]). The Contractor's solution shall provide and maintain pricing for all procedure coded outpatient covered drugs utilizing a method approved by the Procuring Agency that follows Procuring Agency and Federal guidelines.
	6.1.17 Pricing Methodology Auditing	The Contractor's solution shall allow authorized PBM users to view detailed pricing (e.g., dispensing fee, prescription amount) methodology per prescription and calculations used to process each line on the claim.
	6.1.18 Pricing Updates	The Contractor's solution shall provide a configurable system to allow for updates and changes to rates and various pricing methodologies.

Task Item	Sub Tasks	Description
	6.1.19 Receive Pricing Data	The Contractor's solution shall receive and maintain current and historical coverage status and pricing information on pharmaceuticals (e.g., legend drugs, OTC items, injection codes). The Contractor's solution shall receive pricing information from various sources, (e.g., third party vendors, contactors, CMS, the Enterprise), and input into the PBM.
	6.1.20 Assign Prior Authorization (PA)Number	The Contractor's solution shall auto-assign a unique, non-duplicated PA number for tracking throughout the life of the PA. This PA number shall be used in claim processing to validate the services and shall be recorded on the claim record.
	6.1.21 PA Data/Attachments	The Contractor's solution shall provide and maintain a history of PA attachments such as: • Medical record • LTC PA • Certain prescription drugs as required • Other items required by State or Federal rule.

Task Item	Sub Tasks	Description
	6.1.22 Receive and Process PA Request	The Contractor's solution shall enforce the Procuring Agency prior authorization policies by performing the following activities: Receiving prior authorization requests from Providers, processing such requests in accordance with Procuring Agency policy, and entering approved authorizations into the PBM. Interfacing with the MMIS prior authorization information as determined by the Procuring Agency's Third-Party Assessor (TPA) contractor, Children's Medical Services, and other agencies providing authorizations for service, and enforcing prior authorization criteria as a requirement for payment as defined by the Procuring Agency, performing both electronic interface and manual updates. Continually analyzing the prior authorization data interfaces and process to improve the accuracy of the information in the PBM. Entering authorization information as necessary from paper copies, reports, logs, or other documents as determined by the Procuring Agency as necessary to process claims timely and accurately including allowing for directing of authorization information into the PBM solution by Contractor staff. The Contractor's solution shall accept, store, and edit PAs, including the ability to edit PAs automatically and manually. The Contractor's solution shall identify and reject duplicate PAs. The Contractor's solution shall link multiple PAs to a Member record and display them. The Contractor's solution shall coordinate and standardize processing and tracking of PA data for the purpose of utilization review. The Contractor's solutions shall identify, search, and report on PAs with potentially conflicting or duplicative data. The Contractor's solution shall provide the ability to assign PBM caseload "weights" to cases, PI requests, or PA requests based upon difficulty or other criteria such as complexity and priority. The Contractor's solution shall alert authorized PBM user and/or Providers when a Member is approaching prior authorization benefit/service maximum. The Contractor's solution shall review drug prior authorization criteria and reviews of PA

	6.1.23 Search and View PA	The Contractor's solution shall allow users to search and view PAs by selected criteria such as Provider, Member, PA type and drug information.

Task Item	Sub Tasks	Description
	6.1.24 Prospective Drug Utilization Review (ProDUR) Alerts/Denials	The Contractor's solution shall support interaction criteria in the system using clinically significant drug criteria so that only appropriate alerts/denials are transmitted back to the Provider. The Contractor's solution shall ensure that, for each alert/denial, the system must inform the Provider of the following: • Alert conflict type (e.g., drug allergy alert) • Alert severity level (e.g., minor, major) • Available data related to the alert (e.g., other drug or condition in conflict), including references • Other alerts as identified by the Procuring Agency. The Contractor's solution shall identify clinically significant alerts (e.g., drug allergy, interaction) and edits for POS that the Procuring Agency has determined should receive on automatic denial. The Contractor's solution shall provide real-time ProDUR alerts for pharmacy claims submitted through the POS system. The Contractor's solution shall track and set up alerts for any new drugs for DUR consideration.
	6.1.25 ProDUR Authorization	The Contractor's solution shall provide a field for authorization or identification when the Provider enters the required override codes for actions taken in response to the drug interaction alerts/warnings and the outcomes of those actions (e.g., physician contacted, incorrect ICD-9-CM/ICD-10-CM, patient quit taking the medication). The system must maintain these acknowledgement codes in history, as well as report them in compliance with HIPAA specifications. The Contractor's solution shall provide a method for Providers to override ProDUR edits or audits to allow payment of the pharmacy claim, as approved by the Procuring Agency. The Contractor's solution shall provide the ability for a pharmacy to override an alert.
	6.1.26 ProDUR Availability	The Contractor's solution shall provide ProDUR capability twenty-four (24) hours per day, seven (7) days a week (24x7), with response times as agreed to by the Procuring Agency. Exception may be allowed for downtime required for regular

		maintenance if pre-approved by the Procuring Agency.

Task Item	Sub Tasks	Description
	6.1.27 ProDUR Clinical Review	The Contractor's solution shall identify, based upon the Procuring Agency configurable criteria, patients receiving active prescriptions concurrently and refer them for clinical review.
	6.1.28 ProDUR Edits	The Contractor's solution shall maintain systems edits to recognize and deny pharmacy claims for an inappropriate number of units based on clinically appropriate dosing guidelines with allowed Provider overrides. The Contractor's solution shall integrate on-line real-time edits and audits on pharmacy claims to support Procuring Agency and Federal policy compliant ProDUR edits that are tied to NCPDP ProDUR codes as determined and directed by the Procuring Agency and the DUR Board. The Contractor's solution shall provide configurable ProDUR edits based on the Procuring Agency and CMS standards. The Contractor's solution shall ensure ProDUR edits are applied to claims and any edits that post are reported back to the submitting pharmacy. The Contractor's solution shall incorporate diagnosis codes from medical claims history in the ProDUR editing process. The Contractor's solution shall establish and maintain edits for ProDUR alerts requiring service authorization, including but not limited to early refills, level I drug-to-drug interactions, drugs restricted to a thirty-four (34) day supply limit. The Contractor's solution shall perform clinical claims edits using nationally accepted medical review criteria.

Task Item	Sub Tasks	Description
	6.1.28 ProDUR Edits (continued)	The Contractor's solution shall use predetermined standards to monitor the following: • Therapeutic appropriateness, that is, drug prescribing and dispensing that is in conformity with the predetermined standards • Overutilization and underutilization, as defined in § 456.702 • Appropriate use of generic products, that is, use of such products in conformity with Procuring Agency product selection laws. • Therapeutic duplication as described in § 456.705(b)(1). • Drug-disease contraindication as described in § 456.705(b)(2). • Drug-drug interaction as described in § 456.705(b)(3). • Incorrect drug dosage as described in § 456.705(b)(4). • Incorrect duration of drug treatment as described in § 456.705(b)(5). • Clinical abuse or misuse as described in § 456.705(b)(7). The Contractor's solution shall deny claims by comparing the Pharmacy claim against Member history and benefit rules and per Procuring Agency and Federal policy, (e.g., over or under utilization of a drug, used in lower or higher than effective doses, a refill pattern that indicates noncompliance, drug-use duration outside of therapy recommendations, prescribed overlap of two drugs within the same therapeutic class, drug that would be contraindicated for any reason [e.g., such as allergy, age, gender] therapeutic appropriateness, appropriate use of generic products, therapeutic duplicate disease).
	6.1.29 ProDUR Lock-in	The Contractor's solution shall identify any Member restricted to a specific pharmacy ("lock-in") and/or Provider and alert the dispensing pharmacy as necessary.
	6.1.30 ProDUR Data	The Contractor's solution shall receive and maintain DUR data with associated DUR processing algorithms to allow ProDUR processing with the capability of receiving data and algorithm updates on at least a monthly basis or more frequently as specified by the Procuring Agency.

	6.1.31 Provider Compliant Management	The Contractor shall support an online Provider complaint tracking, resolution, and reporting process that allows the Contractor to proactively identify trends and provide reports to the Procuring Agency per agreed upon schedule.

Task Item	Sub Tasks	Description
	6.1.32 Provider Inquiry	The Contractor shall respond, track, and resolve all Provider inquiries made concerning recipient eligibility, Provider status, claim status, billing procedures, and remittance vouchers upon initial request, if possible. If immediate responses are not possible, written responses to inquiries will be made within five (5) workdays of the date of the inquiry. The Procuring Agency will approve all form letters in writing before they are put into production use.
	6.1.33 Receive Provider Data	The Contractor's solution shall receive and maintain Provider data to support claims processing and prior authorizations.
	6.1.34 Recoupments	The Contractor's solution shall automatically recoup claim details and generate a report if the billing Provider does not respond within the Procuring Agency specified timeframe to request for invoices or billing documents. The Contractor's solution shall provide the capability to perform a reversal for Provider recoupments in accordance with the Procuring Agency criteria. The Contractor shall recoup claims if the billing pharmacy does not respond within a specified time period as determined by the Procuring Agency to a request for invoices or billing documents.
	6.1.35 Recoveries	The Contractor's solution shall apply, track and document recovered or recoverable monies to the appropriate claims at the detail level.
	6.1.36 Reimbursements Rates	The Contractor's solution shall create date-sensitive modifications to the reimbursement rates as directed by the Procuring Agency.
	6.1.37 Retro-DUR	The Contractor's solution shall track and set up alerts for any new drugs for DUR consideration.
	6.1.38 Generate Retro-DUR Data	The Contractor's solution shall generate data for Retro-DUR purposes with monthly updates and summaries.
	6.1.39 Third Party Liability (TPL)	The Contractor's solution shall capture and maintain Member's current and historical TPL health insurance eligibility and coverage provided by other Contractors and alert Providers of TPL coverage when billing a claim.

Task Item	Sub Tasks	Description
	6.1.40 TPL Edits	The Contractor's solution shall maintain cost avoidance and Third-Party Liability (TPL) edits that are supported by the Procuring Agency approved, NCPDP-compliant code set. The Contractor's solution shall pursue edits on all benefits and services, and benefit utilization service claims for TPL coverage prior to payment (cost avoid) based on the Pharmacy Benefit Plan to ensure Medicaid is the payer of last resort.
	6.1.41 Provide TPL Data	The Contractor's solution shall provide Member's TPL information to other TPL Contractors, pharmacies.
	6.1.42 E-Prescribe	The Contractor's solution shall provide electronic prescribing (E-Prescribing) functionality that captures and tracks electronic prescriptions. The Contractor's solution shall accept and return responses for eligibility verification and claim history requests in real-time.
	6.1.43 Grievances and Appeal	The Contractor's solution shall automatically and securely route grievances and appeal requests to the authorized PBM users or user groups for multiple levels of review, per business rules.
	6.1.44 Data Management	The Contractor shall provide the ability to identify the source of data and the date added to the PBM.

Task Item	Sub Tasks	Description
	6.1.45 Provide PBM Data	The Contractor's solution shall provide online access to data (e.g., claims, CMS listing of manufacturers with drug rebate agreements, CMS listing of quarterly unit rebate amounts, quarterly rebate invoiced amounts at the National Drug Code [NDC] level, NDC Drug file, Provider file, procedure code file). The Contractor's solution shall capture and provide, to the Enterprise, all required data used to produce financial and utilization reports to facilitate cost reporting and financial monitoring of benefits and services. The Contractor's solution shall provide data to the Enterprise to develop, produce, and maintain all reporting functions, files, and data elements to meet current and future Federal and Procuring Agency reporting requirements, rules, and regulations. The Contractor's solution shall capture, store, and transmit, to the Enterprise, all data elements submitted on drug related claims from PBM. The Contractor's solution shall provide files to Contractors for data exchanges with other entities (e.g., insurance carriers, governmental agencies, providers) for use in utilization review. The Contractor's solution shall provide a Member eligibility file to third party E-Prescribing vendors on a real-time basis. The Contractor's solution shall capture, store and maintain data necessary to: correctly adjudicate pharmacy claims; perform online pharmacy claim correction; maintain and perform edits (e.g., date of service, provider eligibility, member eligibility, duplicate, conflict/compatible, complies with Procuring Agency Plan, field validation, referral, prior authorization) and audits; allow claims adjustments; allow online access to pharmacy claims history; correctly price all pharmacy claims/encounters at the detail service line and header level; provide and allow online access to pharmacy claims adjudication and status reporting; and maintain pharmacy claims history. Offeror shall describe how its proposed services retain data (audit records, claims, encounters, payments) per Procuring Agency requirements. The Contractor's solution shall maintain Member records and provide responses to Provider inquiries on Member claims, services, or benefits, as appropriate.

Task Item	Sub Tasks	Description
	6.1.46 Receive Data	The Contractor's solution shall receive, maintain, and update Member eligibility data, managed care enrollment data, Medicare data, Provider eligibility, other insurance resources, Member benefit limitations, and other data necessary for the PBM to correctly process pharmacy claims.
	6.1.47 Apply and Reimburse Dispensing Fees	The Contractor's solution shall ensure that dispensing fees are applied to detailed claim lines fully and solely in accordance with New Mexico Medicaid rules and policies and are reimbursed only to Provider types entitled to receive dispensing fees.
	6.1.48 Maintaining Dispensing Fees	The Contractor's solution shall maintain all historical and current dispensing fees, by date span, as established by the Procuring Agency. The Contractor's solution shall calculate and support variable dispensing fees as defined by the Procuring Agency.
	6.1.49 Dispensing Fees Update	The Contractor's solution shall allow for online updates and changes to dispensing fees by Provider type, plan type and total prescription volume.

	6.1.50 Drug Reference Files Management	The Contractor's solution shall report and post NDC termination dates and DESI flags (1962 Drug Efficacy and Safety Index) from the CMS file and update the appropriate coverage or pricing data on the drug record. The Contractor's solution shall maintain a crosswalk of NDC and J codes to corresponding diagnoses and/or procedure codes, to determine appropriate drug utilization. The Contractor's solution shall determine and specify on the drug file the brand/generics status of drugs that do not, according to drug file information, match the Procuring Agency brand/generic algorithm. The Contractor's solution shall ensure that the data drug set/file includes but is not limited to the following information for each code contained on the file: the code, itself (e.g., NDC, HRI); whether the code is for a drug or non-drug item; if for a drug item, whether the drug is legend or non-legend; whether the code is for a covered or non-covered service under each of the programs under New Mexico Medicaid; brand and generic name; add date; begin date; effective date; CMS termination date; obsolete date; specific therapeutic class codes and descriptions; route of administration; identification of strength, units, quantity, and dosage form on which price is based; previous NDC; minimum dosage units and days; maximum dosage units and days; generic code number (GCN); generic sequence number (GSN); DEA code; unlimited date-specific pricing segments which include all prices needed to adjudicate drug claims in accordance with Procuring Agency policy; indicators for multiple dispensing fees; date-specific and/or Procuring Agency-specific restrictions on conditions to be met for a claim to be paid including but not limited to maximum/minimum days' supply, quantities, preferred versus non-preferred indicators, step therapy, place of service, and combinations thereof; name of manufacturer and manufacturer/labeler code(s); quantity field (allowing for decimal units); indicators for controlled drugs, over-the-counter (OTC) drugs, EPSDT, co pays, manual review, Medicare, long term review, and family planning; pricing unit indicators; DESI/LTE ("less than effective" drugs) indicator; unit dose indicator and any/all other elements as determined by the Procuring Agency. The Contractor's solution shall maintain the drug reference files (e.g., First Data Bank, Medi-Span) for claim pricing at all

		Procuring Agency-defined and Federal-defined claim levels using "lower of' logic, claim editing capabilities, and detailed claims history in the PBM.

Task Item	Sub Tasks	Description
		The Contractor's solution shall provide real-time access to the Enterprise's drug file or maintain an up-to-date copy for POS use. The Contractor's solution shall maintain drug reference files with NDCs from multiple sources (e.g., First Data Bank, Medi-Span). The Contractor's solution shall maintain the drug set/file so that there is the capability of having additional data elements added to it in addition to those provided by the drug file vendor. The Contractor shall collaborate with the SI and the Procuring Agency to capture pharmacy/drug code set information. The Contractor's solution shall utilize the drug file to identify repackaged products. The Contractor's solution shall establish and maintain a drug file (e.g., First Data Bank, Medi-Span) such that it correctly reflects and supports pharmacy claims processing functionality. The Contractor's solution shall maintain a Drug data set which can accommodate updates from a contracted drug data and pricing service (e.g., First Data Bank, Medi-Span), the CMS Drug Rebate file, and future Enterprise rebate program updates, updates from Enterprise staff as needed and identify conflicts. The Contractor's solution shall capture and validate data for NDC and HRI additions and updates. The Contractor's solution shall provide the ability to override and modify data transferred from the drug file vendor.
	6.1.51 Drug Reference File Update	The Contractor's solution shall accommodate CMS quarterly updated drug data information in electronic formats defined by CMS. The Contractor's solution shall update the drug file for any HIC3, GCN, GSN, or NDC that are used in the configuration of the covered benefits to ensure correct claims processing. The Contractor shall ensure that all drug file updates conform to the parameters of the covered benefits plan. The Contractor's solution shall provide automatic drug update logic for drug elements with matching logic for coverage, step limits, associations, and pricing. The Contractor's solution shall maintain a drug data set of the eleven- (11) digit National Drug Code (NDC), which can accommodate weekly updates from an updating service; the

		Drug data set must include legend, over-the-counter (OTC) drugs,

Task Item	Sub Tasks	Description
		durable medical equipment (DME), supplies, and all injectable drugs and contain, at a minimum the following elements: • Therapeutic class indicator • Schedule code • DESI code • Prior authorization indicator • Strength • Unit type indicator • Minimum and maximum indicator • Indicator (and other information, as necessary) for drug rebate • Procuring Agency-specified restrictions on conditions to be met for a claim to be paid (e.g., minimum/maximum days' supply, quantities including fractional units, and others) • Description of the drug code • Information on drug usage and contraindication parameters for use in DUR editing and reporting • Allow all other data identified by the Procuring Agency
	6.1.52 Reference Files Management	The Contractor's solution shall provide reference services to manage current and historical PBM reference data so that updates do not overlay, and historical information is maintained and made accessible. The Contractor's solution shall establish and maintain a procedure code data set that ensures the acceptance by the claims processing system. The Contractor's solution shall associate National Drug Codes (NDCs) with their therapeutic indicators. The Contractor's solution shall contain current reference files of all data required to provide validation and pricing verification during claims processing for all approved claims and reimbursement methodologies.

Task Item	Sub Tasks	Description
	6.1.53 Reference Files Update	The Contractor's solution shall process weekly updates from First Data Bank or a similar approved by the Procuring Agency drug pricing service to receive and update reference file data. The Pricing Service Contractor will provide the subcontracted drug pricing service at no additional cost to the Procuring Agency and maintain and update all pricing levels as defined by the Procuring Agency. This includes but not limited to, estimated acquisition costs, state allowed maximum costs, federal upper limits, baseline pricing, WAC (wholesale actual cost), federal supply schedule pricing, and any other pricing levels which the Procuring Agency can supply directly or through electronic interface. The Contractor's solution shall perform mass updates to reference files as defined by the Procuring Agency. The Contractor's solution shall perform automated mass, or manual, updates to Pharmacy Provider rate information. The Contractor's solution shall update codes J and Q, within thirty (30) calendar days of when CMS posts the quarterly pricing updates to the CMS website.
	6.1.54 Business Rules Engine	The Contractor's solution shall provide a rules engine that is flexible and has the capacity to support edits regarding high dose, standard billing units, and statistical outliers for drugs, including the ability to configure claims/encounter edits, pre-adjudication business rules, alerts, and notification triggers. The Contractor's solution shall allow authorized Users to create PBM rules for business functions with the ability to configure rules to be date specific (e.g., date added, date modified, start date, end date, effective date). The Contractor's solution shall allow real-time access and the flexibility to add and change business rules, indicators, and parameters easily.
	6.1.55 Business Rules/Process Management	The Contractor shall respond to changes in the business by using business rules management, business process management, and business activity monitoring tools.

Task Item	Sub Tasks	Description
	6.1.56 Communication Management	The Contractor shall configure communication delivery mechanism alerts and notifications. The Contractor's solution shall provide and maintain user-controlled and user-configurable parameters for alerts, notifications messages, emails, PBM letters, and other PBM generated notices. The Contractor's solution shall integrate with the CMdS Claims and Financial so that authorized Users can incorporate information on Members and Providers, from the PBM, to be merged into template letters and forms to communicate with Members, Providers, and others. The Contractor's solution shall create and maintain a directory of all contact information for use in generation of correspondence. The Contractor's solution shall allow users to subscribe to, and unsubscribe from, publications and content, such as threads and hot topics, and to receive notification (e.g., email, SMS IM, web, other media) when additions or changes are made to subscribed content. The Contractor shall Generate Quarterly letters for focused educational interventions based on Retro-DUR criteria to providers at the direction of the Procuring Agency.
	6.1.57 Workflow	The Contractor's solution shall provide a PBM workflow that supports assignments and execution for business processes.
	6.1.58 Workflow Monitoring	The Contractor's solution shall provide and support access to workflow monitoring that includes indicators and statistics by sub process, organization, or individual staff.
	6.1.59 Reporting	The Contractor shall produce and maintain all PBM reports and dashboards, including out of the box reports, as directed by the Procuring Agency. The Contractor's solution shall allow authorized users to view, search, and query fields for Retro-DUR data and, provide reports and documentation associated with these fields. The Contractor shall establish, in collaboration with the DS Module, a comprehensive quarterly pharmacy benefit status report with an executive summary to include, but not be limited to, assessment of progress achieving strategic objectives, pharmacy utilization trends expressed in terms of cost, volume and quality, identified critical issues with proposed resolutions,

Task Item	Sub Tasks	Description
		cost containment recommendations and other information as required by the Procuring Agency. The Contractor's solution shall provide detail and summary reports for all denied, adjusted, paid, and reported claims, as requested by the Procuring Agency. The Contractor's solution shall produce ProDUR adjudication reports that identify Providers with high use of ProDUR override codes. The Contractor shall report on pharmacy-related HEDIS and/or HEDIS-like measures (e.g., Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis, Pharmacotherapy of COPD Exacerbation, Use of Appropriate Medications for People with Asthma, Antidepressant Medication Management, and Follow-up Care for Children Prescribed ADHD Medication) for the New Mexico Medicaid population. The Contractor shall develop, provide, and post the CMS DUR Annual Report and any other pharmacy benefit-related DUR documents in collaboration with the Procuring Agency. The Contractor's solution shall provide reports, approved by the Procuring Agency to the Enterprise for inclusion on the web portal. The Contractor's solution shall provide DUR outputs as requested by the Procuring Agency. The Contractor's solution shall include routine exception reports reflecting differences between the CMS rebate drug file and the POS drug database.
	6.1.60 Contact Center Support	The Contractor shall provide, maintain, and completely staff a Pharmacy Support Contact Center/Help Desk available twenty-four (24) hours per day, seven (7) days per week, to include a state-of-the-art call center telephony system, an appropriate number of telephone lines/trunks, and 24-hour pharmacist backup. The Contractor shall maintain and staff a Provider communications/relations function. This Provider communications/relations function shall include, but is not limited to, the following: providing and receiving communication

Task Item	Sub Tasks	Description
		from toll-free lines; email communication; webinar communication; toll-free fax communication; an automated IVR message informing the Provider of their hold and wait times. Maintaining adequate numbers of telephone lines, technology, and personnel so that all performance standards are met. The Contractor shall provide contact/call center, help desk, web knowledge base and other support services to users, including PBM, and pharmacy Point of Sales (POS).
	6.1.61 Contact Center Integration	
	6.1.62 Contact Center Reporting	The Contractor shall maintain a log of Pharmacy Support Help Desk activity that will include, at a minimum and when applicable, the name and phone number of the pharmacy, prescriber's name and identification number, Member's name and identification number, name of drug, therapeutic class, type of call, action taken, and outcome. The contractor shall make an electronic version of the log available to the Procuring Agency upon request. The contractor shall provide summary reports as directed by the Procuring Agency. The format of the log and of the summary reports will be subject to the Procuring Agency approval. The Contractor shall provide a centralized contact/call center and help desk database or reporting capability that creates, edits, sorts, and filters tickets or electronic records of all contacts made to the PBM contact/call center and help desk that can be accessed and utilized by the Procuring Agency for Provider and Member tracking and management. The Contractor’s solution shall provide reporting for all contact channels with Members and Providers that includes total number of contacts received, contact received by channel, length of calls, hold time, abandoned calls, the nature of the inquiries, and the

Task Item	Sub Tasks	Description
		timeliness of inquiry responses for all PBM contact center and help desk activities. The Contractor's solution shall monitor and report the Pharmacy Support Help Desk's performance and call blockage rate.
	6.1.63 Contact Center Training	The Contractor shall ensure all Pharmacy Support Help Desk Staff Members are trained in billing procedures and current New Mexico Medicaid policy. The Contractor shall provide for periodic training of telephone representatives.
	6.1.64 Web Portal/PBM Webpage	The Contractor shall manage, publish, update, index, and provide electronic public access via the web portal to all pharmacy related program communications, guides, forms, and files. The Contractor's solution shall provide reports, approved by the Procuring Agency to the Enterprise for inclusion on the web portal. The Contractor's solution shall provide messages, alerts, and a "System is down" webpage to notify users about System changes and PBM downtimes.
	6.1.65 Web Portal Access	The Contractor's solution shall provide online access to data (e.g., claims, CMS listing of manufacturers with drug rebate agreements, CMS listing of quarterly unit rebate amounts, quarterly rebate invoiced amounts at the National Drug Code [NDC] level, NDC Drug file, Provider file, procedure code file. The Contractor's solution shall provide a mechanism where an NDC code can be entered via the POS and a response will designate if a pharmaceutical is covered or non-covered, and if prior authorization is required.
6.2 Security		
	6.2.1 User Access	The Contractor's solution shall maintain online inquiry access and update capability for authorized Users to the PA data set (e.g., in-process or pending requests, approvals, denials, referred

Task Item	Sub Tasks	Description
		to the Procuring Agency or a consultant, PAs for which all services have been used, PA closed), with access by various criteria (e.g., Member ID, Provider ID, ordering Provider ID, PA number, program, service type, procedure, drug code). The Contractor shall create and maintain role-based PBM user profiles and allow for direct data entry into the PBM when data is not received in the system.
	6.2.2 System Security	The Contractor's solution shall supply appropriate safeguards to protect the confidentiality of eligibility information and conform to all Procuring Agency and Federal confidentiality laws, and to ensure that Procuring Agency and Federal HIPAA data security standards are met.
6.3 System		
	6.3.1 Audits	The Contractor's solution shall structure audit trail records, the fields, and the formats it will audit, how it controls access to audit information and services and provide to the Procuring Agency. The Contractor's solution shall provide audits of all steps where source documents are reviewed to the point where the document process ends and how it maintains and sends the audit points to the audit service of the SI module. The Contractor shall audit all actions by all Users and all systems, including view only, of the PBM components.
	6.3.2 System Management	The Contractor shall provide an approach to PBM configuration that can be updated and expanded to support changing Enterprise needs. The Contractor shall make all system changes necessary to support PBM processing.
	6.3.3 System Integration	The Contractor shall collaborate with the Procuring Agency and other Contractors to provide technical assistance to establish and support integration with the PBM. The Contractor's solution shall integrate with the IP to obtain and retain Member real-time enrollment and eligibility information that was current for the dates of service at the time of processing the claim.

Task Item	Sub Tasks	Description
		The Contractor's solution shall integrate with the IP to provide claim information that can be used for proving fraud and abuse cases in a legal setting. The Contractor's solution shall provide original claim information submitted by the Provider and generate a replica of the appropriate claim format, on a claim-by-claim basis. The Contractor shall coordinate PBM and supporting systems-related integrations between the Enterprise and other Contractors required to manage and execute a process using the PBM. The Contractor's solution shall interface with: • Provider services • Enterprise files (e.g., claims, Beneficiary, Provider, procedure, drug, diagnosis.
6.4 Configure, Test and Implement Solution		
	6.4.1 Requirements/Design	As a prerequisite to beginning requirements analysis and design activities, the Contractor shall conduct a detailed review of the Business Transformation Council (BTC) "To-Be" journeys applicable to the PBM solution; analyze how the SOW requirements and base solution capabilities support the "To-Be" vision; and deliver to the Procuring Agency a detailed assessment of how the solution meets BTC journey requirements while identifying potential gaps and remediation options. Further, the Contractor shall structure the Requirements review, traceability, design/configuration, development and testing with a focus on the Procuring Agency Business Processes as documented in the BTC journeys. The Contractor shall construct requirements and design documentation (including configuration) referencing the RFP, details from the Proposal Response, Statement of Work (SOW), and any additional clarification derived throughout the Joint Application Requirements (JAR) sessions. To support effective and efficient traceability, JAMA is the requirements management tool for use. The Contractor shall provide a built-in multi-level rule review and approval process with the Procuring Agency that will validate logic errors, conflicts, redundancy, and incompleteness

Task Item	Sub Tasks	Description
		across business rules to identify any conflicts as they are being configured, tested, and implemented.
	6.4.2 Test Planning	The Contractor shall develop an appropriate Test Plan DED and Final Test Plan. The Contractor shall ensure the use of Production data in the lower testing environments and/or deidentified data. The Contractor shall develop Test Scripts (both Functional and Automated) during Test Design phase. The Contractor shall ensure the use of de-identified data (through an appropriate de-identification mechanism approved by the Procuring Agency) as part of Test Data Preparation.
	6.4.3 Test Execution	The Contractor shall perform QAT, SIT and Parallel Testing (including associated smoke and regression testing for each of these phases) and provide associated DED and Final Test Results for all testing phases. The Contractor shall own Defect Management (Defect Fixes and Retesting) and provide Root Cause Analysis (RCA) of defects and issues. The Contractor shall perform Security Testing using software/tools and share results and audit logs. The Contractor shall perform Load / Volume / Stress Testing using automated load, stress, and volume testing software, repeating benchmark performance tests periodically and prior to any large change to the system that may impact performance. The Contractor shall perform online end-to-end processing and testing of a claim (process flow) through the PBM. The Contractor shall conduct testing with E-Prescribing vendors and become certified to exchange data with those vendors.
	6.4.4 UAT	The Contractor shall support UAT and provide a UAT Support Plan (including a DED and final deliverable). UAT shall be performed by Procuring Agency staff.

	6.4.5 Production Release	The Contractor shall perform all tasks required to put its services into production in accordance with a mutually agreed-upon release calendar which includes approval process by Procuring Agency. After each schedule release process, the contractor will work with Procuring Agency on the verification of the changes. The Contractor shall provide tested software including documentation prior to close out of each release.

Task Item	Sub Tasks	Description
	6.4.6 Staff	The Contractor shall maintain the appropriate level of knowledgeable staff who are capable of testing, validating, and documenting operational impacts of changes to the PBM.
6.5 Training		
	6.5.1 Training Material	The Contractor shall develop appropriate PBM training documentation, in accordance with CMS EPLC requirements-or-approved training plan. The Contractor shall provide training materials, knowledge transfer materials, and other documentation (e.g., User guides, on-line help). The Contractor shall provide content and materials in agreed upon formats (e.g., on-line, printed) with Procuring Agency approval for each training tailored to the PBM configuration and contents.
	6.5.2 Training	The Contractor shall provide for instructor-led (either online or on site) and on-demand, self-paced training. The Contractor shall access, plan, develop, implement, and evaluate locally based Provider and Member education initiatives including pharmacy program-specific training and communications to pharmacy Providers, medical Providers and Members. The Contractor shall provide training to Procuring Agency staff, Contractor staff, and to Providers on application of Pro-DUR principles.

	6.5.3 Business User Manual	The Contractor shall provide and make available online a PBM Business User Manual to guide Stakeholder staff with the use of all PBM components. The Contractor shall provide online help (e.g., Screen Tip, hyperlinks to other documents, keyword search, chat, tool tips, definitions page, user guide, policy guidance, hover over help) and documentation that supports Stakeholder-specific business use of the PBM tools and provides guidance to end Users in correct execution of User-performed application maintenance and report configuration activities. The Contractor shall provide the Business User Manual no less than thirty (30) days prior to User Acceptance Testing (UAT). The Contractor shall provide a repository for all policy decisions, actions, and outcomes related to drug policy.

Task Item	Sub Tasks	Description
		The Contractor shall develop, produce, publish, and maintain all applicable User Guide/ Help updates and frequently asked questions (FAQs) on the PBM. The Contractor shall document claims/encounters billing processes, policies and procedures and make available online to users and Providers. The Contractor shall develop, maintain, track, and publish all publications (e.g., manuals, bulletins, billing instructions, notices, policy, postings, newsletters).
	6.5.4 Knowledge Transfer	The Contractor shall provide PBM solution training and knowledge transfer to the Stakeholders as required. The Contractor shall provide initial and ongoing training and documentation for knowledge transfer to ensure appropriate and maximal use by Users.
6.6 Documentation		
	6.6.1 PBM Documentation	The Contractor shall collaborate, track, and maintain documentation (e.g., system, project, Provider communication materials, version history) with the Procuring Agency.
	6.6.2 Document Processing	The Contractor's solution shall receive image files of paper documents scanned by the Procuring Agency and routed via the SI to the Contractor for processing. The Contractor's solution shall generate print files and transmit them electronically via the SI to the Procuring Agency's selected print/mail vendor for documents that require printing and distribution.
	6.6.3 System Documentation	The Contractor shall provide and maintain documentation for all structured data (e.g., file layouts for pricing tables, Provider tables, Member data tables). The Contractor shall provide complete transparency of all data fields in reports generated by the PBM (e.g., providing the Procuring Agency with SQL, pseudo code, narrative description, some combination thereof) to document completely the algorithms and formulas used in all reported fields and computed variables, analytic protocols, and assumptions. The Contractor shall provide and maintain current PBM documentation (e.g., PBM database schema, data dictionaries, entity-relationship diagrams, complete PBM architecture and Configuration diagrams, network diagrams, interface standards for the entire PBM) including those supporting Proprietary

Task Item	Sub Tasks	Description
		Contractor Material; however, this does not include proprietary information related to Commercial-Off-The-Shelf (COTS) products. The Contractor shall commit to provide and maintain all service delivery documentation related to the design of each module/ component and its interaction with other modules/components. The Contractor shall produce and maintain documentation regarding all business rules (e.g., exception handling rules, rule usage, exception usage, when the rules fail to work as designed), and provide recommendations to resolve rule failure.
6.7 Review and Acceptance		
	6.7.1 Review and Acceptance	The Contractor shall deliver plans, designs, data, documentation, test cases and results, and implementations for review and acceptance by the Procuring Agency.
6.8 Manage Agreed Payment Schedule		
	6.8.1 Invoice Procuring Agency According to the Payment Schedule	The Contractor shall invoice the Procuring Agency for the following percentages of Deliverable 6 compensation, less retainage as provided for by Article 3, upon approval of the following subtasks:

Deliverable 14: Ongoing Operations Management Services [Monthly Fiscal Operations]

Deliverable 14	Due Date	Compensation
Ongoing Operations Management Services **[Monthly Fiscal Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
14.1 Provide Service Authorizations	**14.1.1 Maintain Existing Prior Authorization (PA) Subsystem**	The Contractor shall meet or exceed the current MMIS Prior Authorization (PA) Subsystem functionality. The various interfaces and functioning of this subsystem are described in the system documentation. There is also documentation in the Claims Processing Subsystem regarding the interaction of claims processing with the PA Subsystem.
	14.1.2 Meet Detailed Specifications for Service Authorization	In support of the Service Authorization business process, the Contractor shall: 14.1.2.1 Receive files from the Third-Party Assessor (TPA) and Children's Medical Services, edit the incoming transactions, and load validated PA transactions to the MMIS. 14.1.2.2 Maintain an interface with the Contractor's Pharmacy Benefits Management System (PBMS) for receipt of approved drug PA records. 14.1.2.3 Meet regularly with the Third-Party Assessor to discuss and resolve interface issues.
14.2 Provide Claims / Encounter Adjudication	**14.2.1 Maintain Existing Claims Processing Subsystem**	The Contractor shall operate the existing OmniCaid Claims Processing Subsystem that, together with other OmniCaid subsystems and clerical activities, correctly adjudicates claims. The Contractor shall meet or exceed all existing claims processing

Task Item	Subtasks	Description
14.2 Provide Claims / Encounter Adjudication (continued)	**14.2.2 Meet Detailed Specifications for OmniCaid Operations**	functionality in OmniCaid and related peripheral systems, such as the document imaging and optical character recognition systems. Unless the context indicates otherwise, references to "claims" in this section will be all inclusive (for example, new claims, adjustments to claims, recycling claims, suspended claims, voided claims, corrections to previously suspended or processed claims, and encounters submitted by Managed Care Organizations). The Contractor shall operate OmniCaid and carry out the following functions and tasks: 14.2.2.1 Adjudicate Medicaid and other Procuring Agency program claims according to program-specific payment rules. 14.2.2.2 Maintain communications with the Procuring Agency regarding all claim processing functions including claims processing statistics, problems, delays, system errors, and deficiencies. 14.2.2.3 Accept and process claims using the coding systems and values approved by the Procuring Agency. 14.2.2.4 Receive, document receipt, control, and process all paper claims and attachments in the manner approved by the Procuring Agency. The Contractor shall perform claims processing functions related to handling of paper claims and attached documentation as follows: 14.2.2.4.1 Operate mailroom facilities with the capacity to expediently handle large volumes of hard copy claims, inquiries, and other correspondence. 14.2.2.4.2 Accept hard copy claims from providers and scan claims and attachments to support image storage and retrieval via an Electronic Document Management System (EDMS). 14.2.2.4.3 Date stamp or otherwise accurately date control all paper claims received.

Task Item	Subtasks	Description
		14.2.2.4.4. Assign a unique Transaction Control Number (TCN) to each paper claim within one business day of receipt. 14.2.2.4.5 Review all hard copy attachments to determine their relevance to the submitted claims. These determinations will include prior approvals and invoices, insurance explanations of benefits, Children's Medical Services authorizations, CYFD authorizations, and other attachments to claims. 14.2.2.4.6 Implement and document batch control procedures to ensure that claims are not lost or misrouted prior to data entry and that security measures are in place to prevent unauthorized action or access to information. 14.2.2.4.7 During claims screening and input, the Contractor shall rigorously inspect every claim for completeness and correctness. If the Contractor returns a claim to a provider for completion or correction, the Contractor shall notify the provider of all necessary changes at one time. 14.2.2.4.8 Return claims to providers for correction and resubmission only if appropriate based on Procuring Agency-approved criteria. 14.2.2.4.9 Make use of any postal rate reductions that may be available. The Contractor shall avoid sending separate mailings to a single provider. 14.2.2.4.10 Maintain an electronic log showing the provider number and name, dates, reason, that are physically returned to providers. 14.2.2.4.11 All paper claims will be retained for at least six (6) months from the date of receipt, after which they may be destroyed when authorized by the Procuring Agency.

Task Item	Subtasks	Description
		14.2.2.5 Accept electronic media claim submissions in HIPAA standard formats. The Contractor shall support the use of electronic claims submission with provider training and Help Desk resources. 14.2.2.5.1 Assign a unique Transaction Control Number (TCN) to each electronic claim within 5 hours of receipt from the translator. 14.2.2.6 Process Medicare crossover claims for coinsurance, deductible, and other patient responsibility amounts. The Contractor shall maintain an accurate cross-reference between Medicare and Medicaid Provider Numbers to ensure accurate payment. 14.2.2.7 Convert Medicare data received to Medicaid data by using cross-references of Medicare provider numbers to Medicaid provider numbers, and client Medicare numbers to client Medicaid numbers. 14.2.2.8 Process managed care encounter data through the claims systems. 14.2.2.9 Process claims and encounters efficiently and accurately in accordance with Procuring Agency policy. 14.2.2.10 Ensure all claims contain valid data and comply with Procuring Agency and federal policies by editing them against MMIS claim exception criteria. 14.2.2.11 Maintain internal controls which track all submitted claims including processed claims, re-processed claims, suspended claims, pended claims, and claims submitted by the Procuring Agency for special claims processing through numbered memorandums. 14.2.2.12 Through the Claims Processing Subsystem the Contractor shall, at a minimum, perform the following activities: 14.2.2.12.1 Perform claims processing functions related to claim exceptions as required by the system documentation.

Task Item	Subtasks	Description
		14.2.2.12.2 Properly process all claims using the provider file, the Prior Authorization (PA) file, the TPL file, the Eligibility file, the Procedure and Pricing files, and other reference files. 14.2.2.12.3 Provide the Procuring Agency the option of selecting the disposition of a claim exception to suspend claims for prepayment or post-payment review, pay-and-report only, or automatically deny claims. 14.2.2.12.4 Revise claim exception criteria (edit function, fail criteria, location disposition, and resolution) on instruction from the Procuring Agency. 14.2.2.12.5 Implement additional claim exceptions upon instruction from the Procuring Agency. 14.2.2.12.6 Review claims for significant discrepancies between billed and paid amounts. The Procuring Agency will approve all parameters to be used by the Contractor. 14.2.2.12.7 Detect TPL paid amounts included on claims and deduct such amounts from the Medicaid amounts allowed for the service. 14.2.2.12.8 Detect claims subject to client TPL resources and process them in compliance with TPL requirements. 14.2.2.13 The Contractor shall perform claims processing functions related to pricing and payments as follows and including related requirements in the system documentation or as directed or approved by the Procuring Agency: 14.2.2.13.1 Price valid claims according to the appropriate reimbursement methodology. 14.2.2.13.2 Ensure all payments for services that require authorization are paid in accordance with the authorization given.

Task Item	Subtasks	Description
		14.2.2.13.3 Price all claims for recipients with TPL resources in order to accurately report TPL cost avoidance. 14.2.2.14 Perform claims processing functions related to claims suspended for resolution as follows and including related requirements in the system documentation or as otherwise directed and approved by the Procuring Agency. 14.2.2.14.1 Perform online suspense resolution for all claims according to the suspense resolution instructions in the Exception Control File. 14.2.2.14.2 Maintain and update procedure and resolution manuals and databases. 14.2.2.14.3 Maintain an adequately staffed claims resolution unit to resolve suspended claims. The unit shall maintain a close working relationship with the Procuring Agency in developing and writing the resolution instructions and in resolving claims in accordance with program policy and procedures. 14.2.2.14.4 Review the processes for resolving claims on a regular basis. Initiate or respond to requests from the Procuring Agency regarding improvements and changes such as authorizing appropriate user authority to resolve claims in the most efficient manner. 14.2.2.14.5 Ensure claims are not denied without valid reasons. Each claim denial will have a specific explanation that clearly identifies the reason for denial. 14.2.2.14.6 Suspend claims for review by the Contractor or the Procuring Agency for specific recipients, specific providers, or specific procedure codes, through a prepayment review process as requested by the Procuring Agency. 14.2.2.14.7 Ninety percent of problem claims resolution will be adjudicated within ten (10) business days of claim suspension date.

Task Item	Subtasks	Description
		14.2.2.14.8 The Contractor shall resolve all suspended claims within thirty (11) business days of suspension unless otherwise determined by the Procuring Agency. 14.2.2.14.9 The Contractor shall disposition manually any claims that cannot be automatically adjudicated by the automated system. General activities within the manual resolution phase include, but will not be limited to, the following: 14.2.2.14.9.1 Analysis of error and suspended claims listings. 14.2.2.14.9.2 Contractor will provide Procuring Agency a weekly suspense report. 14.2.2.14.9.3 Research and correction of possible errors. 14.2.2.14.9.4 Routing of claims for medical review, eligibility validation, or TPL review. 14.2.2.14.9.5 Entering corrective actions to be applied to suspended claims. 14.2.2.14.9.6 Manually price claims, when appropriate, according to instructions issued by the Procuring Agency. 14.2.2.15 Perform, at a minimum, the following claims processing functions related to claims adjudication: 14.2.2.15.1 Adjudicate claims according to the Medical Assistance Program direction, provider billing instructions, claim resolution instructions, and in conformity with medical, dental, or institutional care practices as instructed by the Procuring Agency. 14.2.2.15.2 Adjudicate claims daily and through the MMIS online adjudicator, as directed by the Procuring Agency.

Task Item	Subtasks	Description
14.3 Provide Payment and Reporting	**14.3.1 Meet Detailed Specifications for Payment and Reporting**	14.2.2.15.3 Maintain proper quality control on the accuracy of claims payments to ensure that the rate of claims processing errors will not exceed 0.5% of the total number of claims processed in any month. The error percentage will be determined in reference to the total claims processed in the reporting period. The Contractor shall sample claims on a monthly basis and provide the Procuring Agency with a report of claims payment accuracy. The Contractor's sampling criteria must be approved by the Procuring Agency 14.2.2.15.4 Correct any mis-payments and correct any system deficiencies that result in mis-payment or potential mis-payment of claims even if the overall error rate is under 0.5%. 14.2.2.16 Perform, at a minimum, the following claims processing functions related to credits and adjustments: 14.2.2.16.1 Process individual claim voids and adjustments submitted by providers. 14.2.2.16.2 Process mass adjustment requests as requested by the Procuring Agency. 14.2.2.16.3 Process automated retroactive rate adjustments, as required. 14.2.2.16.4 Receive, log, organize, and control all provider requests for reconsideration of claim payments submitted via correspondence or claim adjustment. The Contractor shall research the payment of the claim to verify the accuracy of payments or, if necessary, forward these requests for review to the Procuring Agency or the designated utilization review organization, and then either allow or deny the request for adjustment of payment. The Contractor shall notify the provider within 11 business days by means of the RA and/or by written correspondence of the resolution of the request.

Task Item	Subtasks	Description
		14.2.2.17 The Contractor shall provide training to Contractor claims processing personnel, enabling them to attain a detailed understanding of operational policies and procedures. 14.2.2.18 The Contractor shall report monthly to the Procuring Agency on the major reasons for claim denials related to provider error or misbilling; propose provider outreach activities and communications to reduce the number of claim denials; and provide an assessment of previous attempts to reduce provider denials. 14.2.2.19 When the Procuring Agency initiates requests for mass adjustments, and the Contractor shall process, track, and validate the successful completion of all mass adjustments. The Contractor shall: 14.3.1.1 Execute a financial (payment) cycle no less than once per week. 14.3.1.2 Include capitation payments in at least one weekly financial (warrant cycle) per month, as directed by the Procuring Agency. 14.3.1.3 Issue provider and MCO payments and maintain an accounting file of financial transactions as approved by the Procuring Agency. 14.3.1.4 Make payment via electronic funds transfer (EFT) to providers who have supplied banking information via the Contractor's Web portal. 14.3.1.5 Perform, at a minimum, the following functions related to paper warrant production: 14.3.1.6.1 Maintain a check hold log of those providers who are determined by the Procuring Agency to be out of cost report compliance, have had a change of ownership, have had a voluntary closure, are subject to liens and court orders, or are out of compliance with Medicaid policies and procedures.

Task Item	Subtasks	Description
		14.3.1.6.1.1 Update the MMIS system list that prevents such providers from receiving payment via EFT and forces a paper warrant to be generated.
		14.3.1.7 Process provider refund checks.
	14.3.2 Ensure Functions and Maintenance of Managed Care	14.3.1.8 Process adjustments and voids related to provider refunds.
		14.3.1.9 Balance the weekly check write amounts.
		14.3.1.10 Process returned and voided warrants.
	14.4.1 Generate Capitation Claims	14.3.1.11 Process manual advance check requests from the Procuring Agency.
	14.4.2 Edit Capitation Claims Before Adjudication	14.3.1.12 Communicate with the Procuring Agency and with the State Treasury Office regarding voided warrants, re-issued warrants, and other warrant issues.
	14.5.1 Maintain Online Claims History File for Seven Years	14.3.1.13 Develop new remittance advice messages as needed and/or as required and approved by the Procuring Agency to improve communications to providers.
14.4 Provide Capitation and Premium Preparation	**14.5.2 Maintain Rapid Response Time for Claims History Inquiries**	14.3.1.14 Mail Recipient Explanation of Medical Benefits (REOMB) to recipients of services in a timely manner, meeting all federal standards for REOMB and the REOMB process.
14.5 Provide Payment Information Management	**14.5.3 Provide Extracts of Paid Claims History File to the Procuring Agency**	
	14.5.4 Archive Claims Records Per Procuring Agency Policy	14.3.2.1 Contractor shall ensure the accuracy of the data maintained in Omnicaid, provided by ASPEN, and the full range of

Task Item	Subtasks	Description
14.6 Manage Recoupment	**14.6.1 Track Status of Individual Receivables** **14.6.2 Deduct or Collect Outstanding Receivables** **14.6.3 Post Payments to Accounts Receivable** **14.6.4 Analyze and Report Receivables Progress to the Procuring Agency** **14.7.1 Meet Detailed Specifications for the TPL**	functions supported by the client, provider, claims, and general subsystems as described in the system documentation. 14.4.1.1 The Contractor shall use client enrollment and demographic information as well as information from the plan table and rates table to generate capitation claims. 14.4.2.1 The Contractor shall edit capitation claims prior to adjudication to prevent payment of duplicate capitations or capitations generated for clients who have lost eligibility subsequent to capitation claim generation. 14.5.1.1 The Contractor shall maintain paid and denied claims and encounters on the online Claims History file for a minimum of seven (7) years and make them available for inquiry. 14.5.2.1 The Contractor shall ensure an MMIS system response time for online inquiries into the Claims History file of under five (5) seconds unless requested using a non-key selection field (other than Transaction Control Number (TCN), Provider ID or Recipient ID) in which case the response time will be under ten (10) seconds. 14.5.3.1 The Contractor shall provide extracts of the paid claims history file for Procuring Agency use in monitoring service utilization. 14.5.4.1 The Contractor shall archive claims records in accordance with Procuring Agency policy.

Task Item	Subtasks	Description
	14.7.2 Meet Detailed Specifications for the TPL	14.6.1.1 The Contractor will use the Accounting and Financial Reporting Subsystem to track the status of individual receivables.
14.4 Manage Medicaid Services Questionnaire Third Party Liability Recovery		14.6.2.1 Receivables will be deducted from future provider payments if possible. Otherwise, the Contractor or the Procuring Agency, when appropriate, will collect outstanding receivables directly from providers. 14.6.3.1 The Contractor shall receive and post payments from providers to apply to accounts receivable, including refunds, overpayments, and third-party payments. 14.6.4.1 The Contractor shall analyze the accounts receivable report monthly, documenting receivables that are slow in being recouped and receivables for which the provider is no longer active. The Contractor shall research receivables where the Contractor is no longer active to determine if provider participation occurs under a different provider number or as part of a group practice and forward such information to the Procuring Agency.
14.8 Manage Agreed Payment Schedule	**14.8.1 Invoice the Procuring Agency According to the Operations Payment Schedule**	14.7.1 The Contractor shall be responsible for the function and maintenance of the Third Party Liability (TPL) subsystem to ensure the proper cost avoidance, post payment recovery, and payment of claims. The Contractor is responsible for all functions of third party liability, through interfaces, using MMIS system functions, and by making manual updates and changes as necessary, to third party and other resource information maintained in the MMIS 14.7.2 The Contractor shall perform the following general Medicaid Services Questionnaire (MSQ) benefit recovery activities: 14.7.2.1 Process all payments received from third parties.

Task Item	Subtasks	Description
		147.2.2 Identify, open, and close recovery cases, including aggressively pursuing data matches with other insurers to identify client third party resources. 14.7.2.3 Generate notices as required. 14.7.2.4 Enter the amount of recovery on the TPL billing window. 14.7.2.5 Maintain the TPL Carrier File including the insurance carrier name and address, phone number, and the contact person. Contractor shall be paid a fixed monthly rate for delivering these operations, including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:

Deliverable 15: Ongoing Drug Rebate Management [Monthly Fiscal Operations]

Deliverable 15	Due Date	Compensation
Ongoing Drug Rebate Management [Monthly Fiscal Operations]	**TBD**	**TBD**

Task Item	Subtasks	Description
15.1 Manage All CMS Interactions on Drug Rebates	**15.1.1 Maintain the CMS Listing of Drug Rebate Agreements**	The Contractor shall accept and maintain the Centers for Medicare and Medicaid Services (CMS) current listing of manufacturers with drug rebate agreements.
	15.1.2 Process CMS Drug Rebate Tape	The Contractor shall process the CMS drug rebate tape on a quarterly basis.
	15.1.3 Update Drug Record per CMS Data	The Contractor shall extract National Drug Code (NDC) termination dates and Drug-Effectiveness Source Identifier (DESI) flags from the CMS tape and update the appropriate coverage or pricing data on the drug record.
	15.1.4 Correct Drug Rebate Information	The Contractor shall use the quarterly tape from CMS to process and identify by NDC level any corrections to rebate information received from the CMS or from the manufacturers.
	15.1.5 Transmit Drug Rebate Invoices to CMS	The Contractor shall generate and transmit to the CMS a quarterly file of all drug rebate invoices including prior period adjustments resulting from dispute resolution.
	15.1.6 Resolve Any Processing Errors with CMS	The Contractor shall resolve any processing errors reported back from CMS concerning the quarterly rebate tape. Provide an explanation to CMS and to the Procuring Agency along with the method of correction to prevent the errors in future quarters.

Task Item	Subtasks	Description
15.2 Perform Drug Rebate Functions	**15.1.7 Update Manufacturer Contacts Using the Federal Releases**	The Contractor shall update all manufacturer contacts and addresses in the manufacturer's file using the federal releases from the central office. Contacts and addresses include the invoice address, dispute resolution address, accounting contact, and product information contact. The files on each manufacturer include dates of the rebate agreement addition/deletion, products covered, and any subsidiaries.
	15.2.1 Meet Detailed Drug Rebate Specifications of Omnibus Budget Reconciliation Act of 1990 (OBRA '90)	The Contractor shall perform all functions necessary to meet the requirements of Omnibus Budget Reconciliation Act of 1990 (OBRA '90) regarding the collection of drug rebates from drug manufacturers, including: 15.2.1.1 Prepare and mail quarterly invoices to each manufacturer with rebate agreements with CMS. Invoices will be sorted by NDC and will follow the CMS and State standards. 15.2.1.2 Base invoice amounts on counts of prescriptions and payment totals by NDC for each manufacturer. 15.2.1.3 Calculate adjustments to previous quarter invoices based on claim adjustments received in the reporting quarter. 15.2.1.4 Prepare and mail invoices within two (2) weeks of receipt of the CMS tape or within sixty (60) days of the close of each calendar quarter, whichever comes first. 15.2.1.5 Reconcile drug manufacturer payments to invoices, including invoices for FFS claims and MCO encounters. 15.2.1.6 Post all drug rebate payments received from manufacturers within five (5) business days of receipt of payment. Record all payments, overpayments, and invoices that have not been paid.

Task Item	Subtasks	Description
		15.2.1.7 Perform accounts receivable tracking, reporting, and updating, and make the status available to the Procuring Agency. 15.2.1.8 Generate initial collection letters to non-responding manufacturers 19 days from the mailing date of the invoice. 15.2.1.9 Pursue resolution in a timely and aggressive manner of all amounts due to the Procuring Agency but not paid or disputed by the drug manufacturer for which the Contractor has adequate claims, invoice, and if applicable, dispute resolution data from any source (including hardcopy files from the prior rebate Contractor) that is sufficient to enable the Contractor to identify the non-payment and report on the resolution of said non-payment. 15.2.1.10 Establish and maintain close and ongoing coordination with the Procuring Agency in compiling and filing all necessary state and/or federal reports pertaining to the Procuring Agency's federal rebate program. 15.2.1.11 Provide all necessary support, documentation, and testimony in the event of a state or federal audit of the Procuring Agency's drug rebate system, to the extent of the Contractor's knowledge and the relevant documentation in the Contractor's possession. 15.2.1.12 Develop policies and procedures for performing drug rebate processing activities; all policies and procedures must adhere to State and Federal guidelines and be approved by the Procuring Agency.
	15.2.2 Maintain Drug Rebate / Invoice Records Online **15.2.3 Review Claim Level Audit Reports and Perform Adjustments**	The Contractor shall maintain all quarterly drug rebate/invoice information to accommodate prior period adjustment processing. Twelve (12) quarters will be available online. The Contractor shall review claim level audit reports for unlikely units and utilization to correct invoices prior to invoicing manufacturers and shall perform claim adjustments to reflect

Task Item	Subtasks	Description
15.3 Perform Dispute Resolution	**15.2.4 Recoup Claims If Billing Pharmacy Does Not Respond**	adjusted drug utilization information identified during the drug rebate dispute resolution process.
	15.2.5 Make Claim Adjustments	The Contractor shall recoup claims if the billing pharmacy does not respond within a specified time period as determined by the Procuring Agency to a request for invoices or billing documents.
	15.3.1 Pursue Resolution of All Drug Manufacturer Disputes in a Timely and Aggressive Manner	The Contractor shall initiate adjustments if the billing pharmacy identifies an error in the claim data billed.
	15.3.2 Report Unresolved Disputes to the State Quarterly	The Contractor shall pursue resolution in a timely and aggressive manner all unresolved drug manufacturer disputes (regardless of when dispute was filed by the drug manufacturer) for which the Contractor has adequate claims, invoice, payment, payment reconciliation, and dispute identification data from any source (including hardcopy files from the prior rebate Contractor) that is sufficient to enable the Contractor to identify the dispute, the current status thereof and report on the resolution of said dispute. The Contractor must contact dispensing pharmacies or administering practitioners or facilities when necessary to verify the accuracy of a claim or claims associated with disputes.
	15.3.3 Support Any Drug Manufacturer Disputes that Escalate to Administrative or Judicial Review	The Contractor shall provide the Procuring Agency a quarterly report on the nature and status of unresolved disputes due by January 5th, April 5th, July 5th, and October 5th of each year.
	15.3.4 Coordinate Claims Correction Issues	The Contractor shall provide all necessary support and testimony should a drug manufacturer dispute proceed to administrative or judicial review, to the extent of the Contractor's knowledge and the relevant documentation in the Contractor's possession.
	15.3.5 Report Adjustments & Recoupments to the State	The Contractor shall coordinate any claims correction issues pertaining to drug rebate invoicing and disputes.

Task Item	Subtasks	Description
15.4 Manage Agreed Payment Schedule	**15.4.1 Invoice the Procuring Agency According to the Operations Payment Schedule**	The Contractor shall report all adjustments and recoupments made as a result of the dispute research to the Procuring Agency. Contractor shall be paid a fixed monthly rate for delivering these operations, including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:

Deliverable 16: Ongoing Program Management [Monthly Fiscal Operations]

Deliverable 16	Due Date	Compensation
Ongoing Program Management [Monthly Fiscal Operations]	**TBD**	**TBD**

Task Item	Subtasks	Description
16.1 Manage 1099 Series IRS Tax Forms	**16.1.1 Maintain MMIS Ability to Produce 1099 Series IRS Tax Forms (1099s)**	The Contractor shall maintain the MMIS functionality required to produce annual 1099 series IRS tax forms (1099s).
	16.1.2 Print and Mail 1099s	The Contractor shall print and mail provider 1099s annually.
	16.1.3 Forward 1099 Data to IRS	The Contractor shall forward the 1099 data file to the IRS as required.
	16.1.4 Correct & Re-Issue any 1099s Reported with Errors	The Contractor shall correct and re-issue any 1099 reported with name-number mismatch as reported by the provider.
16.2 Perform Accounting Functions	**16.2.1 Operate Claims Payment, Reporting and Financial Subsystems**	The Contractor shall operate the Claims Payment, the Reporting and the Financial Subsystems to track and report fiscal activity related to health care programs Contractor has paid. The Contractor shall meet or exceed the current MMIS Financial Subsystem functions.
	16.2.2 Use Double Entry Bookkeeping & Follow GAAP.	All financial transactions will be recorded using the double entry method of bookkeeping and will follow Generally Accepted Accounting Principles (GAAP).

Task Item	Subtasks	Description
	16.2.3 Segregate Transactions by Fiscal Years	All transactions involving expenses will be segregated by State and federal fiscal years and recorded appropriately in the accounting records, as controlled by the MMIS.
	16.2.4 Segregate Transactions with Procuring Agency Institutions	Transactions with Procuring Agency institutions will be segregated from the transactions of other providers as defined and provided for in the MMIS.
	16.2.5 Segregate Transactions with Specified Programs	Transactions for Children's Medical Services, other non-Medicaid services, Home and Community-Based Services Waivers, and other programs as specified by the Procuring Agency will also be segregated from other transactions and will be capable of being reported separately through the use of cost centers assigned in the MMIS.
	16.2.6 Entering Transactions into MMIS as Directed by the Procuring Agency	The Contractor is responsible for entering financial transactions (accounts receivable, payouts and receipts) into the MMIS as directed by the Procuring Agency.
	16.2.7 Limit Access to the Provider File	Contractor personnel who have financial transaction privileges must be prohibited from updating the Provider File.
	16.2.8 Transmit Financial Transactions to the Procuring Agency Electronically	The Contractor shall capture in the MMIS all financial transactions as defined by the Procuring Agency and provide information to the Administrative Services Division (ASD) through electronic transactions as defined by the Procuring Agency.
	16.2.9 Associate Transactions with Proper Accounting Codes	Each transaction will be associated with the proper cost center and/or accounting codes to enable the Procuring Agency to
	16.2.10 Meet Detailed Specifications for	

Task Item	Subtasks	Description
	Accounting Functions	associate budgets and expenditures with cost categories, all as assigned by the MMIS. At a minimum, the Contractor shall: 16.2.10.1 Capture each financial transaction and determine applicable Federal Financial Participation (FFP). The Federal Financial Participation percentages are updated in the MMIS by the Contractor upon notification from the Procuring Agency. 16.2.10.2 Establish, monitor and maintain receivable balances for each provider and provide information to ASD through reports and electronic transactions and as defined by the Procuring Agency. 16.2.10.3 Account for funds recouped from contracted third-party processor (HMS) and providers. 16.2.10.4 Produce summary reports to monitor expenditures and program trends. 16.2.10.5 Link summary level accounting transactions to individual claims or other MMIS transactions. 16.2.10.6 Process financial transactions, including advances, cost settlements, gross level payouts to providers; maintain documentation for each transaction; and ensure each transaction is carried out only with proper authorization. 16.2.10.7 Receive and post payments from providers to apply to accounts receivable, including refunds, overpayments, and third-party payments. 16.2.10.8 Coordinate activities with the financial units of the Procuring Agency to ensure the correct disposition of financial transactions including meeting Procuring Agency requirements for the security and rapid disposition of all checks received by the Contractor.

Task Item	Subtasks	Description
16.3 Support Quality Assurance Activities	**16.3.1 Support the Procuring Agency's Quality Control, Contract Monitoring and Audits** **16.3.2 Sample Past Claims for Quality Control** **16.3.3 Support the Procuring Agency's Medicaid Eligibility Quality Control Process** **16.3.4 Support the Procuring Agency's Work to Measure and Reduce Payment Error Rates** **16.3.5 Support the Procuring Agency's Medicaid Integrity Plan Activities**	16.2.10.9 Ensure that all Contractor financial activities meet generally accepted accounting standards as approved by the Procuring Agency. 16.2.10.10 Enforce strict oversight of all Contractor activities to ensure that there is no fraud, abuse, mismanagement, or poorly kept or incomplete financial records on the part of the Contractor. 16.2.10.11 The Contractor shall provide interfaces between the MMIS and the Procuring Agency's Accounting System. The Contractor shall support Procuring Agency quality control and contract monitoring plans, federal and State audits, quality assurance reviews, and the Contractor's internal quality control program. The Contractor shall collect random samples of past claims for quality control evaluations as requested by the Procuring Agency. The Contractor shall provide Medicaid Eligibility Quality Control (MEQC) samples and explanations designed to support the MEQC process administered by the Procuring Agency. The Contractor's MEQC abilities shall meet or exceed the system functionality as described in the MMIS documentation. 16.3.3.1 The MEQC sample shall be produced monthly according to specifications given by the Procuring Agency. 16.3.3.2 Documentation shall include the MMIS eligibility record and claims payment histories for the selected clients and provide explanations for payment as necessary. The Contractor shall support the Procuring Agency's Payment Error Rate Measurement (PERM) activities by providing specialized claims processing training to Procuring Agency staff, responding to

Task Item	Subtasks	Description
16.4 Maintain Benefit / Reference Information	**16.4.1 Maintain the Reference File Subsystem**	information requests, and stationing a business analyst at the Procuring Agency's office in Santa Fe during on-site reviews by the federal PERM auditors. The Contractor shall support the Procuring Agency's Medicaid Integrity Plan activities by providing specialized claims processing training to Procuring Agency staff, responding to information requests, and stationing a business analyst at the Procuring Agency's office in Santa Fe, if necessary, during on-site reviews by CMS-contracted Medicaid Integrity Contractors. The Contractor shall be responsible for the functions and maintenance of all MMIS reference files, pricing files, and other MMIS files to ensure the proper payment of claims. The Contractor is responsible for all functions of the Reference File subsystem and file updates through interfaces, using MMIS system functions, and by making manual updates and changes as necessary to information maintained in the MMIS. 16.4.1.1 The Reference Files consist of several different files and associated maintenance and editing programs used to validate data on claims. Reference file information is also used in claims processing to assist in calculating the allowed payments to providers for specific services. In addition, the Reference Files contain information provided by the Procuring Agency to assist in enforcing various Medicaid policies. The Contractor shall meet or exceed all existing functionality in the OmniCaid Reference Subsystem. 16.4.1.2 Examples of Reference Files include but are not limited to Current Physician Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, ICD-10 CM diagnosis codes, and ICD-10-CM diagnostic procedure and surgical codes, various rates files, and exceptions (system edits and dispositions.) 16.4.1.3 Data elements and functions of the Reference Files are found in the system documentation and include elements associated with pricing and fee schedules; indicators necessary to control program benefits limitations, accumulate data for reports,

Task Item	Subtasks	Description
		detect medically inappropriate procedures or utilization and otherwise accurately process claims; laboratory CLIA information; and data to ensure procedures and diagnoses are consistent with the age and gender of the client.
	16.4.2 Maintain and Update all Reference File Data	The Contractor shall maintain and update the Reference File subsystem and Reference File data including but not limited to: 16.4.2.1 Diagnoses, procedures, drug codes, rate files, message and EOB text files and the exception (edit) location, disposition, and resolution files. 16.4.2.2 Changes to rates, benefit indicators, prior authorization indicators, and all other indicators that affect claims processing or reporting.
	16.4.3 Make and Document Reference File Updates When Requested	The Contractor shall make all Reference File updates and changes upon written request by the Procuring Agency and shall maintain complete and accurate documentation of all changes made. The Contractor shall provide controls to ensure that all data is correctly entered and verified.
	16.4.4 Inform the Procuring Agency of Any Changes Proposed in the Claim Exception Master File	The Contractor shall inform the Procuring Agency in writing of any changes made in the claim exception master file and document all
	16.4.5 Periodic Updates to the Reference Files May be Handled as System Change Requests	

Task Item	Subtasks	Description
		changes made. Authority to authorize activation or deactivation of claim exceptions rests solely with the Procuring Agency.
	16.4.6 Make Routine Updates Within Agreed Time Period, Using Quality Control and Maintaining an Audit Trail	When updates and changes to the data in the Reference Files are made because of the periodic updates from the official coding sources (for example, Current Procedural Terminology code updates in the Healthcare Common Procedure Coding System file), the updates and changes may be handled as System Change Requests through batch updates with the files maintenance staff responsible only for changes that cannot be accomplished systematically.
	16.4.7 Provide Same-Day Reference File Updates When Necessary	The Contractor shall make all routine updates and changes to the files within five (5) business days of the requests unless otherwise directed by the Procuring Agency; shall subject the file changes to the Contractor's internal quality control process; shall notify the Procuring Agency in writing when the changes have been made; shall maintain an audit trail that can demonstrate any file changes were requested or authorized by the Procuring Agency, and shall review internal system audit trails to ensure that no unauthorized changes are made to the files.
	16.4.8 Enter Updates to the Managed Care Files, Rate Files, and Cohort tables	When an update or change to data in the files is necessary on an emergency basis to avoid making an incorrect payment, the Contractor shall make every reasonable attempt to make the changes the same day the change or update is requested.
	16.4.9 Make Updates Required by Changes in the National Billing Code System	The Contractor shall enter updates to the Managed Care files, Rate Files, and Cohort tables as instructed by the Procuring Agency.

Task Item	Subtasks	Description
	16.4.10 Maintain a Reference File Update Instructions Manual and Deliver it to the Procuring Agency **16.4.11 Provide the Procuring Agency with Reference Files** **16.4.12 Accept Reference File Instructions from in Electronic or Paper Media** **16.4.13 Provide Reference File Reports**	The Contractor shall provide qualified expertise through positions or other organizational means to assume the primary responsibility for making changes to the MMIS Reference Files following updates from all national billing code systems and values, including diagnoses, procedures, valid values that are part of the national billing code schemes, and payment levels that are incorporated into the New Mexico pricing methodologies. This includes: 16.4.9.1 Tracking changes that are occurring at the national level and within Medicare and assuming the primary responsibility to implement changes approved by the Procuring Agency in the MMIS. 16.4.9.2 Preparing billing code and pricing updates for the MMIS under the direction of and for the final approval by the Procuring Agency. 16.4.9.3 Identifying the impact of billing code changes, pricing changes, and payment methodology changes on MMIS exceptions, utilization edits, National Correct Coding Initiative edits, and provider billing, and presenting the results of this analysis to the Procuring Agency for possible implementation of reference file updates. 16.4.9.4 Preparing drafts of the communications with providers pertaining to such changes. The Contractor shall develop and maintain an updated file maintenance manual that documents the instructions used by Contractor staff for updating Reference Files. The Contractor shall supply the current version to the Procuring Agency. Files maintenance instructions are subject to approval by the Procuring Agency.

Task Item	Subtasks	Description
	16.4.14 Provide Sufficient Staff to meet Performance and Quality Standards	The Contractor shall provide the Procuring Agency with copies of each Reference File in the requested media when required by the Procuring Agency.
	16.4.15 Ensure Staff Understand the Reference Files and Provide Training	The Contractor shall be capable of accepting initial or maintenance information from the Procuring Agency in hard copy or soft copy formats or as available from official sources on the Internet.
	16.4.16 Ensure Staff Understand the Coding Systems and Provide Training	The Contractor shall provide scheduled and ad hoc reports based on the information in the reference files.
	16.4.17 Maintain Real-time Access for Query & Updates Alongside Batch Updates	The Contractor shall provide sufficient files maintenance staff to meet the required performance and quality standards.
	16.4.18 Produce Output Reports	The Contractor shall have staff that are knowledgeable on the uses, functions, and operations of the files and will provide training and assistance to the Procuring Agency and other users as necessary.
	16.4.19 Maintain Seven-Year History of Reference File Updates	The Contractor shall have staff members that are knowledgeable on coding systems and will provide training and assistance to providers as necessary.
	16.4.1 Perform Manual Pricing	The files are and will continue to be available for query and updates in an online, real-time mode but may also be updated through batch processes within a twenty-four (5) hour period unless prior approval is received from the Procuring Agency for an extended due date. The files will be capable of storing and

Task Item	Subtasks	Description
	When Procuring Agency Provides Instructions	retrieving data as necessary to accurately process and pay claims and to support other MMIS functions.
	16.4.21 Update Gross Receipts Tax Rates for Each Region When They Change	The Contractor shall produce all output reports as indicated in the system documentation and as set up as production reports in the MMIS. The Contractor shall maintain a history of file updates and previous Reference file data for seven years.
16.5 Manage Agreed Payment Schedule		
	16.5.1 Invoice the Procuring Agency According to the Operations Payment Schedule	The Contractor shall perform manual pricing when the Procuring Agency can give adequate pricing instructions. The Procuring Agency staff will price services for which the Procuring Agency cannot give adequate pricing instructions. The Contractor will update the Gross Receipts Tax (GRT) rates in the MMIS to accommodate changes that typically occur on January 1 and July 1 of each year. New Mexico's GRT rates vary from county to county, for different towns and cities within a single county, for different zip codes within a town, and may also vary within the same zip code. Contractor shall be paid a fixed monthly rate for delivering these operations, including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:

Deliverable 17: Ongoing Pharmacy Benefits Management Services [Monthly Fiscal Operations]

Deliverable 17	Due Date	Compensation
	TBD	**TBD**
Ongoing Pharmacy Benefits Management Services **[Monthly Fiscal Operations]**		

Task Item	Subtasks	Description
17.1 Process Pharmacy Claims	**17.1.1 Use a Pharmacy Benefits Management System (PBMS)**	The Contractor shall process pharmacy claims using a Pharmacy Benefits Management System (PBMS) provided by the Contractor. The Procuring Agency will supply guidance for PBMS operations.
	17.1.2 Maintain Drug Reference Files for Claim Pricing Capability	The Contractor shall maintain the drug reference files for claim pricing capability at all state and federally defined levels using "lower of" logic, claim editing capabilities, and detailed claims history in the PBMS. Selected data elements of the claims history and drug reference files shall be additionally kept in the MMIS through interfaces from the PBMS to the MMIS that shall occur not less than daily.
	17.1.3 Process Weekly Updates from Drug Pricing Service	The Contractor shall process weekly updates from Fiserv Bank or a similar Procuring Agency-approved drug pricing service to receive and update reference file data. The Contractor will provide the subcontracted drug pricing service at no additional cost to the Procuring Agency. Maintain and update all pricing levels as defined by the Procuring Agency, including estimated acquisition costs federal upper limits, NADAC, WAC (wholesale actual cost), federal supply schedule pricing, and any other pricing levels which the Procuring Agency can supply directly or through electronic interface.

Task Item	Subtasks	Description
	17.1.4 Ensure Sufficiency of PBMS Data	The data maintained in the MMIS as received from the PBMS shall be sufficient to meet all Procuring Agency payment, accounting, inquiry, and MMIS reporting standards. Warrants to the provider are issued by the MMIS.
	17.1.5 Provide Secure Online Access to PBMS Data	The detailed claims history, reference files, and other databases of the PBMS shall be available to Procuring Agency and Contractor staff online through access-controlled inquiry functions.
	17.1.6 Maintain Interfaces Between MMIS and the PBMS	The Contractor shall maintain the necessary interfaces between the MMIS and the PBMS to ensure the availability of accurate information regarding client eligibility, provider eligibility, other insurance resources, client benefit limitations, managed care enrollment status, and other data necessary for the PBMS to correctly process pharmacy claims.
	17.1.7 Maintain Comprehensive Online Audit Trail	The Contractor shall maintain an audit trail of all database changes and updates accessible through online inquiry, with dates, times, and user ID codes and shall document reference database changes approved by the Procuring Agency.
	17.1.8 Use NCPDP standards and Pharmacy Universal Claim Form	The Contractor shall use NCPDP standards and the Pharmacy Universal Claim Form or a similar form approved by the Procuring Agency, including online submission of multiple ingredient compound prescriptions, ability to receive all NCPDP data fields, voids, rebilling, partial fill transactions, and the most detailed levels of reject code specificity.
	17.1.9 Enter Data from Paper Claims into the PBMS	The Contractor shall process paper claims and adjustments by entering the data into the PBMS using Contractor staff based in New Mexico, within 225 miles of Santa Fe, New Mexico. The staff entering paper claims into the PBMS may be the same Contractor staff that enters non-pharmacy claims into the MMIS.
	17.1.10 Protect Confidentiality of	

Task Item	Subtasks	Description
	Eligibility Information	The Contractor shall supply appropriate safeguards to protect the confidentiality of eligibility information, to conform to all Procuring Agency and federal confidentiality laws, and to ensure that Procuring Agency and federal HIPAA data security standards are met.
	17.1.11 Process MCO Pharmacy Encounter Claims	The Contractor shall process pharmacy encounter claims from the Procuring Agency's Managed Care Organizations according to requirements and Procuring Agency standards that may differ from fee for service pharmacy claims.
	17.1.12 Input All Other Claims to the PBMS	The Contractor shall process other input documents to the PBMS including, but not limited to, claims for Medicare coinsurance and deductible (crossover claims), in both paper and electronic formats, authorizations for service in paper and electronic formats, and claim adjustments in paper and electronic formats.
	17.1.13 Limit Pharmacy Payments to CMS-Approved Manufacturers	Limit payments of pharmacy claims to drugs that are manufactured by companies on the CMS listing of manufacturers with drug rebate agreements, except as directed by the Procuring Agency.
	17.1.14 Provide Ongoing Quality Control	The Contractor shall provide for ongoing quality management initiatives subject to Procuring Agency approval.
	17.1.15 Provide Local Education for Providers and Clients	The Contractor shall access, plan, develop, implement, and evaluate locally-based provider and client education initiatives including pharmacy program-specific training and communications to pharmacy providers, medical providers and clients (recipients).
17.2 Support Drug Prior Authorization	**17.2.1 Meet Detailed Specifications for the Procuring Agency's Prior**	

Task Item	Subtasks	Description
17.3 Support E-Prescribing	**Authorization Policies**	The Contractor shall enforce the Procuring Agency's prior authorization policies by performing the following activities: 17.2.1.1 Receiving prior authorization requests from providers, processing such requests in accordance with Procuring Agency policy, and entering approved authorizations into the PBMS. 17.2.1.2 Entering authorization information as necessary from paper copies, reports, logs, or other documents as determined by the Procuring Agency as necessary to process claims timely and accurately including allowing for direct entry of authorization information into the PBMS by Contractor staff.
	17.3.1 Provide E-Prescribing Interfaces with Third Parties	The Contractor shall have the capability to interface with third party vendors to support with the Procuring Agency's E-Prescribing initiative.
	17.3.2 Meet Detailed Specifications for E-Prescribing	The Contractor shall: 17.3.2.1 Conduct testing with Procuring Agency-specified, E-Prescribing vendors and become certified to exchange data with those vendors. 17.3.2.2 Coordinate the installation of dedicated telecommunication lines between the Contractor's PBMS and Procuring Agency-specified, E-Prescribing vendors, with those costs to be borne by the other vendors. 17.3.2.3 Provide a formulary benefit file to third party E-Prescribing vendors on a monthly basis. 17.3.2.4 Provide a client eligibility file to third party E-Prescribing vendors on a daily basis.
17.4 Support Drug		17.3.2.5 Accept eligibility verification requests and return responses in real-time.

Task Item	Subtasks	Description
Utilization Review	**17.4.1 Meet periodically with the Drug Utilization Review Committee**	17.3.2.6 Accept claim history requests and return responses in real-time. The Contractor shall meet periodically with the Drug Utilization Review Committee to ensure that its needs for data, statistics, and other information are met.
	17.4.2 Provide Training on ProDUR Principles	
	17.4.3 Help Eliminate Prescriber ID Errors	The Contractor shall provide training to the Procuring Agency staff, to Contractor staff, and to providers on application of Prospective Drug Utilization Review (ProDUR) principles. The Contractor shall work with pharmacies to minimize or eliminate missing or invalid prescriber identifying information.
17.5 Maintain Pharmacy Support Help Desk		
	17.5.1 Maintain and Staff Pharmacy Support Help Desk	
	17.5.2 Keep at Least One Member of the Pharmacy Support Help Desk Located in New Mexico	The Contractor, either directly or through the PBMS, shall maintain and completely staff a Pharmacy Support Help Desk available twenty-four (5) hours per day, seven (7) days per week, to include a telephone system, telephone lines and 5-hour pharmacist backup. The telephone lines will be toll-free nationwide. While the Pharmacy Support Help Desk may be located anywhere in the United States, the Contractor shall maintain a minimum of one full-time staff member in New Mexico with pharmacy-specific expertise sufficient to meet the in-state provider needs, including: provider education and communications, proactive problem solving, assisting the Procuring Agency in analysis of provider and client
	17.5.3 Submit Telephone Company Records to the Procuring	

Task Item	Subtasks	Description
	Agency Upon Request	concerns and overall systems needs assessment, planning, implementation and evaluation of targeted resolution areas.
	17.5.4 Ensure Pharmacy Support Help Desk Staff are Qualified and Trained	The Procuring Agency will monitor the Pharmacy Support Help Desk's performance and blockage rate by calculating monthly averages. The Contractor shall submit reports from the telephone company to the Procuring Agency upon request to allow this calculation to be made.
	17.5.5 Make Timely Responses to Providers' Verbal Inquiries	The Contractor shall ensure all Pharmacy Support Help Desk staff members are trained in billing procedures, current New Mexico Medicaid policy, and telephone etiquette. The Contractor shall provide for periodic training of telephone representatives.
	17.5.6 Keep Waiting-on-Hold Time Within Agreed Service Levels	The Contractor shall respond to all provider inquiries made verbally concerning recipient eligibility, provider status, claim status, billing procedures, and remittance vouchers immediately, if possible. If immediate verbal responses are not possible, written responses to verbal inquiries will be made within five (5) workdays of the date of the call. The Procuring Agency will approve all form letters in writing before they are put in use.
	17.5.7 Keep Call Abandonment Rate Within Agreed Service Levels	The average waiting-on-hold time before callers reach a Help Desk staff member shall not exceed two (2) minutes.
	17.5.8 Provide Corrective Action Plan If Agreed Service Levels are Breached	The Help Desk call abandonment rate must not exceed 5%, as measured on a monthly basis.
	17.5.9 Maintain a Daily Log of Pharmacy Support Help Desk Activity & Keep It Available to the Procuring	Provide a corrective action plan to the Procuring Agency if A) the abandonment rate exceeds 5% or; B) the average speed of answer exceeds the maximum average two (2) minute threshold or; C) the

Task Item	Subtasks	Description
	Agency's Pharmacy Administrator	Procuring Agency determines that an excessive number of calls are being routed to voice mail.
	17.5.10 Analyze the Root Cause of Calls & Work to Reduce Them	The Contractor shall maintain a log of Pharmacy Support Help Desk activity that will include, at a minimum and when applicable, the name and phone number of the pharmacy, prescriber's name and identification number, client's name and identification number, name of drug, therapeutic class, type of call, action taken, and outcome. The Contractor shall make an electronic version of the log available daily to the Procuring Agency's Pharmacy Administrator. The Contractor shall provide summary reports as directed by the Procuring Agency. The format of the log and of the summary reports will be subject to the Procuring Agency's approval.
17.6 Manage Agreed Payment Schedule	**17.6.1 Invoice the Procuring Agency According to the Operations Payment Schedule**	The Contractor shall document and analyze the reasons for calls and initiate enhancements to reduce the number of calls through better automation, and/or training. Contractor shall be paid a fixed monthly rate for delivering these operations, including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:

Deliverable 18: Mi Via Financial Management Agent (FMA) – Ongoing Operations and Maintenance [Monthly Fiscal Operations]

Deliverable 18	Due Date	Compensation
Mi Via FMA - Ongoing Operations and Maintenance **[Monthly Fiscal Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
18.1 Serve as Mi Via Financial Management Agent	**18.1.1 Perform Financial Management Agent (FMA) Functions for the Mi Via Program**	The Contractor shall function as the Financial Management Agent (FMA) for this program. As FMA, the Contractor shall enter employer (participant) and employee information, perform background and criminal record checks on prospective employees, process employee timesheets and invoices, and generate employee payments on behalf of the participant. The Contractor shall create claims for services and goods approved on the SSP and submit them to the MMIS for processing.
	18.1.2 Provide FMA Services, Manage Policies & Retain Records	As the Mi Via Financial Management Agent, the Contractor shall provide financial management services, develop and maintain written policies and procedures, and retain all records in conformance with New Mexico and federal statutes, New Mexico income tax regulations, and federal Internal Revenue Service (IRS) regulations.
	18.1.3 Support Centennial Care's Self-Directed Community Benefit	The Contractor shall function as the FMA for Centennial Care's Self-Directed Community Benefit (SDCB). The cost of the Contractor's FMA services for a Centennial Care member who meets nursing facility Level of Care criteria and elects to self-direct shall be borne

Task Item	Subtasks	Description
18.2 Support Employer and Employee Enrollment	**18.2.1 Meet Detailed Specifications for Employer & Employee Enrollment**	by the member's Managed Care Organization, not the Procuring Agency. The Contractor shall support employer and employee enrollment by performing the following activities: 18.2.1.1 Mail Employer Information Packets and Employee Information Packets. 18.2.1.2 Provide telephone support to participants and employees for completion of information packets. 18.2.1.3 Receive, and review completed Employer Information Packets and Employee Information Packets. 18.2.1.4 Receive, process and store federal and state forms as required, including but not limited to the New Mexico Department of Labor Form ES-802, and IRS Forms SS-8, W-3, and W-9. 18.2.1.5 Enter employer and employee data from information packets into the Plan of Care Management System (POCMS). 18.2.1.6 Obtain vendor license information and associated expiration dates and update this information in the POCMS. 18.2.1.7 Perform background and criminal record checks and fingerprinting, store hardcopy documents, and update indicators in the POCMS. 18.2.1.8 Store completed hardcopy Employer Information Packets and Employee Information Packets, including electronic funds transfer forms.
18.3 Support Timesheet and Payment Request Processing	**18.3.1 Meet Detailed Specifications for Timesheet and Payment Request Processing**	Contractor shall support timesheet and payment request processing by performing the following activities: 18.3.1.1 Receive timesheets for participants on the exception list and payment requests via hardcopy and fax.

Task Item	Subtasks	Description
18.4 Support Payroll and Financial Processing	**18.4.1 Meet Detailed Specifications for Payroll and Financial Processing**	18.3.1.2 Scan and store images of timesheets and payment requests received via hardcopy and fax. 18.3.1.3 Enter timesheets and payment requests into the POCMS. 18.3.1.4 Place telephone calls or send email to timesheet and payment request submitters to resolve errors encountered during the data entry process, determine corrections, and enter corrections into the POCMS. The Contractor shall support payroll and financial processing by performing the following activities: 18.4.1.1 Set up positive and negative adjustments for retroactive timesheet and payment request changes. 18.4.1.2 Initiate retroactive payments, recoveries, and deductions from ongoing payments to offset previous overpayments. 18.4.1.3 Compute gross and net wages to employee, including deductions for retroactive recoveries and New Mexico gross receipt taxes. 18.4.1.4 Issue checks or direct deposits to employees at least biweekly and to vendors at least weekly. 18.4.1.5 Issue checks for retroactive underpayments. 18.4.1.6 As directed by the Procuring Agency, block cash transactions and transactions from specified merchant category codes. 18.4.1.7 Update the POCMS with payroll and payment information.

Task Item	Subtasks	Description
18.5 New Mexico Home and Community Based Services Supports Waiver Program **18.6 Manage Agreed Payment Schedule**	**18.5.1 Expansion of New Mexico Supports Waiver program.** **18.6.1 Invoice the Procuring Agency According to Mi Via Operations Payment Schedule**	18.4.1.8 Print and mail participant and vendor payroll/payment reports for any participants and vendors that do not have an email address on file in POCMS. 18.4.1.9 Produce all IRS and New Mexico payroll, income tax, and workers compensation forms, reports, and data. 18.4.1.10 Produce and mail W-2 and 1099 forms to employees and vendors. 18.4.1.11 Provide routine workers compensation administration as part of payroll processing. 18.4.1.12 Perform an annual reconciliation and reimbursement process to properly account for FICA, SUTA and FUTA dollars for employees/employers who did not generate sufficient wages within the tax year. 18.4.1.13 Comply with the requirements of Phase 2 of the HIPAA Operating Rules for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) [EFT/ERA] transactions by providing the capability for specified providers to receive an ASC X12 816 HIPAA transaction that complies with the requirements of section 1104 of the ACA. 18.5.1.1 Procuring Agency/Developmental Disabilities Supports Division ("DDSD") will release the number of individuals participating in the Supports Waiver program expansion on 7/1/11. The new individuals participating in the expanded Supports Waiver program will be invoiced per the PMPM schedule itemized in task 18.7. The invoice for the individuals added as part of the expansion will be in addition to the current member PMPM invoice. Contractor shall be paid a fixed monthly rate per member, per month (PMPM) for Mi Via general administration activities, including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:

Task Item	Subtasks	Description
		In addition, Contractor shall be paid a fixed rate per claim for Mi Via claims processing and payment, including the applicable New Mexico Gross Receipts Tax (NM GRT) for the month of claim adjudication, according to the following schedule:

Deliverable 19: General Fiscal Agent Services – Ongoing Operations [Monthly Fiscal Operations]

Deliverable 19	Due Date	Compensation
General Fiscal Agent Services – Ongoing Operations **[Monthly Fiscal Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
19.1 Provide Organizational Support	**19.1.1 Create Organizational Structure to Meet Contract Requirements & Service Levels**	The Contractor shall implement and maintain an organizational structure with defined staffing and functional areas to meet all contract requirements, to execute all contractual duties, and to maintain responsive service levels.
	19.1.2 Document Organization Chart for the Total MMIS Operation	The Contractor shall provide a detailed organization chart depicting the Contractor's total MMIS operation. No change may be made to the basic organizational structure without the written approval of the Procuring Agency.
	19.1.3 Maintain Staffing Documented in	

Task Item	Subtasks	Description
	Organization Chart **19.1.4 Ensure Staff Meet the Minimum Qualifications Specified** <

Task Item	Subtasks	Description
19.1 Provide Organizational Support (continued)	**as Necessary to Perform the Agreed Work**	The Contractor warrants and represents that all employees to be assigned to the performance of this Agreement will be assigned in accordance with the staffing plan in the Contractor's proposal.
	19.1.8 Inform the Procuring Agency of All Staff Vacancies and Supply Equivalent Skills	Except where specific staff levels are specified in the contract, the Contractor shall provide additional staff as necessary during the term of the Agreement to perform the work required by the contract.
	19.1.9 Protect New Mexico MMIS Staff from Distracting Assignments	When specific staffing levels are required by the contract, the Contractor will inform the Procuring Agency of any periods of vacancy and will supply the equivalent number of hours with similar personnel.
	19.1.10 Designate Staff to Remain On-Call at All Times	The Contractor shall not use staff dedicated to the New Mexico MMIS to perform other work or give them responsibilities with other contracts that affects their ability to perform their responsibilities in support of the New Mexico MMIS, unless they are replaced by personnel with similar experience and abilities and approved by the Procuring Agency.
	19.1.11 Ensure Performance of this Contract's Requirements Does Not Require Procuring Agency Personnel	The Contractor shall designate a sufficient number of on-call staff members so that a contact is always available twenty-four (5) hours per day, seven (7) days per week to handle any production problems or other emergency situations.
	19.2.1 Meet Agreed Requirements for Geographical Locations of Staff & Functions	Performance by the Contractor will not be contingent upon time availability of Procuring Agency personnel or resources with the exception of specific responsibilities stated in this Agreement.

Task Item	Subtasks	Description
19.2 Provide Infrastructure Support		19.2.1.1 For the operational phase, the Contractor shall have a physical site located within 225 miles of Santa Fe, New Mexico. At a minimum, staff in this location shall include the New Mexico executive account manager, and deputy account manager and staff supporting claim receipt and scanning, online data entry, resolution of suspended claims, files maintenance, TPL support, and operational and non-pharmacy customer service functions. 19.2.1.2 The following functions may be located in any location within the United States during the transition and operational phases: Optical character recognition scanning; claim capture and correction; Pharmacy Benefits Management System (PBMS) help desk services; drug rebate management and dispute resolution; the MMIS System Maintenance Unit; MMIS technical system platform support; and any subcontracted work. 19.2.1.3 All work under this contract must be performed in the contiguous United States, Hawaii, or Alaska. No work under this contract may be performed by offshore resources, or by any resource in US territories outside of the continental United States, without the written consent of the Procuring Agency.
	19.2.2 Provide Management and Oversight at Each MMIS Location	The Contractor shall provide appropriate management and oversight at each location and support good communication structures between the various offices and the Procuring Agency.
	19.2.3 Provide All MMIS Infrastructure, Forms & Documents	The Contractor shall provide all office space, equipment, hardware, software, forms, and documents necessary to operate, maintain, and enhance the MMIS and to carry out all MMIS functions.
	19.2.4 Provide Offices for Staff at the Claims Processing Facility	The Contractor shall provide working office space in their claim processing facility for a minimum of two (2) Procuring Agency staff members, including desks, chairs, and personal computers with access to e-mail and the MMIS.
19.2 Provide Infrastructure Support (continued)	**19.2.5 Supply All Forms, Paper and Envelopes Other Than Those Few Provided by the Procuring Agency**	

Task Item	Subtasks	Description
	19.2.6 Meet Specifications for Courier Services	For forms and supplies, the Procuring Agency shall reimburse the Contractor for claim forms, forms used by Providers as attachments to claims, 1099 forms, provider enrollment applications, all notification letters, Medicaid ID cards, program policy manuals and billing instructions and envelopes used for mailing to providers and clients. All internal form and other supplies used by the Contractor are the financial responsibility of the Contractor. The Contractor should provide electronic media where possible to reduce pass-through cost.
	19.2.3 Provide Overnight Delivery of Documents When Required	The Contractor shall provide a courier service for picking up documents and distributing documents between their New Mexico offices and the Procuring Agency, other state agencies, and Procuring Agency's Contractors relevant to MMIS functions. 19.2.6.1 At least three weekly courier runs must be provided, on Monday, Wednesday and Friday excluding holidays and closures. 19.2.6.2 In addition to the regular schedule, the Contractor shall provide for special courier runs when requested by the Procuring Agency due to an urgent need.
	19.3.1 Provide Ongoing Training and Quality Management	19.2.6.3 The Contractor shall document the delivery of reports and other data and track the status of deliveries. The Contractor shall provide for daily overnight delivery of documents between their New Mexico and out of state offices as required for timely communications and delivery of documents.
	19.3.2 Provide MMIS Contract Training to Contractor's Managers	19.3.1.1 The Contractor shall schedule for ongoing training of Procuring Agency and Contractor personnel in the use of the MMIS.

Task Item	Subtasks	Description
19.3 Provide Training and Quality Management	**19.3.3 Provide Initial and Ongoing Training to Procuring Agency Staff & Their Agents**	Computer-based training may be used to supplement classroom training when approved by the Procuring Agency.
	19.3.4 Maintain User Manuals for All Aspects of the MMIS	19.3.1.2 A two-tiered approach to training will be employed to include general initial orientation and advanced training. The Contractor shall provide training to Contractor management personnel enabling them to understand the MMIS Contract requirements.
	19.3.5 Operate a Formal Quality Management Program Approved by the Procuring Agency	The Contractor shall provide a training environment that aligns with the production environment. The Contractor shall provide initial and ongoing training to all Procuring Agency staff and other agents of the Procuring Agency (e.g., utilization review Contractor staff) that access and use the New Mexico MMIS. Training classes to be scheduled and offered quarterly as agreed to by the Procuring Agency and Contractor
	19.4.1 Document All Instructions from the Procuring Agency in a Written Audit Trail	The Contractor shall maintain the User Manuals for all aspects of the system. These manuals will provide correct information in sufficient detail and user-friendly language, so that users may accomplish their everyday functions using the MMIS. The Contractor shall maintain all training curriculum and supplemental materials.
	19.4.2 Provide Appropriate Representatives	19.3.5.1 The Contractor shall operate a formal quality management program, as approved by the Procuring Agency, with monthly periodic reports to the Procuring Agency.

Task Item	Subtasks	Description
19.4 Coordinate with Procuring Agency Staff and Program Stakeholders	**to MMIS Planning Meetings**	19.3.5.2 The Contractor shall meet with the Procuring Agency on a periodic basis to identify key areas to be addressed by the quality management program.
	19.4.3 Gather & Analyze MMIS Requirements from Other State Agencies	Ensure that all instructions used by the Contractor regarding claim resolution, payment levels and methodologies, system changes, changes to reports, and changes to a provider's status are in writing from an authorized Procuring Agency source and maintained by the Contractor for audit trail purposes.
	19.4.4 Keep the Procuring Agency Informed of Contractor Operations for Other State Agencies	At the Procuring Agency's request, the Contractor shall provide appropriate representation to participate in planning tasks, in meetings, and on task forces for projects that affect the MMIS, interface with the MMIS, or otherwise require coordination with the Contractor.
	19.4.5 Support All Legal Inquiries & Events as Directed	At the Procuring Agency's request, the Contractor shall conduct requirement gathering tasks and requirement analysis tasks with other state agencies to prepare the MMIS for other state agency use.
	19.4.6 Provide Reasonable Access for Procuring Agency & Federal Staff to Inspect Any MMIS Work Facility	The Contractor shall keep the Procuring Agency informed of cost containment activities, service delivery models, and decision support and data access structures and processes that are effective in other state accounts operated by the Contractor.
	19.4.7 Develop a Cost Allocation Plan for Non-Medicaid Use of MMIS	The Contractor shall provide support for hearings, legal cases, audit, inquiries, and other studies as required, including testifying, attending meetings or other scheduled events, responding to subpoenas as directed by the Procuring Agency, and providing other documentation as required.

Task Item	Subtasks	Description
	19.4.8 Meet Detailed Specifications for Processing Claims for Other State Agencies	The State of New Mexico, the State Auditor, the U.S. Procuring Agency of Health and Human Services, the U.S. Comptroller General, the U.S. General Accounting Office, or their authorized representatives will, at all reasonable times, have the right to enter the Contractor's premises or such other places where duties under this Agreement are being performed to inspect, monitor, or otherwise evaluate (including periodic systems testing) the work being performed. The Contractor shall provide reasonable access to all facilities and assistance to the Procuring Agency and federal representatives. The Contractor shall allocate costs for non-Medicaid use of the MMIS according to a Cost Allocation Plan, developed by the Contractor and approved by the Procuring Agency.
	19.4.9 Negotiate in Good Faith and Supply Supporting Documentation **19.4.10 Resolve Requests from Providers, Clients, TPA and Others** **19.4.11 Develop & Maintain Electronic Information Sharing Methods**	The Contractor shall support processing claims for other state agencies by: 19.4.8.1 Making MMIS system modifications to accommodate appropriate payment methodologies and enforce program rules and policies. 19.4.8.2 Accommodating needs for data and statistics for the other state agencies. 19.4.8.3 Assuring Contractor staff and managers are trained regarding the specialized non-Medicaid programs to ensure a high quality of service in all areas of the operation.

Task Item	Subtasks	Description
19.5 Conduct Special Mail-Outs	**19.5.1 Deliver Special Client and Provider Notices by Paper Mail When Requested by the Procuring Agency**	The Contractor shall negotiate in good faith and supply supporting documentation to determine rates and other costs for processing claims and providing other supporting activities when significant program expansions are implemented that significantly expand Contractor responsibilities.
	19.5.2 Use the Lowest-Bidding Sub-Contractor Who Meets Mail-Out Requirements	The Contractor shall receive, respond to, and resolve requests from providers, clients, the Third-Party Assessor (TPA), other Medicaid Contractors, state agencies, and Procuring Agency staff for information concerning billing, claims status, and other Contractor activities. These inquiries may be verbal or in writing. The demands utilizing this function may vary greatly from time to time due to variations in Contractor performance and changes in policies, procedures, or other Medicaid Program requirements.
	19.5.3 Assume Responsibility for Mail-Out Errors	The Contractor shall develop and maintain information exchange and sharing methods that will enable the Contractor to work closely with providers, other Medicaid Contractors, and Procuring Agency staff. There must be a continual effort to reduce paper and increase electronic information capabilities with everyone served.
	19.6.1 Complete an Annual, Independent EDP Audit before Each August 15th that Meets the Specifications of SOC 1.	The Contractor shall be responsible for all special client and provider mail-outs requested by the Procuring Agency. The Contractor shall produce the quantity of notices applicable for each requested mail-out and ensure that mailings are completed within timeframes designated by the Procuring Agency.
	19.6.2 Report Any Variances from SOC 1 to the Procuring Agency Before the Audit	The Contractor must use the lowest-bidding Sub-Contractor to perform these printings and mailings consistent with maintaining necessary quality and technology standards. The Contractor may pass through the invoice costs from the Sub-Contractor to the Procuring Agency.

Task Item	Subtasks	Description
19.6 Perform Annual SOC 1 Audit	**19.6.3 Ensure SSAE 16 Auditor is Independent of Contractor's Corporate CPA**	The Contractor shall assume financial and legal responsibility for all mail-out errors that are not the result of a Procuring Agency directive.
	19.6.4 Obtain Procuring Agency Approval of Auditor Selected	Perform, through an independent Contractor, an in-depth electronic data processing (EDP) audit of internal controls in accordance with the Auditing Standards Board's "Statements on Standards for Attestation Engagements No. " (SOC 1) and provide the Procuring Agency with a formal written report of this audit. This report shall be provided not later than August 15th following each state fiscal year, or partial state fiscal year, that the Agreement is in effect, and shall cover the previous state fiscal year. If the Agreement expires or is terminated prior to the August 15th deadline in a year in which a submission of a Service Audit Report is required, the Contractor's obligation to submit such report to the Procuring Agency shall survive the expiration or termination of the Agreement.
	19.6.5 Require Auditor to Report Initial Findings to Procuring Agency Before Reporting to Contractor	
	19.6.6 Require Auditor to Submit Final Report to Procuring Agency, with Rights to Distribute it to Other Auditors	The Contractor shall report to the Procuring Agency any restrictions or limitations on the scope of the audit varying from the Statements on Standards for Attestation Engagements No. 18 prior to completing the audit, for approval or disapproval by the Procuring Agency.
	19.6.7 Deliver a Corrective Action Plan for Any Deficiencies Identified in Auditor's Final Report & Obtain Procuring Agency Approval	The EDP auditor shall be an independent auditing firm other than the CPA firm engaged as the Contractor's corporate auditor. The selection of and contract with the EDP auditor shall be subject to the approval of the Procuring Agency.

Task Item	Subtasks	Description
19.7 Perform Annual SOC2 Audit	**19.7.1 Complete an Annual Independent audit August 15th each year, that meets the Specifications of SOC 2 in the Security Category**	The Contractor shall require the EDP auditor to submit a draft report of its initial audit findings to the Procuring Agency prior to receiving any comments and input from the Contractor. The Contractor shall require the EDP auditor to submit a final report of its findings to the Procuring Agency following comments and input from the Contractor. The Procuring Agency shall have the right to provide copies of the final report to the Procuring Agency's external and internal auditors. The Contractor shall include with the report a corrective action plan detailing any deficiencies identified in the report and target dates for correction. The Procuring Agency will assess and respond to the acceptability of the correction plan.
	19.8.1 Invoice the Procuring Agency According to the Operations Payment Schedule	The Contractor will provide a SOC 2 (System and Organization Controls) Type II Examination Report (SOC 2 Report) covering the controls specific to the Services provided to the Contract Administrator and relevant to the Trust Services Principles of Security, for the procuring agency. 19.7.1.1 The Contractor shall provide Procuring Agency with a copy of the SOC 2 Report as soon as reasonably possible after the conclusion of such examination, but no later than August 15th, each year following the state fiscal year or partial state fiscal year, that the agreement is in effect and shall cover the previous twelve-month period ending June 11th. If the Agree expires or is terminated prior to the August 15th deadline in a year in which submission of a

Task Item	Subtasks	Description
19.8 Manage Agreed Payment Schedule		Service Audit Report and correction plan is due to Procuring Agency, the Contractor's obligation to submit such report and plan to the Procuring Agency shall survive the expiration or termination of the Agreement. Contractor shall be paid a fixed monthly rate for delivering these operations, including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:

4

Deliverable 20: Turnover at End of Contract

Deliverable 20	Due Date	Compensation
Turnover at End of Contract	**As Requested by The Procuring Agency**	**No Compensation**

Task Item	Subtasks	Description
20.1 Develop and Maintain Turnover Plan	**20.1.1 Provide Turnover Plan per Agreed Schedule**	Within sixty (60) days of receipt of notification of intent to transfer or replace any segment of MMIS components (in any event, no later than twenty-four (24) months prior to the end of the Contract, including extensions), the Contractor shall provide a Turnover Plan to the Procuring Agency. Such Plan, and all subsequent activities related to Turnover, shall apply to Contractor and all its Sub-Contractors.
	20.1.2 Meet Detailed Specifications for Turnover Plan	The Turnover Plan will include, at a minimum, Contractor's: 20.1.2.1 Proposed approach to Turnover. 20.1.2.2 Tasks and sub-tasks for Turnover. 20.1.2.3 Schedule for Turnover. 20.1.2.4 Production program and documentation update and sign-off procedures during Turnover, attestation of manuals and training documents being up to date, and Contractor's plan for notification of Turnover to submitters. 20.1.2.5 A statement of the resources that will be required by the Procuring Agency or its Contractors to take over the operational responsibilities of the MMIS. 20.1.2.6 Estimates of the number and type of personnel required to operate the equipment and the system, and to perform the other functions of the MMIS. The statement will be separated by type of activity including, at a minimum, the staff categories defined by the Procuring Agency. 20.1.2.7 A statement of the number, type, and all costs associated with all Contractor personnel that will be available for operations as well as the additional Contractor staff needed for turnover activities

Task Item	Subtasks	Description
20.1 Develop and Maintain Turnover Plan (continued)	**20.1.2 Meet Detailed Specifications for Turnover Plan (continued)**	20.1.2.8 A Statement of Resource Requirements that clearly describes all facilities and other resources required to operate any component of the MMIS, including data processing hardware/equipment, system and special software, other equipment, telecommunications circuits, office space, volumetric data, and any other requirements to estimate levels of effort or system specifications. The Statement of Resource Requirements will be based on the Contractor's experience in the operation of the MMIS and will reflect actual Contractor resources devoted to the operation of the system. The Contractor shall also provide a detailed organization chart depicting the Contractor's total MMIS operation.
20.2 Provide Turnover Support for Specified System Processes	**20.2.1 Turn Over Items Specified, According to the Procuring Agency's Directions and Schedule**	Upon the Procuring Agency's initiation of turnover activities of Omnicaid, PDCS, Rebate, FADS, CDSS, or Self-Directed Care/Mi-Via, whether to the Procuring Agency or a successor Contractor, the Contractor shall turn over the following as directed and scheduled by the Procuring Agency: 20.2.1.1 All non-proprietary computer source code on magnetic tapes or electronic media such as COLD or CD as directed by the Procuring Agency. 20.2.1.2 All necessary non-proprietary data and non-proprietary reference files in a format directed by the Procuring Agency. 20.2.1.3 All JCL and other utilities required to operate the Omnicaid, PDCS, Rebate, FADS, CDSS, or Self-Directed Care/Mi-Via, including transferring software licenses. 20.2.1.4 All records of claims, providers, encounters, etc., created during the full term of the contract. 20.2.1.5 Required documentation including, at a minimum, the non-proprietary system documentation, non-proprietary user and non-proprietary operation manuals that are currently used to operate and/or maintain Omnicaid, PDCS, Rebate, FADS, CDSS, or Self-

Task Item	Subtasks	Description
		Directed Care/Mi-Via, including non-proprietary training manuals and non-proprietary Companion Guides. 20.2.1.6 Current non-proprietary operational and non-proprietary training manuals, non-proprietary Companion Guides and non-proprietary policies for Omnicaid, PDCS, Rebate, FADS, CDSS, or Self-Directed Care/Mi-Via shall be provided in their latest and most up to date versions. 20.2.1.7 Current procedures for updating non-proprietary computer programs, JCL, and related documentation. 20.2.1.8 Any other non-proprietary items determined to be required in support of a successful turnover, including (for example) identification and specifications for all Omnicaid, PDCS, Rebate, FADS, CDSS, or Self-Directed Care/Mi-Via interfaces. 20.2.1.9 All non-proprietary configuration management logs. 20.2.1.10 Contractor must participate fully in the Procuring Agency's required planning and mapping sessions on non-proprietary data conversion and transfer. Contractor must provide current and timely information on its data elements and database specifications and provide a data dictionary to assist in the mapping required for data transfer. Contractor shall ensure that it takes the steps necessary to deliver timely, complete and satisfactory transmission of non-proprietary data to the new data locations designated by the Procuring Agency. At a minimum, such steps shall include dedicated Contractor resources to assist with successful export and import of data to the Procuring Agency designated recipient.
	20.2.2 Train the Designated Staff in MMIS Operations	

Task Item	Subtasks	Description
	20.2.3 Provide the Specified Turnover Results Report to the Procuring Agency	At the request of the Procuring Agency, the Contractor shall train designated staff of the Procuring Agency and its designated agents in the operation of select non-proprietary facets of Omnicaid, PDCS, Rebate, FADS, CDSS, or Self-Directed Care/Mi-Via. Unless directed otherwise by the Procuring Agency, such training will be completed at least five (5) months prior to the end of the contract. Such training will address critical processes and procedures required to successfully operate Omnicaid, PDCS, Rebate, FADS, CDSS, or Self-Directed Care/Mi-Via.
	20.2.4 Ensure Contractor's MMIS Staff are Free to Accept New Employment with Successor MMIS Operator	Following the turnover of operations, provide the Procuring Agency with a Turnover Results Report that will document completion and results of each step of the Turnover Plan.
	20.2.5 Ensure MMIS Operations, Reporting and Deliverables Up to the Last Day of Contract Expiration	The Contractor may not prohibit any staff or management working for the MMIS from choosing to accept a position with a successor MMIS Contractor or the State of New Mexico.
20.3 Provide Post-Turnover Support		
	20.3.1 Correct Data Errors Made During Turnover at No Additional Cost	The Contractor shall be responsible for the completion of all operational activities, reporting, and deliverables. These activities include but are not limited to payment issuance; mailing of warrants; remittance advices and notices; update of MMIS to reflect cycle activity; transfer of files; turnover of all in process documents; daily, weekly, monthly, and quarterly reporting; and satisfying all terms of the Procuring Agency approved turnover plan. Contractor shall take all necessary steps to ensure that all pended provider applications are closed by the turnover date, as determined and agreed to by

Task Item	Subtasks	Description
20.4 Support Data Conversion Prior to Turnover	**20.3.2 Negotiate Compensation Levels for Any MMIS Support Requested After Turnover is Complete**	Procuring Agency and Contractor, that all suspended claims are worked by the turnover date and that its 1099 file reflects all payments for the calendar year. Following the turnover of operations, the Contractor shall supply corrections of data errors caused by incomplete or erroneous transfer at turnover, as determined by the Procuring Agency, at no additional cost to the Procuring Agency.
	20.4.1 Run Automated Scripts	Notwithstanding the terms of this deliverable, at the conclusion of the turnover period and at the option of the Procuring Agency, the Contractor may be asked to continue, at a compensation level agreed to between the Procuring Agency and the Contractor, support for some for Omnicaid, PDCS, Rebate, FADS, CDSS, or Self-Directed Care/Mi-Via operations should the successor Contractor fail to satisfactorily implement or perform those operations.
	20.4.2 Turnover and Transition Process	
	20.4.3 Support Data Conversion Testing	Contractor shall suggest areas and methods for automated clean up and at Procuring Agency's request, run scripts to clean up data in an automated fashion. Data clean-up will be performed through the current numbered memo process for maintenance of the system The Contractor shall support turnover and transition process through Dec 12st, 13 as necessary to include decommission of equipment and other systems. Contractor will utilize existing legacy Omnicaid system maintenance staff to support new vendor testing with the Procuring Agent and its designated agents, review results, re-test (multiple times) and re-validate for up to six (6) months of iterations. Contractor shall have a dedicated test environment (and staff) in which to produce extracts, scripts for cleansing data, for report production, reviewing test results, and performing multiple iterations of review and testing. Contractor shall recommend refinements to the testing as it deems appropriate. No new hardware or software will be purchased for this purpose. 20.4.3.1 The downloaded data will be supplied at a frequency requested by the Procuring Agency or vendor for a period limited

Task Item	Subtasks	Description
20.4 Support Data Conversion Prior to Turnover (continued) **20.5 Manage Turnover Work per Compensation Agreement** **20.6 Deliver and Review Documents**	**20.4.4 Parallel Testing**	to 8 months; after which charges will apply based on CPU costs. 20.4.3.2 If more staff are necessary to support the Data Conversion Testing, the procuring agent will utilize Deliverable Twenty-four (5) for supplemental support staffing. 20.4.3.3 The Omnicaid, PDCS, Rebate, FADS, CDSS, or Self-Directed Care/Mi-Via data conversion will be organized, managed and led by the Procuring Agency or the vendor receiving the data.
	20.4.5 Provide Data Cleansing Reports	Contractor will use existing Omnicaid legacy system maintenance staff to perform parallel testing with each of the Procuring Agency's new vendor(s) for up to six (6) months prior to and three (3) months after Turnover if requested by the Procuring Agency. The Parallel Testing will be organized, managed and led by the Procuring Agency or the vendor receiving the data.
	20.5.1 Acknowledge There is No Compensation for Deliverable 6	Contractor will use existing Omnicaid maintenance staff to produce reports of data that could not be cleansed with automated processing. Such reports shall be provided to Procuring Agency for manual clean up in the system prior to next test run. Contractor shall meet all specifications for Deliverable 6 with no compensation from Procuring Agency for this work as long as not additional staff, hardware or software are required beyond what is currently utilized in the current contract.
	20.6.1 Deliver and Review Documents to Procuring Agency	Contractor shall: provide the following documents to Procuring Agency by email at least 10 business days prior to Contractor presenting the information to Procuring Agency Project Manager: • Proposed approach to Turnover. • Tasks and sub-tasks for Turnover. • Schedule for Turnover
	20.6.2 Deliver and Review Documents to the Contractor	

Task Item	Subtasks	Description
20.22 DoIT Formal Acceptance and Sign-off	**20.22.1 DoIT Deliver and Review Documents with Procuring Agency**	Procuring Agency shall review the documentation presented by the Contractor within five business after the Contractor formally presents the documentation to Procuring Agency. This includes Procuring Agency contacting and submitting any proposed changes or additional requests for clarification to the Contractor. Contractor shall formally present the final documents to include any approved revision listed in Subtask "Deliver and Review Documents". Procuring Agency Shall: Review and approve the final documents Provide formal acceptance and sign-off for this deliverable authorizing the Contractor to submit an invoice for approved compensation as identified in the respective deliverable
20.8 Provide Turnover Support for Call Centers	**20.8.1 Turnover for Call Centers According to the Procuring Agency's Directions and Schedule**	20.8.1.1 Within thirty (30) days of receipt of notification of intent to take over or transfer responsibility for PBM call center functions, the Contractor shall provide a statement of the resources that will be required by the Procuring Agency or another Contractor to take over operation of the PBM call center, including estimates of numbers, type, and other resources. 20.8.1.2 Within thirty (30) days of receipt of notification of intent to take over or transfer responsibility for the PBM call center functions, the Contractor shall turn over procedure manuals, performance reports, training materials and any other documentation related to the operation of PBM call center.

Task Item	Subtasks	Description
		20.8.1.3 The Contractor shall train the staff of the Procuring Agency or its designated agent in the operation of the PBM call center functions. 20.8.1.4 The Contractor shall not prohibit any staff or management working for the CSCC, MAD, Provider Relations, Mi Via, or HIPAA EDI call center functions from choosing to accept a position with the State of New Mexico.

Deliverable 21: Certification of Electronic Visit Verification (EVV) Centers for Medicare and Medicaid Services (CMS) and CMS Reporting

Commented [DG1]: Check with Lori Roybal and Santos Molanos – but EVV is already certified so it is the operational CMS reporting that is needed?

Deliverable Twenty-one	Due Date	Compensation
EVV- CMS Certification and CMS Reporting	**TBD**	**TBD**

Task Item	Sub Tasks	Description
21. EVV Certification	**21.1 CMS Certification**	The Contractor shall collaborate with Procuring Agency through the CMS EVV certification process as follows: • Provide an EVV component that meets the applicable CMS certification requirements and complies with the applicable CMS EVV Guidance and 21st Century Cures Act requirements. • Comply with applicable CMS EVV outcomes statements, evaluation criteria and KPI's for EVV; • Provide the necessary data, artifacts and evidence for CMS Operational Readiness Review (ORR) and Certification Review (CR) as defined in the EVV CMS Guidance; • Work with Procuring Agency to review the data, artifacts and evidence and update the documentation if needed; • As part of weekly and monthly status report, provide update on EVV Certification activities; and • Resolve issues that prevent the Procuring Agency from receiving certification based upon EVV components of the FS Module. • Provide KPI metrics back to the implementation date of 1/1/2021 as part of documentation to CMS. The Contractor is responsible for the following Certification Activities during the Operational Readiness Review (ORR)/Certification Reviews (CR):

Task Item	Sub Tasks	Description
		• Coordinate, participate, and prepare for EVV Certification activities and provide necessary artifacts. • Prior to the ORR/CR, Contractor must provide all the evidence required on the intake form and prepare responses to answer any questions from CMS; • For the ORR/CR, conduct the demo, participate in and contribute to the review; • Prior to the ORR/CR, the Contractor must submit the KPI report after go live quarterly at a minimum; • Prior to the ORR/CR, the Contractor must submit the KPI report and underlying data to the Procuring Agency for approval to send to CMS back to the implementation date of 1/1/21; • For the ORR/CR, the Contractor must provide evidence for the 6 data elements required by the Cures Act during the 6 months of go live prior to the review; and • For the ORR/CR, demonstrate the evaluation criteria in the production environment and performance against KPIs, including calculation of each of the KPIs; • The Contractor will need to provide evidence in its data repository for the EVV evaluation criteria and grant access to CMS as well as report against the KPIs. Respond to questions from the Procuring Agency or CMS and MITRE for EVV; and Provide follow up documentation for action items from CMS and MITRE for the Procuring Agency to receive final certification.
21.2 Ongoing Operations		21.2.1 During M&O the contractor must follow the CMS KPI Reporting Schedule to submit KPI reports to the State for approval to send to CMS.
	21.2.1 Follow CMS KPI Reporting Schedule	21.2.2 Prepare the annual KPI for privacy and security and review, including:

Task Item	Sub Tasks	Description
	21.2.2 Prepare quarterly updates	• Submission of a 508-test report for compliance with the Americans with Disabilities Act
	21.2.3 Support continued compliance and consultation with CMS	21.2.3 Prepare quarterly updates and report out on the Plan of Action and Milestones (POA&M), for deficiencies remediation identified in the three independent audits. 21.2.4 Support of a CMS Certification SME for review continued through 12/12/3 compliance and consultation discussions with CMS.
21.3 Managed Agreed Payment Schedule		21.3.1 The CONTRACTOR shall invoice the Procuring Agency and the Procuring Agency shall pay Contractor for the following percentages of Deliverable 21 compensation plus estimated NMGRT, upon the following events:
	21.3.1 Invoice the Procuring Agency according to the Subtask Payment schedule	

Deliverable 22: CDSS – Operations and Maintenance [Monthly System Operations]

Deliverable 22	Due Date	Compensation
CDSS – Operation and Maintenance **[Monthly System Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
22.1 Operate the CDSS	**22.1.1 Host the CDSS**	The Contractor shall host the CDSS at its facility on hardware it provides and maintains.
	22.1.2 Operate and Maintain the CDSS	The Contractor shall operate the CDSS and update ETL processes as required by changes in MMIS table structures.
	22.1.3 Meet Required Service Levels	22.1.3.1 The CDSS shall be available at least 99.9% of the time effective on the first day of the fourth month following implementation, excluding scheduled downtime. 22.1.3.2 The Contractor shall request scheduled downtime at least 222 hours in advance of the outage. 22.1.3.3 The Contractor shall provide quarterly performance reports. 22.1.3.4 The Contractor shall provide telephone support on Procuring Agency business days from 8 a.m. to 5 p.m. Mountain Time, and email support at all other times.
	22.1.4 Provide Access to Procuring Agency Users	The Contractor shall provide access to up to 10 users, as designated by the Procuring Agency.
	22.1.5 Support Required Reporting	The Contractor shall support the Procuring Agency's CMS Adult Quality Grant reporting and Quality Improvement Project requirements through the provision of standardized analytical processes, data extracts and reporting tools.
	22.1.6 System	Integrate all modified and new components into a functioning test

Task Item	Subtasks	Description
	Integration	system.
22.2 Enhance the CDSS		
	22.2.1 Define Desired Capabilities	Following the initial deployment of the CDSS, the Contractor shall work with the Procuring Agency to define enhanced features to meet Adult Quality Grant objectives and Procuring Agency priorities
	22.2.2 Incorporate-ate and Deploy Defined Enhancement	The Contractor shall enhance the CDSS as defined by the Procuring Agency and deploy version 2.0 of the system.
22.3 Turnover Support for CDSS 50.4 Manage Agreed Payment Schedule		Within thirty (30) days of receipt of notification of the Procuring Agency's intent to assume responsibility for the CDSS function, the Contractor shall:
	22.3.1 Receive Notice from Procuring Agency	22.3.2.1 Enter into a mutually acceptable licensing agreement with the Procuring Agency.
		22.3.2.2 Provide estimates of the staffing and hardware resources required to maintain the application under Procuring Agency staff operation.
	22.3.2 Provide Turnover Support	22.3.2.3 Provide all necessary application documentation to facilitate the transition to state staff operation.
	22.4.1 Invoice the Procuring Agency According to the Operations Payment Schedule	Contractor shall be paid a fixed monthly rate for delivering these operations, plus the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:

Deliverable 23: Data Warehouse – Ongoing Operation and Maintenance (Monthly System Operations)

Deliverable Twenty-three	**Due Date**	**Compensation**
Data Warehouse – Ongoing Operation and Maintenance **[Monthly System Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
23.1 Meet Data Warehouse System Requirements	23.1.1 Implement a Data Warehouse (DW) Comparable to the Current System	The CONTRACTOR shall continue to support a Data Warehouse (DW) that will be accessible, by using key fields, for ad hoc reporting, analysis, and other Procuring Agency needs. The CONTRACTOR shall provide a Data Warehouse that meets or exceeds the functionality available in the current system, as proposed by the CONTRACTOR, and accepted by the Procuring Agency. Modifications to the Data Warehouse require approval by the Procuring Agency.

	23.1.2 Meet Detailed DW Specifications	The Data Warehouse must: 23.1.2.1 Include servers at CONTRACTOR, and/or Procuring Agency locations to provide sufficient power, performance, and query response time by splitting the overall workload between the two systems, and to support backup, and disaster recovery, eliminating downtime during supported business hours. 23.1.2.2 Ensure the server hardware has processor speed, cache attributes, video capability, working memory, and storage specifications sufficient to deliver the agreed service levels for the Data Warehouse. 23.1.2.3 Be refreshed on a regular or as-needed basis per Procuring Agency requirements from the central, host-resident, live database. Various reference files will be refreshed monthly, weekly, or daily, as approved by the Procuring Agency. Data for clients, and providers will be refreshed daily. Data for claims will be refreshed weekly. 23.1.2.4 Accommodate the Procuring Agency's business needs to readily access or receive MMIS data

		23.1.2.5 Contain all data necessary to emulate the live data from the host computer, and all data necessary for the functional areas to perform all data-related tasks. A minimum of seven (7) years of data will be maintained with the capability to load archived data for special requirements. 23.1.2.6 Provide a minimum of 100 licenses for State users for Sybase or whatever Procuring Agency–approved software supports the Data Warehouse. The software version shall be the latest available release. The CONTRACTOR is responsible for migrating the Data Warehouse to future releases of the software. 23.1.2.7 Provide Procuring Agency personnel access, and permit them to sort, select, query, statistically manipulate, and report on the data, with the assistance, and training provided by the CONTRACTOR. 23.1.2.8 Provide tools to the Procuring Agency for accessing the Data Warehouse via the Procuring Agency network. The tools will allow users to define or select output formats. The tools will include, but not be limited to, fourth-generation languages (using

		English sentences), graphics, statistical social science-oriented languages, "cookbook programs", and other pre-programmed utilities required by the Procuring Agency. 23.1.2.9 Provide the flexibility to interface, and extract data into other applications, and products (e.g., Excel, SAS, other PC-based software) online without the need for programming expertise. 23.1.2.10 Incorporate business intelligence tools (such as Cognos, as approved by the Procuring Agency) to be used as a reporting tool for users of the data warehouse. The CONTRACTOR shall provide licenses to the business intelligence software for a minimum of 100 users, and shall install, and configure the software. 23.1.2.11 Incorporate Executive Information reporting capabilities, using a framework provided by the CONTRACTOR, tailored to fit the Procuring Agency's needs. 23.1.2.12 The Executive Information reporting capabilities shall provide convenient, "point and click" dashboard reporting of claims, provider, client, and financial data as developed by the

		CONTRACTOR in response to Procuring Agency requirements. These reports shall provide multiple options for viewing aggregated data. The Executive Information reporting capabilities shall allow for the graphical display of report data, and allow users to save reports, and graphs in a variety of formats. 23.1.2.13 All databases will comply with current ANSI SQL standards. The CONTRACTOR shall operate and maintain a Data Warehouse (DW) that will be accessible, by using key fields, for ad hoc reporting, analysis, and other Procuring Agency needs.
23.2 Operate and Maintain Data Warehouse	23.2.1 Operate, Maintain, and Update the Executive Information Reporting	The CONTRACTOR shall supply the necessary hardware, software, telecommunications, and other components and information technology staff support to operate the system.

	23.2.2 Make Timely MMIS Downloads	Modifications to the Data Warehouse as requested by the Procuring Agency. The CONTRACTOR shall operate and maintain the Executive Information reporting capabilities. In response to the changing needs of users, the CONTRACTOR shall incorporate new or modified reports into the Executive Information reporting capabilities using dedicated resources in accordance with the contract's change management procedures. The CONTRACTOR shall download the host MMIS data to the Data Warehouse within 24 hours of the agreed-upon file refresh frequency.
	23.2.3 Maintain Flexibility in the Data Structure	23.2.3 The CONTRACTOR shall be able to easily and rapidly change the data structure so that data elements, fields, or values can be added, changed, or updated; or the lengths of data fields can be expanded as required by the Procuring Agency.

	23.2.4 Upgrade DW Hardware on the Agreed Schedule	23.2.4.1 The CONTRACTOR shall allow for growth in usage on a schedule that anticipates the need for faster processing, more memory, and expansion of available storage capacity. 23.2.4.2 The CONTRACTOR shall provide scheduled hardware upgrades. Each server shall be replaced every four years on a staggered schedule.
23.3 Provide Data Warehouse		The CONTRACTOR shall provide a Technical Support Unit comprising a staff of technical analysts to provide reporting and Data Warehouse support. The Technical Support Unit will: 23.3.1.1 Produce ad hoc and periodic reports and decision support at the request of MMIS users 23.3.1.2 Provide training and assistance on the use of the MMIS Data Warehouse and query tools

Support and Analysis	23.3.1 Meet Detailed Specifications for DW Technical Support Unit	23.3.1.3 Program user PC-based queries into the Data Warehouse; and provide for development of query tools and other decision support software. 23.3.1.4 Participate in the program planning and development functions at the Procuring Agency's request. 23.3.1.5 Oversee downloading and refreshing of data into the Data Warehouse and ensure the accuracy and completeness of such data through appropriate balancing and monitoring procedures. 23.3.1.6 Support the efficient use of the Data Warehouse through appropriate indexing of fields and structuring of data. 23.3.1.7 Support Data Warehouse development through attending meetings and representing the CONTRACTOR when local representation is required. 23.3.1.8 Investigate issues of data accuracy and validation for ad hoc reports.

	23.3.2 Ensure Technical Support Unit Staff are Qualified and Continuously Trained	23.3.1.9 Functions as subject matter experts on MMIS data and databases. The Technical Support Unit shall consist of a technically and operationally experienced skilled staff consisting at a minimum of a Technical Support Manager, a Database Administrator (DBA), and a sufficient number of technical analysts to provide timely and responsive MMIS Data Warehouse support, as proposed by the CONTRACTOR and accepted by the Procuring Agency. 23.3.2.1 Technical Support Unit personnel will be knowledgeable in the Medicaid Program and Medicaid data. 23.3.2.2 Technical Support Unit staff will possess the technical expertise to effectively use the Data Warehouse to provide reliable, effective adequate decision support. . CONTRACTOR shall be paid a fixed monthly rate for delivering these operations, including the applicable New Mexico Gross

23.4 Manage Agreed Payment Schedule	23.4.1 Invoice the State According to the Operations Payment Schedule	Receipts Tax (NM GRT) for that month, according to the following schedule:

Deliverable 24: FADS – Ongoing Operation and Maintenance (Monthly System Operations)

Deliverable 24	Due Date	Compensation
FADS – Ongoing Operation and Maintenance **[Monthly System Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
24.1 Meet Fraud and Abuse Detection System Requirements	24.1.1 Provide Fraud and Abuse Detection System (FADS) Capabilities	The system must meet all federal standards for Surveillance and Utilization Review Subsystem certification and have the following functions, capabilities, and features:
	24.1.2 Meet Detailed Specifications for FADS	Utilize the capabilities of an upgraded MMIS Data Warehouse and include Decision Support System tools, a client-server SURS-type system, and additional software tools designed specifically for fraud and abuse detection.
		24.1.2.1 Incorporate simple user interfaces appropriate for all levels of MMIS staff; provide drill-to-detail and export data-to-spreadsheet capability; serve as an effective investigative tool and provide overall program statistics at both a high-level view and at a detailed view as defined by the user.
		24.1.2.2 Provide fraud and abuse detection tools with algorithms and statistical modeling that look at claims and providers in a multitude of ways to identify fraud and permit fast investigations and provide for case documentation.
		24.1.2.3 Use a relational database that is available to the user at the user's PC workstation on a real-time basis with a turn-around to longer queries available within 24 hours.
		24.1.2.4 Be equipped to detect possible program abuse and over-utilization by providing structures to compare business practices, medical services, quantities of service, treatment patterns, billing patterns, trending, and utilization patterns, beginning with general

		detection and provide the ability to continue the analysis to the claim detail level. 24.1.2.5 Be able to produce a broad range of statistical data from claim payment information, such as frequency of use and expenditures associated with procedures, diagnoses, provider types, client categories of eligibility, demographic information, and other user-defined parameters, and include all services and claim types, including pharmacy claims. 24.1.2.6 Provide and maintain predefined groupings of codes and diagnoses. 24.1.2.7 Provide for flexibility, user-friendly tools, and clear presentations of data and options the user can master with limited training, including using standard GUI point-and-click technology. 24.1.2.8 Allow reports to be displayed online for immediate user viewing and also be printed. 24.1.2.9 Utilize as inputs, claims history (including encounters as well as and fee-for-service claims), provider demographic and enrollment data, client beneficiary demographic and eligibility data, reference data for descriptions of diagnosis and service codes. 24.1.2.10 Utilize user-maintained parameters that define report processes and content. 24.1.2.11 Uses proven focused detection algorithms (i.e., comparing a comparison of procedure codes and diagnosis codes to known fraud and abuse schemes).

		24.1.2.12 Uses multiple identification models to detect fraud. These include, but are not limited to, looking at a single potentially abusive claim transaction and/or examining relationships between one provider and one patient such that it examines the overall volume and nature of services delivered to the patient by that provider; and examining relationships based on the history of a patient (aggregating across all providers) or overall practice patterns of providers (aggregating over all patients). 24.1.2.13 Identifies potential fraud or abuse where providers may deliberately distribute fraudulent activity across several patients; which may be distributed within one practice; for billing patterns that might occur for a particular group of patients such as those in a nursing home or other care home; for patterns of claims activity by groups of practitioners affiliated with one another through practices, clinics, or other cooperative business arrangements; where several providers continually refer to and from themselves for unnecessary tests and services; and for billings of combinations of codes that represent unbundling or unnecessary services. 24.1.2.14 Permits a wide range of statistical modeling; allows comprehensive analysis of both providers and beneficiaries; and provides the enhanced flexibility to query by several variables and combination of variables, including provider, type of service, place of service, date of service, beneficiary, modifiers, and code combinations. 24.1.2.15 Provides early detection of new billing schemes, and the ability to identify new or emerging fraud or abuse billing schemes. The system must provide an artificial intelligence in the sense of logically detecting potentially fraudulent activity in the same manner that an individual reviewing data manually would detect

		certain occurrences as illogical, irrational, or unlikely, including detecting changing practice patterns. Detection of these circumstances must produce an alert to the user. 24.1.2.16 Illustrates suspected fraud or abusive billing graphically and geographically (mapping). 24.1.2.17 Has an ad-hoc query platform that enables users to develop and modify queries rapidly and easily. 24.1.2.18 Readily produces management and utilization reports. 24.1.2.19 Provides flexible, fully controlled, and easy changes to security levels and privileges.
	24.1.3 Meet Detailed Specifications for Surveillance and Utilization Review Subsystem	The Surveillance and Utilization Review Subsystem (SURS) component of FADS must provide for enhanced reporting as follows: 24.1.3.1 Develops a comprehensive statistical profile of healthcare delivery and utilization patterns established by provider and beneficiary participants in various categories of services. 24.1.3.2 By means of Utilizing computerized exception processing techniques, provides the ability to perform analysis and produce reports responsive to the changing needs of authorized users; be capable of developing provider, physician, and patient profiles

	(SURS)	sufficient to provide specific information as to the use of covered types of services and items, including prescribed drugs. 24.1.3.3 Produces reports that rank providers using exception weighting according to user-designed exception criteria and according to peer grouping defined by the user, using weights and parameters also determined by the user. 24.1.3.4 Meets federal MMIS certification standards and has been federally certified in at least one state, including being able to generate all federally required statistical reports that support the ranking suspicious providers and clients, including, but not limited to, management summary reports (total and by peer group); exception provider reporting; exception client reporting; provider treatment analysis by peer group; profile reports; annual ranking by dollars for utilization for clients and providers; reports, as specified by the Procuring Agency that identify identifies all services received by beneficiaries who are receiving a specific service or drug, are enrolled in selected programs, or have specific particular levels of care; and quarterly identification of the medical services for which over-utilization is most prevalent. 24.1.3.5 The system must be accessed by MMIS users as authorized by the Procuring Agency and from locations other than the MAD offices, such as the Medicaid Fraud Control Unit. The CONTRACTOR shall supply the necessary hardware, software, telecommunications, and other components and information technology staff support to operate the FADS system.

24.2 Operate and Maintain FADS	24.2.1 Provide All FADS Operations, Infrastructure & Staff Support 24.2.2 Produce & Distribute FADS Production Reports 24.2.3 Provide Additional Staff for FADS Support 24.2.4 Ensure FADS Support Staff are Qualified 24.2.5 Provide FADS Training for State Staff	The CONTRACTOR shall produce and distribute via the EDMS, hard copy, or other Procuring Agency-approved means all production reports proposed as part of the CONTRACTOR's FADS solution. All programming functions for the FADS are the responsibility of staff assigned to FADS support, and such staff is in addition to the System Maintenance Unit staff required by Deliverable Number 1. Programming staff assigned to support the FADS will be knowledgeable in the system, in the Medicaid Program, and in the business needs and operations of the functional area supported by the system. Provide on-site training for Procuring Agency staff on-site annually. The CONTRACTOR shall develop, test, and implement software updates, corrections, and enhancements, including but not limited to the following subtasks:
24.3 Modify FADS	24.3.1 Manage FADS Revisions	24.3.1.1 Analyze, and size change requests submitted by the Procuring Agency. 24.3.1.2 Perform software support and error correction. 24.3.1.3 Comply with the software development, change management, and system test requirements contained in Tasks 1.3 and 1.4 of Deliverable 1.

24.4 Manage Agreed Payment Schedule	24.3.2 Transfer of Historical Data	The CONTRACTOR shall develop, at the direction of the Procuring Agency, additional algorithms to detect fraud and abuse and incorporate them into the FADS. CONTRACTOR's subcontractor will work with the Medical Assistance Division on the transfer of historical data.
	24.4.1 Invoice the State According to the Operations Payment Schedule	CONTRACTOR shall be paid a fixed monthly rate for delivering these operations, including New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule: 24.4.1.1 Oct 1, 2024 – Jul 31, 2025 $99,523.69

Deliverable 25: Web Portal – Ongoing Operation and Maintenance (Monthly System Operations)

Deliverable 25	Due Date	Compensation
Web Portal – Ongoing Operation and Maintenance **[Monthly System Operations]**	**TBD**	**TBD**

Task Item	Subtasks	Description
25.1 Meet Web Portal System Requirements	25.1.1 Support the New Mexico Web Portal	CONTRACTOR must operate the current New Mexico Web portal for prospective and enrolled providers to provide program information, provider enrollment forms and instructions, other specialized forms as specified by the Procuring Agency, billing instructions and other training materials, and access to MMIS data. The Web portal will use industry-standard security, as approved by the Procuring Agency, with provider passwords when required for secure documents or information.
	25.1.2 Meet Detailed Web Portal Specifications for Enrolled Providers	25.1.2.1 The Web portal must allow enrolled providers to verify client eligibility, inquire on the status of claims and prior authorizations, enter or modify banking information to support payment via electronic funds transfer (EFT), obtain weekly payment information, and download remittance advices.
		25.1.2.2 The Web portal must allow providers, at no charge, to inquire on client eligibility and benefit information, managed care enrollment, TPL information, and long-term care status.
		25.1.2.3 The Web portal must allow enrolled providers of Procuring Agency-defined provider types and specialties to inquire on the claim history of a client. Inquiry parameters shall be transmitted to the MMIS in real-time, which shall return relevant diagnosis and procedure code information from matching paid Medicaid claims.

		25.1.2.4Documents on the CONTRACTOR's Web portal will be in easily accessible formats, such as Adobe Acrobat, Microsoft Word, and Microsoft Excel. The Web portal must include hyperlinks to other sites deemed useful helpful by the Procuring Agency or by the CONTRACTOR.
25.2 Operate and Maintain Web Portal		The CONTRACTOR shall operate and maintain the Web portal according to the specifications proposed by the CONTRACTOR and accepted by the Procuring Agency.
	25.2.1 Meet Detailed Specifications for Web Portal Operations	25.2.1 The CONTRACTOR shall ensure that the hardware, software, and telecommunications supporting the Web portal are sufficient to provide a response to submitted inquiries within five (5) seconds 25.2.2 All programming functions for the Web portal are the responsibility of staff assigned to Web portal support, and such staff is in addition to the System Maintenance Unit staff. 25.2.3 Programming staff assigned to support the Web portal will be knowledgeable in the system, in the Medicaid Program, and in the business needs and operations of the functional area supported by the system. 25.2.4 The CONTRACTOR shall prepare a monthly newsletter that addresses billing issues, upcoming program changes, announcements from the Procuring Agency, and other information and post the newsletter to the Web portal for retrieval by providers. 25.2.5 The CONTRACTOR shall provide telephone support during regular business hours to assist providers with problems accessing information from the Web portal.
25.3 Modify Web Portal		The CONTRACTOR shall develop, test, and implement software updates, corrections, and enhancements, including but not limited to the following subtasks: 25.3.1. Analyze, and size change requests submitted by the Procuring Agency.

25.4 Manage Agreed Payment Schedule	25.3.1 Meet Detailed Specifications for Web Portal Maintenance 25.4.1 Invoice the State According to the Operations Payment Schedule	25.3.2 Perform software support and error correction. 25.3.3 Comply with the software development, change management, and system test requirements. contained in Deliverable 20. 25.3.4 The CONTRACTOR shall support direct data entry (DDE) of claims by providers. 25.3.5 The CONTRACTOR shall support an interactive provider enrollment and maintenance component CONTRACTOR shall be paid a fixed monthly rate for delivering these operations, including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:

Deliverable 26: Mi Via/SDCB Web-Based Enrollment Option via Palco Intake Portal

Deliverable 26	Due Date	Compensation
Implementation of web-based enrollment option for Mi Via/SDCB employers and workers via Palco Intake portal	**TBD**	**TBD**

Task Item	Subtasks	Description
26.0 Web-Based Enrollment Implementation	**26.1 Project Implementation Planning**	The Subcontractor shall perform the following activities: 26.1.1 Organize and attend Kick-Off Meeting to identify programmatic goals and core operational guidelines. 26.1.2 Review the work/implementation plan to address program launch risk areas and expectations. 26.1.3 Provide and review the Implementation Plan. 26.1.4 Establish a weekly status meeting schedule. 26.1.5 Establish key resources and meeting schedule to develop and finalize key documents and operating protocol. 26.1.6 Obtain Conduent/State/MCO approvals: 26.1.6.1 Programmatic business rules and process flow 26.1.6.2 Approval of draft forms and external materials 26.1.6.3 Orientation and training for impacted stakeholders on the Subcontractor's web-based enrollment portal.
26.2 Initiate System Functionality for Online Employer & Worker Enrollment	**26.2.1 Meet Detailed Specifications for Online Employer & Worker Enrollment**	26.2.1.1 Configure functionality in the web-based portal for online employer and worker enrollment. 26.2.1.2 Establish user permission sets for Contractor staff in web-based portal to provide visibility to online employer and worker enrollment activities. 26.2.1.3 Test functionality and user permissions in the web-based portal for online employer and worker enrollment. 26.2.1.4 Host walk-through for Contractor of online employer and worker enrollment functionality. 26.2.1.5 Receive approval from Contractor/State/MCOs of online employer and worker enrollment walk-through and system functionality.
26.3 Initiate System Functionality for Enrollment File Feed	**26.3.1 Meet Detailed Specifications for Enrollment File Feed**	26.3.1.1 Specify the primary objectives of the enrollment file feed. Coordinate communication with FOCOS to assist with defining the primary objectives of the enrollment file feed. 26.3.1.2 Document requirements of the enrollment file feed. 26.3.1.3 Develop enrollment file feed with FOCO Sonline to exchange data. 26.3.1.4 Perform data mapping between Palco and FOCOS and any other stakeholders that may need enrollment-related file feeds from Palco such as MCOs, EVV aggregator

Task Item	Subtasks	Description
26.4 Initiate Training of Stakeholders	**26.4.1 Develop Implementation Training Materials for Impacted Stakeholders**	vendor, or Contractor (Conduent). and target system(s) for the enrollment file feed. 26.3.1.5 Document the file structure and any transformation rules of the enrollment file feed. 26.3.1.6 Test functionality of the enrollment file feed. 26.3.1.7 Receive approval from Contractor of the enrollment file feed functionality. 26.4.1.1 Develop training materials for impacted stakeholders on the web-based enrollment portal. Obtain Conduent/State/MCO approvals of training materials. 26.4.1.2 Disseminate implementation training materials to impact stakeholders on the web-based enrollment portal. 26.4.1.3 Host implementation training sessions with impacted stakeholders on the web-based enrollment portal. Obtain State go live date approvals from State and MCOs.
26.5 Manage Agreed Upon Payment Schedule	**26.5.1 Invoice the Procuring Agency According to Enrollment Implementation Payment Schedule**	May 1, 2025 – May 31, 2025, Milestone 1 $46,000.00 including NM GRT. June 1, 2025 – June 30, 2025, Milestone 2 $46,000.00 including NM GRT. ___

Deliverable 27: Mi Via/SDCB Web-Based Enrollment Option via Palco Intake Portal

Deliverable 27	Due Date	Compensation
Ongoing maintenance and operation of web-based enrollment option for Mi Via/SDCB employers and workers via Palco Intake portal	**Start:07/01/2025 End:07/31/2026**	**Paid at a Fixed Rate Per Member Volume Per Month at $9.25 including GRT. Total Compensation Not to Exceed $432,900.00**

Task Item	Subtasks	Description
27.1 Support the Mi Via / Self- Directed Community Benefit Financial Management Agent (FMA)	**27.1.1 Support the Mi Via / SDCB Program**	The Subcontractor (Palco) shall support the Financial Management Agent/Contractor (FMA) for the Mi Via program by providing an online enrollment application to support the FMA (Conduent) in processing employer (participant) and worker enrollments.
	27.1.2 Support Turquoise Care's SDCB	The Subcontractor shall support the FMA for Turquoise Care's Self-Directed Community Benefit (SDCB) Mi Via and Supports Waiver by providing an online enrollment application to support the FMA (Conduent) in processing employer (participant) and worker enrollments.
27.2 Support Web-Based Employer Enrollment	**27.2.1 Meet Detailed Specifications for Web-Based Employer Enrollment**	The Subcontractor shall support web-based employer enrollment by performing the following activities: **27.2.1.1** Develop and maintain an Employer Enrollment Packet. **27.2.1.2** Provide a web-based enrollment application for employers to complete their enrollment electronically. **27.2.1.3** Provide Contractor access to Subcontractor's Intake (enrollment) application so Contractor can perform the appropriate data entry for paper-based employer enrollments. **27.2.1.4** Obtain and retire, as needed, participant's Federal Employer Identification Numbers ("FEINs") with the IRS. **27.2.1.5** Obtain and retire state and local tax accounts, as needed, to file payroll-related employer taxes, such as State Income Tax Withholding, State Unemployment Tax Account ("SUTA") taxes, and New Mexico local taxes. **27.2.1.6** Obtain Workers' Compensation Insurance policies for the Employers enrolled on the program.
27.3 Support Web-Based Worker Enrollment	**27.3.1 Meet Detailed Specifications for Web-Based Worker Enrollment**	The Subcontractor shall support web-based worker enrollment by performing the following activities: **27.3.1.1** Develop and maintain a Worker Employment Packet. **27.3.1.2** Provide a web-based enrollment application for workers to complete their enrollment electronically. **27.3.1.3 Provide** Contractor access to Subcontractor's Intake (enrollment) application so Contractor can perform the

Task Item	Subtasks	Description
27.4 Meet Employer and Worker Web-Based Enrollment System Requirements	**27.4.1 Support Web-Based Employer and Worker Enrollment**	appropriate data entry for paper-based worker enrollments. **27.3.1.4** Deploy and maintain PalCare, Subcontractor's online provider (worker) directory. The web-based enrollment portal must meet the following requirements for support of web-based employer and worker enrollment: **27.4.1.1** Provide the capability to print Employer Enrollment Packets and Worker Employment Packets with fields pre-populated from web-based enrollment portal data. **27.4.1.2** Provide web-based capability for entry, update, and inquiry of participant or member/employer and worker data. **27.4.1.3** Provide web-based capability for entry and inquiry of worker changes and separations. **27.4.1.4** Provide web-based capability to store worker's licensing or credentialing information and expiration dates. **27.4.1.5** Provide web-based capability to indicate participants / members entering and leaving Mi Via/SDCB program. **27.4.1.6** Store worker background and criminal record check indicators. **27.4.1.7** Capture worker pay rates and ensure that pay rates comply with State minimum wage requirements and Department of Labor guidance on overtime pay, as it pertains to the Fair Labor Standards Act Home Care Rule. **27.4.1.8** Store worker residency, relationship, and live-in status information during enrollment to ensure proper calculation of payroll tax withholding and overtime.
27.5 Operate and Maintain Web-Based Enrollment Portal **27.6 Modify Web-Based**	**27.5.1 Provide All Web-Based Enrollment Portal Infrastructure**	The Subcontractor shall operate and maintain a web-based enrollment portal for Mi Via and SDCB employers and workers to the specifications proposed by the Contractor and accepted by the Procuring Agency. **27.5.1.1** The Subcontractor shall supply the necessary hardware, software, telecommunications and other

Task Item	Subtasks	Description
Enrollment Portal	**27.6.1 Manage Web-Based Enrollment Portal Revisions**	components and information technology staff to operate the web-based enrollment portal. The Subcontractor shall develop, test and implement software updates, corrections, and enhancements, including but not limited to the following subtasks: **27.6.1.1** Analyze and size change requests submitted by Contractor. **27.6.2.1** Perform software support and error correction. **27.6.3.1** Comply with the software development, change management and system test requirements of the Contractor. **27.6.4.1** System improvements, enhancements, changes, modifications, and new requested reports will be evaluated by the Subcontractor based on specifications provided by Contractor to determine the statement of work, additional costs if necessary and timeline for completion.
27.6 Meet Detailed Specifications for Enrollment File Feed	**27.6.1 Support Specifications for Enrollment File Feed**	The Subcontractor shall operate and maintain an enrollment file feed. **27.7.1.1** The Subcontractor shall ensure data security during the file transfer process. **27.7.1.2** The Subcontractor shall ensure data integrity and accuracy during the file transfer process.
27.7.1 Change Requests	**27.7.1 Meet Detailed Specifications of Approved Change Requests**	**27.7.1.3** All change request items must be documented and approved using the established change management process. Cost of implementation and maintenance of each individual change request is documented within the approved business requirements document. **27.7.1.4** System improvements, enhancements, changes, or modifications will be evaluated by the Subcontractor based on specifications provided by Contractor to determine the statement of work, additional costs if necessary and timeline for completion.
27.8 Manage Agreed Payment Schedule	**27.8.1 Invoice the Procuring Agency According to Operations Schedule**	**27.8.1** Contractor shall be paid a fixed monthly rate per member, per month (PMPM) for enrollment Operations and Maintenance activities, including the applicable New Mexico Gross Receipts

Task Item	Subtasks	Description
		Tax (NM GRT) for that month, according to the following schedule:

Deliverable 28: EVV Aggregator

Deliverable 28	Due Date	Compensation
Implementation Of EVV Aggregator	**TBD**	**TBD**

Task Item	Subtasks	Description
28 Meet Aggregator Electronic Visit Verification Requirements (EVV)	28.1 Meet aggregator EVV Implementation Requirements	28.1.1 CONTRACTOR will set up, prepare, and test the technology required for its performance of this Scope of Work. 28.1.2 The Aggregator functionality does not exist in New Mexico. The Procuring agency is requesting this functionality to be implemented for their Provider community to facilitate the import of EVV visits into the New Mexico Fee for Service (NM FFS) jurisdiction. 28.1.3 The Authenticare Data Aggregator is the interface engine that collects visit data from third-party EVV systems and feeds that information into Authenticare®. The Authenticare Data Aggregator provides an open specification for all third-party EVV systems to integrate with the Aggregator and ensure the claim adjudication process is seamless.

		28.1.4 CONTRACTOR will coordinate as necessary with Firserv, the statewide EVV contractor for New Mexico that is responsible for configuring and operating the Authenticare Aggregator solution for providers using EVV vendors to track check in and check out time, on an interface between the Fiserv Authenticare Aggregator module and providers using vendors other than Authenticare. 28.1.5 The Fiserv Authenticare Aggregator module will be a centralized approved Procuring Agency system designed to collect and store electronic visit verification data from various providers that provide EVV services. 28.1.6 The Authenticare Aggregator will be configured to interface with various providers chosen EVV system. 28.1.7 The Authenticare aggregator module Solution will capture the following six required points of data as required by the 21st Century Cures Act to be in effect as of the date of this amendment: 28.1.7.1 Type of service performed. 28.1.7.2 Individual receiving services. 28.1.7.3 Individual providing services. 26.1.7.4 Date of the service 26.1.7.5 Location of the service 26.1.7.6 Time the service begins and ends. 28.1.8 The CONTRACTORS, Subcontractor Aggregator functionality will include the ability for submitters to send visit data through: 28.1.8.1 File layout designer/file upload (i.e., manual upload). 28.1.8.2 Secure File Transfer Protocol (SFTP). 28.1.8.3 Application Programming Interface (API) 28.1.9 The CONTRACTORS, Subcontractor, will implement the following Workflows: 28.1.9.1 Batch 28.1.9.2 Encounters 28.1.10 Non-functional requirements will include: 28.1.10.1 Support State User Acceptance Testing Efforts 28.1.10.2 Support CONTRACTOR outreach efforts 28.1.10.3 Publish documentation that includes manuals, and requirements,

		28.1.11 The following assumptions are being made based on the information that was received by Fiserv related to the Aggregator implementation: 28.1.11.1 The CONTRACTOR will comply with the provisions set forth in house bill 269. 28.1.11.2 Procuring Agency will mandate providers to use aggregator functionality for any providers who are not using the Authenticare system for EVV. 31.1.11.3 A full cycle of User Acceptance Testing (UAT) will be completed by designated Procuring Agency resources and may include MMIS and MCOs and be supported by Fiserv resources. 28.1.11.4 The Procuring Agency will identify provider and vendor particip1ants for integration and UAT testing efforts. 28.1.11.5 The overall provider and third-party vendor adoption is assumed to be voluntary. 28.1.11.6 The individual providers will be responsible for the readiness of their vendors. 28.1.11.8 The Procuring Agency is responsible for the certification or attestation of third-party vendor EVV compliance to CMS EVV mandates.
	28.2 Invoice the State According to the Operations Payment Schedule	28.2 100% upon full implementation including gross receipts tax $160,000.00. O&M October 2025-July 2026 $30,000 per month

Deliverable 28: <u>DDI and Ongoing Operations and Maintenance for Federal Reporting</u> <u>CMdS</u>

Deliverable 28	Due Date	Compensation
DDI and Ongoing Operations and Maintenance for Federal Reporting CMdS	**TBD**	**TBD**

Task Item	Subtasks	Description
28 Ongoing Federal Reporting Exhibit A CMdS	28.1 Ongoing Federal Reporting CMdS	The CONTRACTOR shall implement the CMdS Federal Reporting module. The new module will include the existing reports from the Legacy Data Warehouse and the new reports listed below. 1115 SMI/SED Demonstration Monitoring Report CMS-64 Supplemental Payments Summary Report to support CMS-64 Certification CMS 21.B Federal Report Aggregation CMS 21.B Variance Reports CMS-21 PERM CMS-37 Federal Report Aggregation (37.1, 37.3, 37.9, 37.10) CMS-37 Medicaid Program Actuals Summary Report CMS-37 Variance Report: Annual Cap Allotment Qx CMS-37 Variance Report: Between Submissions Qx CMS-37 Variance Report: Between Years Qx CMS-37 Variance Report: Budget to Actual Average of 4 Quarters

		CMS-37 Variance Report: Budget to Actual Qx CMS-37 Variance Report: HIT Qx CMS-64 Summary Sheet CMS-64.9D DSH CMS-64.9QI CMS-64F Summary Sheet **Contractor shall implement new reporting (dependent on SHARE data feed)** CMS 21.B CHIP Admin Expenditures Report CMS-21 & CMS-21P CHIP Expenditures for State & Local Administration CMS-21C Allocation of Title XIX and Title XXI Expenditures To CHIP Fiscal Y CMS-37 Medicaid Admin Expenditures Report CMS-64.10/64.10P Base CMS-64.10/64.10P Waiver **Contractor shall update current reporting to align with 416-TAF and to in cr report frequency.** CMS-416: Annual EPSDT Participation Report Contractor shall implement the CMdS Federal Reporting module along with new reports in the new CMdS Financial Services Module. Contractor will continue to provide electronic access and/or delivery (based on report type) of in scope CMS reports based on the standing CMS reporting schedule to the Procuring Agency. Any modifications to the current schedule can be addressed via an operational memo.

Deliverable 29	**Due Date**	**Compensation**
Ongoing Reporting Federal Reporting O&M	**TBD**	**TBD**

Task Item	Sub Tasks	Description

29.1 Ongoing Federal Reporting CMdS	**29.1 Ongoing Federal Reporting CMdS**	Legacy - CMS64 - Consolidated Report		
		Legacy - CMS64 - Enrollee Counts Report		
		Legacy - CMS64 - Expenditures by Provider - Line 6 & 7		
		Legacy - CMS64 – MEG Member Months Report		
		Legacy - CMS64 - MEG Member Months Report - Summaries Only		
		Legacy - CMS64 - Summaries by Program		
		Legacy - SUD metric #3 - Medicaid Beneficiaries with SUD Diagnosis (monthly)		
		Legacy - SUD metric #4 - Medicaid Beneficiaries with SUD Diagnosis (annually)		
		Legacy - SUD metric #5 - Medicaid Beneficiaries Treated in an IMD for SUD		
		Legacy - SUD metric #6 - Any SUD Treatment		
		Legacy - SUD metric #7 - Early Intervention		
		Legacy - SUD metric #9 - Intensive Outpatient and Partial Hospitalization Services		
		Legacy - SUD metric #11 - Withdrawal Management		
		Legacy - SUD metric #12 - Medication Assisted Treatment (MAT)		
		Legacy - SUD metric #18 - Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)		
		Legacy - SUD metric #21 - Concurrent Use of Opioids and Benzodiazepines (COB-AD)		

		Legacy - SUD metric #22 - Continuity of Pharmacotherapy for Opioid Use Disorder		
		Legacy - SUD metric #23 - Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries		
		Legacy - SUD metric #24 - Inpatient Stays for SUD per 1,000 Medicaid Beneficiaries)		
		Legacy - SUD metric #25 - Readmissions Among Beneficiaries with SUD		
		Legacy - SUD metric #32 - Access to Preventive/ Ambulatory Health Services for Adult Medicaid Beneficiaries with SUD (AAP) [Adjusted HEDIS measure]		
		Legacy - SUD metric #36 - Average Length of Stay in IMDs		
		Legacy - SUD metric #10 - Residential and Inpatient Services		
		Legacy - SUD metric #8 - Outpatient Services		
		CMS 64.9 Medical Assistance Expenditures by Type of Service for the Medical Assistance Program Expenditures in this Quarter report		
		CMS 372S - Annual Report on Home and Community-Based Service Waivers report		
		CMS 64.21 - Quarterly Medical Assistance Expenditures by State Children's Health Insurance Program Expenditure Categories report		
		CMS 64.9A - Third Party Liability Collections and Cost Avoidance report		
		CMS64.9VIII-M1 - Medical Assistance Expenditures by Type of Service for the Medical Assistance Program Expenditures in this Quarter (Newly) report		

		CMS64.9VIII-M2 - Medical Assistance Expenditures by Type of Service for the Medical Assistance Program Expenditures in this Quarter (Not Newly) report	
		CMS64.Enroll - Medicaid Enrollees report	
		MR-BDGT-VAR - Budget Variance by Fund report	
		MR-O-01 - Medical Assistance Financial Status report	
		MR-O-02 - Medical Assistance Program Status report	
		MR-O-03 - Financial Summary report	
		MR-O-04 - Expenditure Analysis report	
		MR-O-05A - Medicare Participation Analysis - Medicare Part A report	
		MR-O-05B - Medicare Participation Analysis - Medicare Part B report	
		MR-O-05C - Medicare Participation Analysis - Summary report	
		MR-O-06 - Provider Participation Analysis - Summary report	
		MR-O-08 - Operational Performance Summary report	
		MR-O-08C - Operational Performance Summary - Total Claims Processed Chart report	
		MR-O-08P - Operations Performance Summary - Provider Type report	
		MR-O-08R - Operations Performance Summary - Benefit Plan report	
		MR-O-30B - Monthly Processing Summary for Finalized Claims report	
		MR-O-09B - Claims Processing Performance Analysis - Suspended Claims report	

		MR-O-09C - Claims Processing Performance Analysis - Fiscal Pend Claims report		
		MR-O-09D - Claims Processing Performance Analysis - Total Claims Processed report		
		MR-O-10A - Claims Processing Throughput Analysis - Details report		
		MR-O-10B - Claims Processing Throughput Analysis - Summary report		
		MR-O-11A - Exception Distribution Analysis Summary report		
		MR-O-11B - Exception Distribution Analysis - Top N Most Prevalent Errors Report		
		MR-O-12A - Provider Participation Analysis - Provider Type report		
		MR-O-12B - Provider Participation Analysis - Provider Specialty report		
		MR-O-17A - Cost Recovery Analysis report		
		MR-O-17B - Cost Avoidance Analysis by Exception Code of Cost Recovery Claims report		
		MR-O-17C - Third Party Payment Analysis by Provider Type report		
		MR-O-18A - Provider Exception Frequency Analysis - Provider Summary report		
		MR-O-18B - Provider Exception Frequency Analysis - Top N Errors by Provider ID report		
		MR-O-18C - Provider Exception Frequency Analysis - Exception Summary report		
		MR-O-19 - Provider Ranking List report		
		MR-O-21A - Drug Usage Analysis - Summary report		

		MR-O-21B - Drug Usage Analysis - Therapeutic Class Summary report		
		MR-O-22A - Member Participation Summary by Fund/COS report		
		MR-O-22B - Member Participation Summary by Month/Year report		
		MR-O-22C - Member Participation Summary by BP/COE Code report		
		MR-O-23 - Member County Participation Analysis report		
		MR-O-24 - Member County Expenditure Analysis report		
		MR-O-25 - Benefit Usage Analysis report		
		MR-O-26 - Drug Usage by Eligibility Classification report		
		MR-O-28A - Member Cost Sharing State Fiscal Year to Date Summary report		
		MR-O-30A - Monthly Timely Processing for Finalized Claims report		
		MR-O-38A - Summary Report of Sterilizations and Hysterectomies by Age and Gender report		
		MR-O-38B - Summary Report of Sterilizations and Hysterectomies by Gender and Race report		
		MR-O-39 - Monthly Detail Report of Sterilizations report		
		MR-O-40A - Monthly Detail Report of Abortions report		
		MR-O-40B - Monthly Summary Report of Abortions report		
		MR-O-41 - Monthly Detail Report of Hysterectomies report		
		MR-O-B01 - EMAR Claims External Balancing report		
		MR-O-B02 - EMAR Non-Claims External Balancing report		

		MR-TOP-N-COS - Top N COS Expenditures report	
		MR-O-09A - Claims Processing Performance Analysis - New Claims report	
		MR-O-28B - Member Cost Sharing Monthly Summary report	
		CMS21E Number of Children for Children's Health Insurance Program (SCHIP) by Age Range Report	
		CMS-64 Supplemental Payments Summary Report to support CMS-64 Certification	
		CMS 21.B Federal Report Aggregation	
		CMS 21.B Variance Reports	
		CMS-21 PERM	
		CMS-37 Federal Report Aggregation	
		CMS-37 Medicaid Program Actuals (Budget) Summary Report	
		CMS-37 Variance Report: Annual Cap Allotment Qx	
		CMS-37 Variance Report: Between Submissions Qx	
		CMS-37 Variance Report: Between Years Qx	
		CMS-37 Variance Report: Budget to Actual Average of 4 Quarters	
		CMS-37 Variance Report: Budget to Actual Qx	
		CMS-37 Variance Report: HIT Qx	
		CMS-64 Summary Sheet	
		CMS-64.9D DSH	
		CMS-64.9QI	
		CMS-64F Summary Sheet	
		CMS 21.B CHIP Admin Expenditures Report	
		CMS-21 & CMS-21P CHIP Expenditures for State & Local Administration	

		CMS-21C Allocation of Title XIX and Title XXI Expenditures To CHIP Fiscal Year Allotment CMS-37 Medicaid Admin Expenditures Report CMS-64.10/64.10P Base CMS-64.10/64.10P Waiver CMS-416: Annual EPSDT Participation Report CMS21E-S Number of Children Served for Children's Health Insurance Program (SCHIP) Summary Report CMS64.21E Number of Children Served Related to Children's Health Insurance Program (Medicaid Expansion) by Age Range Report CMS64.21E-S Number of Children Served Related to Children's Health Insurance Program (Medicaid Expansion) Summary Report CMS64EC Number of Children Served for the Medical Assistance Program by Age Range Report CMS64EC-S Number of Children Served for the Medical Assistance Program Summary Report SEDS-S CHIP Statistical Enrollment Data System Summary Report CMS 64.11 CMS 64.11A Contractor must implement the CMdS Federal Reporting module along with new reports in the new CMdS Financial Services Module. Contractor must continue to provide electronic access and/or delivery (based on report type) of in scope CMS reports based on the standing CMS reporting schedule to the Procuring Agency. Any modifications to the current schedule can be addressed via an operational memo.	

	29.2 Invoice Procuring Agency According to the Payment Schedule	

1. **Amend Exhibit A (Scope of Work) to add New Deliverable 30: New Scope: Ongoing Maintenance of EVV Aggregator 12/11/2025 through 7/31/2026.**

Deliverable 30	**Due Date**	**Compensation**
Operations and Maintenance EVV Aggregator (Fiserv)	**TBD**	**TBD**

Task Item	Subtasks	Description
30 Meet Aggregator Electronic Visit Verification Requirements (EVV)	30.1 Meet aggregator EVV Implementation Requirements	30.1.1 CONTRACTOR will set up, prepare, and test the technology required for its performance of this Scope of Work. 30.1.2 The Aggregator functionality does not exist in New Mexico. The Procuring agency is requesting this functionality to be implemented for their Provider community to facilitate the import of EVV visits into the New Mexico Fee for Service (NM FFS) jurisdiction. 30.1.3 The AuthentiCare Data Aggregator is the interface engine that collects visit data from third-party EVV systems and feeds that information into AuthentiCare®. The AuthentiCare Data Aggregator provides an open specification for all third-party EVV systems to integrate with the Aggregator and ensure the claim adjudication process is seamless. 30.1.4 CONTRACTOR will coordinate as necessary with Firserv, the statewide EVV contractor for New Mexico that is responsible for configuring and operating the Authenticare Aggregator solution for providers using EVV vendors to track check in and check out time, on an interface between the Fiserv Authenticare Aggregator module and providers using vendors other than Authenticare. 30.1.5 The Fiserv Authenticare Aggregator module will be a centralized approved Procuring Agency system designed to collect and store electronic visit verification data from various providers that provide EVV services.

		30.1.6 The Authenticare Aggregator will be configured to interface with various providers chosen EVV system. 30.1.7 The Authenticare aggregator module Solution will capture the following six required points of data as required by the 21st Century Cures Act to be in effect as of the date of this amendment: 30.1.7.1Type of service performed. 30.1.7.2 Individual receiving services. 30.1.7.3 Individual providing services. 30.1.7.4 Date of the service 30.1.7.5 Location of the service 30.1.7.6 Time the service begins and ends. 30.1.8 The CONTRACTORS, Subcontractor Aggregator functionality will include the ability for submitters to send visit data through: 30.1.8.1 File layout designer/file upload (i.e., manual upload). 30.1.8.2 Secure File Transfer Protocol (SFTP). 30.1.8.3 Application Programming Interface (API) 30.1.9 The CONTRACTORS, Subcontractor, will implement the following Workflows: 30.1.9.1 Batch 30.1.9.2 Encounters 30.1.10 Non-functional requirements will include: 30.1.10.1 Support State User Acceptance Testing Efforts 30.1.10.2 Support CONTRACTOR outreach efforts 30.1.10.3 Publish documentation that includes manuals, and requirements, 30.1.11 The following assumptions are being made based on the information that was received by Fiserv related to the Aggregator implementation: 30.1.11.1 The CONTRACTOR will comply with the provisions set forth in house bill 269. 30.1.11.2 Procuring Agency will mandate providers to use aggregator functionality for any providers who are not using the AuthentiCare system for EVV. 30.1.11.3 A full cycle of User Acceptance Testing (UAT) will be completed by designated Procuring Agency resources and may include MMIS and MCOs and be supported by Fiserv resources. 30.1.11.4 The Procuring Agency will identify provider and vendor participants for integration and UAT testing efforts. 30.1.11.5 The overall provider and third-party vendor adoption is assumed to be voluntary. 30.1.11.6 The individual providers will be responsible

		for the readiness of their vendors. 30.1.11.8 The Procuring Agency is responsible for the certification or attestation of third-party vendor EVV compliance to CMS EVV mandates. 30.2 Invoice the State According to the Operations Payment Schedule O&M December 11, 2025-July 31, 2026; $30,000 per month

Deliverable 31	Due Date	Compensation
Ongoing maintenance and operation of web-based enrollment option for Mi Via/SDCB employers and workers via Palco Intake portal	**TBD**	**TBD**

Task Item	Subtasks	Description
31.1 Support the Mi Via / Self- Directed Community Benefit Financial Management Agent (FMA)	**31.1.1 Support the Mi Via / SDCB Program**	The Subcontractor (Palco) shall support the Financial Management Agent/Contractor (FMA) for the Mi Via program by providing an online enrollment application to support the FMA (Conduent) in processing employer (participant) and worker enrollments.
	31.1.2 Support Turquoise Care's SDCB	The Subcontractor shall support the FMA for Turquoise Care's Self-Directed Community Benefit (SDCB) Mi Via and Supports Waiver by providing an online enrollment application to support the FMA (Conduent) in processing employer (participant) and worker enrollments.
31.2 Support Web-Based Employer Enrollment	**31.2.1 Meet Detailed Specifications for Web-Based Employer Enrollment**	The Subcontractor shall support web-based employer enrollment by performing the following activities: **31.2.1.1** Develop and maintain an Employer Enrollment Packet. **31.2.1.2** Provide a web-based enrollment application for employers to complete their enrollment electronically. **31.2.1.3** Provide Contractor access to Subcontractor's Intake (enrollment) application so Contractor can perform the appropriate data entry for paper-based employer enrollments. **31.2.1.4** Obtain and retire, as needed, participant's Federal Employer Identification Numbers ("FEINs") with the IRS. **31.2.1.5** Obtain and retire state and local tax accounts, as needed, to file payroll-related employer taxes, such as State Income Tax Withholding, State Unemployment Tax Account ("SUTA") taxes, and New Mexico local taxes. **31.2.1.6** Obtain Workers' Compensation Insurance policies for the Employers enrolled on the program.
31.3 Support Web-Based Worker Enrollment	**31.3.1 Meet Detailed Specifications for Web-Based Worker Enrollment**	The Subcontractor shall support web-based worker enrollment by performing the following activities: **31.3.1.1** Develop and maintain a Worker Employment Packet. **31.3.1.2** Provide a web-based enrollment application for workers to complete their enrollment electronically. **31.3.1.3 Provide** Contractor access to Subcontractor's Intake (enrollment) application so Contractor can perform the appropriate data entry for paper-based worker enrollments.

Task Item	Subtasks	Description
		31.3.1.4 Deploy and maintain PalCare, Subcontractor's online provider (worker) directory.
31.4 Meet Employer and Worker Web-Based Enrollment System Requirements	**31.4.1 Support Web-Based Employer and Worker Enrollment**	The web-based enrollment portal must meet the following requirements for support of web-based employer and worker enrollment: **31.4.1.1** Provide the capability to print Employer Enrollment Packets and Worker Employment Packets with fields pre-populated from web-based enrollment portal data. **31.4.1.2** Provide web-based capability for entry, update, and inquiry of participant or member/employer and worker data. **31.4.1.3** Provide web-based capability for entry and inquiry of worker changes and separations. **31.4.1.4** Provide web-based capability to store worker's licensing or credentialing information and expiration dates. **31.4.1.5** Provide web-based capability to indicate participants / members entering and leaving Mi Via/SDCB program. **31.4.1.6** Store worker background and criminal record check indicators. **31.4.1.7** Capture worker pay rates and ensure that pay rates comply with State minimum wage requirements and Department of Labor guidance on overtime pay, as it pertains to the Fair Labor Standards Act Home Care Rule. **31.4.1.8** Store worker residency, relationship, and live-in status information during enrollment to ensure proper calculation of payroll tax withholding and overtime.
31.5 Operate and Maintain Web-Based Enrollment Portal	**31.5.1 Provide All Web-Based Enrollment Portal Infrastructure**	The Subcontractor shall operate and maintain a web-based enrollment portal for Mi Via and SDCB employers and workers to the specifications proposed by the Contractor and accepted by the Procuring Agency. **31.5.1.1** The Subcontractor shall supply the necessary hardware, software, telecommunications and other components and information technology staff to operate the web-based enrollment portal.
31.6 Modify Web-Based Enrollment Portal	**31.6.1 Manage Web-Based Enrollment Portal Revisions** **31.6.1 Support Specifications for Enrollment**	The Subcontractor shall develop, test and implement software

Task Item	Subtasks	Description
31.6 Meet Detailed Specifications for Enrollment File Feed **31.7.1 Change Requests** **31.8 Manage Agreed Payment Schedule**	**File Feed** **31.7.1 Meet Detailed Specifications of Approved Change Requests** **31.8.1 Invoice the Procuring Agency According to Operations Schedule**	updates, corrections, and enhancements, including but not limited to the following subtasks: **31.6.1.1** Analyze and size change requests submitted by Contractor. **31.6.2.1** Perform software support and error correction. **31.6.3.1** Comply with the software development, change management and system test requirements of the Contractor. **31.6.4.1** System improvements, enhancements, changes, modifications, and new requested reports will be evaluated by the Subcontractor based on specifications provided by Contractor to determine the statement of work, additional costs if necessary and timeline for completion. The Subcontractor shall operate and maintain an enrollment file feed. **31.7.1.1** The Subcontractor shall ensure data security during the file transfer process. **31.7.1.2** The Subcontractor shall ensure data integrity and accuracy during the file transfer process. **31.7.1.3** All change request items must be documented and approved using the established change management process. Cost of implementation and maintenance of each individual change request is documented within the approved business requirements document. **31.7.1.4** System improvements, enhancements, changes, or modifications will be evaluated by the Subcontractor based on specifications provided by Contractor to determine the statement of work, additional costs if necessary and timeline for completion. **31.8.1** Contractor shall be paid a fixed monthly rate per member, per month (PMPM) for enrollment Operations and Maintenance activities, including the applicable New Mexico Gross Receipts Tax (NM GRT) for that month, according to the following schedule:

2. **Amend Exhibit A (Scope of Work) to add New Deliverable 48: Automated Voice Response System (AVRS) DDI.**

Commented [DG2]: This deliverable should not be needed if the AVRS is migrated over to the CCSC as is expected to occur by Feb 2026. CCSC would maintain the IVR functionalit then

Deliverable 32	Due Date	Compensation
AVRS – DDI	**TBD**	**TBD**

Task Item	Subtasks	Description
32.1 Meet Automated Voice Response System Requirements	**32.1.1 Implement an AVRS** **32.1.2 Provide Sufficient Ports for AVRS** **32.1.3 Meet Detailed Specifications for the AVRS** **32.2.1**	The Contractor shall support the Automated Voice Response System (AVRS), per procuring agency, that enables providers and clients to perform specific functions. The Contractor will interface using APIs with SI to CCSC Call Center Vendor. The AVRS must include sufficient ports to meet the performance standards of the Procuring Agency. The AVRS must include the following functionality for providers: 32.1.3.1 The AVRS must allow providers to verify client eligibility for a single date of service, including category of eligibility, managed care enrollment, lock-in, other insurance, and Medicare coverage. Eligibility may be obtained by entering the client ID number, the card control number, or both the Social Security Number and date of birth. 32.1.3.2 The AVRS must allow providers to obtain the amount of their most recent weekly payment amount. 32.1.3.3 AVRS must allow providers to obtain the status of a claim by entering the claim's Transaction Control Number (TCN) or both the client ID number and date of service. The AVRS must include the following functionality for clients: 32.1.3.4 AVRS client functions must support English and Spanish language prompts. 32.2.1.2 The Contractor shall supply the necessary hardware, software, telecommunications and other components and information technology staff support to operate the AVRS. The Contractor shall ensure that the AVRS is operational twenty-four (24) hours per day, seven (7) days per week with maintenance and support downtime for the AVRS scheduled for the low utilization periods when OmniCaid is also scheduled for maintenance and support. The Contractor shall develop, test, and implement software updates, corrections, and enhancements, including but not limited to the following subtasks:

<table>
<tr><th>Task Item</th><th>Subtasks</th><th>Description</th></tr>
<tr><td>32.2 Operate and Maintain AVRS</td><td>Provide All AVRS Operations, Infrastructure & Staff Support</td><td>Contractor shall be paid based on five milestones.
<table>
<tr><th>Milestone</th><th>Date</th><th>Total Invoice Amt</th><th>Retainage</th></tr>
<tr><td>Requirement and Design Sign Off</td><td>9/5/2025</td><td>$162,000.00</td><td>$32,400.00</td></tr>
<tr><td>QA Testing</td><td>11/7/2025</td><td>$162,000.00</td><td>$32,400.00</td></tr>
<tr><td>SIT Testing</td><td>11/21/2025</td><td>$162,000.00</td><td>$32,400.00</td></tr>
<tr><td>UAT Testing</td><td>12/5/2025</td><td>$27,000.00</td><td>$5,400.00</td></tr>
<tr><td>Production Release</td><td>12/11/2025</td><td>$27,000.00</td><td>$5,400.00</td></tr>
<tr><td></td><td></td><td>$540,000.00</td><td></td></tr>
</table></td></tr>
</table>

Commented [JO3]: Remove tables or numbers and dates

Deliverable 33	Due Date	Compensation
Modification Enhancement Pool (terms and conditions defined in article 2)	**TBD**	**TBD**

Task Item	Subtasks	Description
33.1 Modification Enhancement Pool Hours	**33.1.1 ARTICLE 2 (Scope of Work) of the Agreement is hereby amended to add a new Subsection (E) that provides as follows (changes shown):**	hancement Hours. During the Term, Contractor will make available to the Procuring Agency, up to 40,000 enhancement pool hours for use on customized enhancements (including and without limitation, coding changes, new user interfaces, and screen changes)-related to the services performed under this Contract (collectively "Enhancement Hours"). All Enhancement Hours will be billed by Contractor at a flat rate of $188.34 per hour, including GRT. All Enhancement Hours are subject to mutual agreement of the Parties regarding the scope, schedule and number of Enhancement Hours allocated for the project. Enhancement hours will be tracked by Contractor and reported to HCA during design and development of the enhancement using time and schedule reporting. Use of Enhancement Hours shall be exercised through the change management process set forth in Article 14. Any Enhancement Hours not used prior to the expiration, or any earlier termination, of this Agreement will automatically expire on the expiration or the earlier termination of this Agreement. Any enhancement

Task Item	Subtasks	Description
		project or services that will result in the parties exceeding 40,000 Enhancement Hours, in the aggregate, will require mutual written agreement of the parties. Any such project that is agreed to by the parties will be billed at the same flat rate set forth above and follow the same procedures set forth in this Agreement, unless otherwise mutually agreed.

APPENDIX B

Exhibit C
Performance Measures

The Contractor is responsible for meeting the requirements in this **Exhibit C**, but Contractor will not be liable for any failure to meet performance measures or for associated liquidated damages resulting in whole or in part from events, causes, or responsibilities that are outside of Contractor's control.

The following limitations apply to the Performance Measures in this **Exhibit C**: (i) Contractor will have at least five (5) business days to remedy the deficiency before the assessment of any liquidated damages; the aggregate amount of liquidated damages assessed under this **Exhibit C**, Performance Measures will not exceed ten percent (10%) of the Contractor's applicable monthly invoice; and (iii) Contractor will earn back fifty percent (50%) of any liquidated damage assessment if Contractor corrects the deficiency associated with such assessment and complies with such Performance Measures for two consecutive monthly periods following the month when the failure originally occurred.

#	Category	Performance Standard	Standard	Liquidated Damages
1	Staff Resource Management	The FS Contractor will replace Key Personnel according to the contract process. Replacement of Key Personnel will take place within thirty (30) calendar days of removal unless a longer period is approved by Procuring Agency	30 Calendar Days	Procuring Agency may assess up to $1,000 per Business Day for each Business Day beyond the thirty (30) calendar days allowed for replacement of Key Personnel.
2	Staff Resource Management	Except as set forth in the Contract or due to a personnel resignation or termination, the FS Contractor shall not replace Key Personnel without prior written approval of Procuring Agency. The list of Key Personnel during Contract will be mutually agreed upon by the Procuring Agency and FS Contractor.	N/A	Procuring Agency may assess up to a maximum of $10,000 per occurrence.
3	Article 12, Contractor Personnel	Article 12 Except as set forth in the Contract or due to a personnel resignation or termination, the Contractor shall not replace Key Personnel without prior written approval of Procuring Agency. The list of Key Personnel during Contract will be mutually agreed upon by the Procuring Agency and Contractor. MMIS Executive Account Manager; DDI/Transition Executive Account Manager, MMIS Systems Manager; Claims/TPL Manager; Financial Manager; Technical Support Manager; Business Service Manager, Mi Via Senior Operation Manager, Pharmacy/DRAMs Services Manager; DDI and Legacy Project Manager and	1) 30 Calendar Days	Procuring Agency may assess up to $1,000 per Business Day for each Business Day beyond the thirty (30) calendar days allowed for replacement of key personnel.

#	Category	Performance Standard	Standard	Liquidated Damages
		this Agreement absent Procuring Agency's prior written approval. Key Personnel are those individuals Procuring Agency considers to be mandatory to the work to be performed hereunder.		
4	Claims	FS Contractor shall process 98% of "clean claims" to final status (pay, partial pay, deny) within 30 calendar days of receipt and notify the EPMO when the SLA is or will not be met.	30 Calendar Days	Procuring Agency may assess one dollar ($1.00) per claim per day not in compliance with performance measurement.
5	Claims	FS Contractor shall perform mass adjustments within five (5) business days of receipt of the request from the Enterprise and notify the EPMO when the SLA is or will not be met.	5 Business Days	Procuring Agency may assess one dollar ($1.00) per claim per day not in compliance with performance measurement.
6	Claims	Contractor shall adjudicate ninety (90) percent of resolved problem claims within ten (10) business days of claim suspension date	90% within 10 business days	Agency may assess one dollar ($1.00) per claim per day not in compliance with performance measurement.
7	Claims	Contractor shall adjudicate ninety (90) percent of resolved problem claims within ten (10) business days of claim suspension date	90% within 10 Business Days	Procuring Agency may assess ten dollars ($10.00) per claim per day that resolution is delayed.
8	Claims	14.2.2.14.8 The Contractor shall resolve all suspended claims within thirty (30) business days of suspension unless otherwise determined by the Procuring Agency	30 Business Days	N/A
9	PBM	Prepare and deliver via electronic invoices or mail invoices within sixty (60) days of the close of each calendar quarter.	60Business Days	Procuring Agency may assess $1,000 per incident not in compliance with performance measurement.
10	PBM	Contractor shall provide the Procuring Agency with a monthly monitoring report regarding PBM phone statistics within fifteen (15) calendar days following the end of the month to include the following: a) Monthly number of calls b) Number of calls placed on hold c) Average number of minutes on hold d) Monthly busy signal rate.	15 Calendar Days	Procuring Agency may assess $1,000 per incident not in compliance with performance measurement.
11	Mi Via Tier 3	Research and contact the caller for Tier III escalations within 24 hours of receipt	24 hours and 5 Business	Daily penalties of $500 a day will be assessed when SLAs is out of compliance.

#	Category	Performance Standard	Standard	Liquidated Damages
		from the CCSC. CONTRACTOR will research and resolve Tier III escalations within 24 hours unless the escalation is complex or Contractor was unable to contact the individual withing 24 hours. CONTRACTOR will resolve all complex Tier III escalations within 3-5 business days.	Days	
12	Drug Rebate	Contractor shall maintain availability 24 hours a day, 7 days a week, 365 days a year for 99.95% of the time except for Agreed upon maintenance windows.	99.95%	N/A
13	Indexing	Contractor must scan, split and Index incoming documents completed within 1 business days of receipt. Contractor will provide a corrective action plan to the Procuring Agency within one (1) business days if any SLA is out of compliance	1 Business Day	Daily penalties of $500 a day will be assessed when SLAs is out of compliance
14	MiVia - Employee Packets	Employee of Records packets processed within 5 business days from receipt. Contractor will provide a corrective action plan to the Procuring Agency within five (5) business days if any SLA is out of compliance	5 Business Days	Daily penalties of $500 a day will be assessed when SLAs is out of compliance.
15	SDCB/MCOs	SDCB Time sheets and PRF must be prioritized and keyed within 3-5 business days of receipt. Contractor will provide a corrective action plan to the Procuring Agency within five (5) business days if any SLA is out of compliance	5 Business Days	Daily penalties of $500 a day will be assessed when SLAs is out of compliance
16	Mi Via Time Sheets and invoices	Contractor shall process and pay all correctly and timely submitted Mi Via timesheets and invoices in the next scheduled related payment cycle. Contractor will provide a corrective action plan to the Procuring Agency within five (5) business days if any SLA is out of compliance	5 Business Days	SDCB Daily penalties of $500 a day will be assessed when SLAs is out of compliance. In addition, MiVia Procuring Agency may assess ten dollars ($10.00) per timesheet or invoice per day that payment is delayed
17	Pharmacy Help Desk	17.5.6 The average waiting-on-hold time before callers reach a Help Desk staff member shall not exceed two (2) minute Average Speed of Answer	120 Seconds	N/A
18	Pharmacy Help Desk	17.5.7 The Help Desk call abandonment rate must not exceed 5%, as measured on monthly reporting.	5%	N/A
19	MMIS	The CONTRACTOR shall ensure that on-	99.95%	N/A

#	Category	Performance Standard	Standard	Liquidated Damages
	System Availability	line access to all MMIS applications is available to all State system users from 6:30 AM to 6:30 PM Mountain Time for all state business days. In addition, upon request by the Procuring Agency with at least twenty-four (24) hour notice, the system will be made available to the State for times outside the scheduled availability. An MMIS application is considered unavailable when a user does not get the complete correct full-screen response to an input transaction within three (3) minutes after depressing the "Enter" or other function key. The Procuring Agency will notify the CONTRACTOR when it has been determined that the system is unavailable. Cumulative system unavailability will not exceed two (2) hours during a continuous five (5) day period.		
20	Other System Availability	Externally available systems, such as the PBCPCS, AVRS, HIPAA translator and Web portal, will be operational on a seven (7) day per week, twenty-four (24) hour per day basis for at least 95% of each week, not including Procuring Agency-approved down time. Up to one (1) hour of scheduled down time per day is allowed with prior approval of the Procuring Agency. For transactions submitted to the Web portal, the CONTRACTOR shall ensure that the maximum response time is no greater than five (5) seconds for inquiry-only transactions and seven (7) seconds for update transactions.	95%	N/A