

Question #	RFP Section	RFP Text	Question	NMHIX Response
General Questions				
1	General Question		Is NM HIX looking to own the IP for the solution produced?	With regard to intellectual property: Because this is a Software as a Service (SaaS) procurement, beWellnm seeks access but not ownership of the source code. With regard to an internet protocol address, beWellnm will own the IP address.
2	General Question		Due to the size of the overall solution involved, would there be a possibility of extending the submission date of the proposal by two weeks?	We are not extending the time for response.
3	General	General	We understand that New Mexico has an active population of advocates and assisters. Can you provide us some additional detail on this aspect of your operations? How many organizations are expected to collaborate with the Exchange and roughly how many individual assisters/advocates would they represent? Roughly how many/what % of enrollments each year are driven by your assister and advocate community?	Outreach and education functions are managed through a prime vendor contract, currently held by the Waite Company. There are currently 26 Navigator organizations, with 104 Enrollment Counselors. They average about 3,400 to 4,200 enrollments per year.
4	General	Scoring	In your evaluation of the technical response, is each of the Attachments A-3-1 - A-3-9 weighted the same? If not, can you please provide an insight into the relative scoring of the Attachment 3-1 through 3-9?	<ul style="list-style-type: none"> • Attachment A-3-1: Eligibility and Enrollment 22% • Attachment A-3-2: Financial Management and Billing 15% • Attachment A-3-3: Customer Engagement Center 10% • Attachment A-3-4: Plan Management 3% • Attachment A-3-5: Noticing 10% • Attachment A-3-6: Mailroom 5% • Attachment A-3-7: Technology and Administration 15% • Attachment A-3-8: Privacy and Security 10% • Attachment A-3-9: Web Portal UX 10%

5	Administrative Information 2.20 Confidentiality	Proprietary or confidential data must be readily separable from the proposal in order to facilitate eventual public inspection of the non-confidential portion of the proposal	Given the nature of the response with embedded documents and proprietary information in variety of formats, would it be permissible to create a separate redacted copy and include it either with each of the 11 flash drives or create 12th flash drive with a copy for public disclosure? Please advise.	See amendment #1 to the RFP. Section 4.1 is amended to read: Offeror must provide 11 USB flash drives with all contents of the Proposal (including all attachments, exhibits, etc.) in PDF format. The Proposal must conform to the order shown in the Response Checklist (Attachment E). At the Offeror's discretion, the Offeror may submit a 12th USB flash drive with a redacted proposal for public disclosure. Redacted documents must clearly identify redacted sections. Final determination of disclosure law is determined by beWellnm. See also question and answer #132.
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Attachment E – Proposal Checklist

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6	Attachment E	Proposal Checklist (Attachment E)	According to Attachment E, Proposal Checklist, the checklist should follow the Cover Letter. But when following in the actual Checklist document, it refers to the checklist as Attachment B (instead of E). Is Attachment E meant to be B, as noted in the checklist, or is there another document? Please clarify.	This should be listed as Attachment E. See Amendment #1.
7	Attachment E, page 58	N/A	Are bidders permitted to add in an Executive Summary section after the Cover Letter but before the Proposal Checklist?	Executive summaries are not permitted.

Section 1

8	Background Information Section 1.1	Ideally, the solutions and services will support a multi-tenant platform	<p>Tenant is defined a member of a group of users belonging to or associated with a single organization, who share common access to software. Is New Mexico referring to itself as a tenant on platform that support other state exchanges as fellow tenants? Or, does New Mexico have multiple intra-state tenants, user groups, that need access to common software platform, with potentially different functionality, appearance, or privileges?</p>	<p>Please refer to the Key Terms in Section 1.3, page 5.</p> <p>For additional clarification, the solution should have the capability to support multiple tenants (e.g., other state-based marketplaces). This does not refer to intra-state tenants or user groups.</p>
9	Section 1.5.2	Describe how the solution supports Enhanced Direct Enrollment.	<p>This question can be interpreted in two very different ways:</p> <p>(A) One possibility is that you are asking whether an Offeror's solution meets the existing CMS EDE standard and is integrated with healthcare.gov (this will then only be relevant up to Jan 2021).</p> <p>(B) A very different interpretation to this requirement is if you are asking whether the Offeror's beWellnm state technology platform (when it goes live on Jan 2021) is API enabled to support third-party, private EDE vendors who wish to integrate with New Mexico's state exchange in the same way as they integrate with healthcare.gov today.</p> <p>Please clarify if your intent in the question is (A) or (B) or both?</p>	<p>The second interpretation (B) is correct.</p>
10	1.1 pp. 4-5	Background on the New Mexico Health Insurance Exchange	<p>Can beWellnm provided any broker statistics? For example, how many brokers are certified by beWellnm, how many individual market customers enroll with the assistance of a broker, etc.?</p>	<p>On average, 30% of enrollments receive assistance from an Agent or Broker. We have more than 234 Agents Broker certified for the NM Market, which is a combination of local and web-based brokers.</p>

Section 2

11	Section 2.25, page 12 and Attachment D, page 57	“The initial term of Phase II is from January 1, 2021 through December 31, 2023.”	<p>In Section 2.25, is the 30-day overlap between Phase 1, ending 1-31-21, and the start of Phase 2 on 1-1-21 correct? Please confirm or clarify.</p> <p>In addition, please reconcile the Phase 1 and Phase 2 dates as listed in Section 2.25 on page 12 with the different dates listed in Attachment D on page 57.</p>	<p>The overlap is intentional to allow for IVV to complete their work during the “soft launch” period.</p> <p>See amendment #1 for clarification.</p>
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Section 3

12	Section 3.1.1, bullet 10	Interface with EDE Vendors.	Assuming the Offeror's solution must be API enabled to support third party EDE vendors, is it correct for Offerors to assume that beWellnm will be responsible for building and supporting the EDE program office including conducting audits (privacy and security audit, business audits that may be required of such vendors), establishing and enforcing policies similar to those that CMS currently does for Healthcare.gov?	Yes, beWellnm will enforce EDE compliance policy, if EDE is used.
13	Section 3.1.1, page 13	“Interface with EDE vendors”	It is assumed that beWellnm is looking to support its carriers and brokers EDE clients, who are integrated with the FFM, to integrate with the beWellnm Individual Exchange? Please confirm.	Yes, we are asking for that capability should it continue to be a desired function.
14	3.1.2, pg 13	Provides Language support	Does this refer to translation services? Which languages would need to be supported? Does the New Mexico state government contract with a language line vendor to provide translation services, as some states do? If so, could we use that service and what is the pricing structure of it?	<p>We expect the vendor to provide language support for up to 15 different languages, Spanish being the most common in NM.</p> <p>The service should cover those languages required by law.</p> <p>Yes, NM state government does, but beWellnm is a quasi-governmental organization, separate from state government. BeWellnm does not control that contract. The proposal should bring language services as part of the solution.</p>

Section 4

15	Section 4.1, page 15	“Offeror must provide 11 USB flash drives with all contents of the Proposal (including all attachments, exhibits, etc.) in PDF format.”	Throughout the response, Excel attachments are to be provided back as embedded documents. When bidders are converting the final response to PDF, should bidders have any issue enabling embedded documents to be opened, is it also permissible to separately include the Excel sheets back on the USB files?	Yes, but please identify them clearly.
16	Instructions: Business and Systems Requirements Matrices (BSRM)	Offeror is required to complete the BSRM in its entirety. Indicate the status Offeror’s configuration type status with requirements by placing an “x” in one of the following boxes...	If a particular functionality is available both OOB and CC, do you prefer the Offeror to indicate only OOB (as per the instructions " Indicate the status Offeror’s configuration type status with requirements by placing an “x” in one of the following boxes:), or both OOB and CC? Additionally, is OOB preferable to CC, and CC preferable compared to VC, M and C, and therefore rated accordingly in your evaluation? Please advise.	Proposal may identify more than one, but please describe in more detail the level of customization in the notes, if both OOB and CC. Preference is given to tested, working code in production that is configurable to the needs of beWellnm.
17	4. Submission Instructions and Requirements 4.2 Format	Proposals must be submitted with single spaced text in 12-point font with one-inch margins.	May the Offeror use 10-point font for text within tables?	No.
18	Submission deadline	April 1, 2019	Given the short timeline and April 1 deadline being Monday, would NMHIX be open to extending the deadline by 4 business days, i.e. until Friday April 5, 2019?	No. We are not extending the time for response.

Attachment A-2

19	Att A-2 pg 20	Greater weight will be applied to references from State-Based Marketplaces or with government agencies and quasi-governmental agencies operating a state-based marketplace....The following are the required references: Prime Offeror: Two from current Individual Marketplace clients....	The language states in the preamble that “greater weight” will be applied to references from State-Based Marketplaces. But there is a second sentence that states that the prime is “required” to have two references from current “Individual Marketplace” clients. If two references from Individual Marketplace clients are required, and not just given greater weight, it will severely limit the number of potential eligible bidders. Would beWellnm consider allowing a bidder to submit a single reference from an Individual Marketplace client and a second reference from another State-Based Exchange client (such as a SHOP Marketplace client)?	See amendment #1, and below, for clarification. Section 4.4.2 and Attachment A-2 are amended as follows: Prime Offeror: Two from current Individual and SHOP Marketplace clients. One of the two references must be from a terminated client. If Offeror does not have a reference from a terminated client, then submit an additional reference from a current client.
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Attachment A-3-1

20	Attachment A-3-1 Eligibility and Enrollment NM Proposed E&E.PDF	Attached E&E process flow diagram	From the proposed E&E process flow, it appears that an eligibility determination for subsidies cannot be completed until all of the customer's information is verified, including the manual verification process where customer provides documentation. Does that mean the customer cannot enroll before that process is completed or could they enroll with provisional eligibility and then have their enrollment updated if manual verification process fails to confirm their attested information?	No. The diagram depicts a simple workflow, and is not exclusive. Enrollment pending verification during a reasonable opportunity period will be allowed. For example, the customer can select a plan and enroll, with provisional eligibility and then have their eligibility updated after manual verification.
21	Attachment A-3-1 Eligibility and Enrollment Section 1.3	Integration with HSD	Does NM HIX and Aspen consumer have a single account that lets them use both systems? If there are two separate accounts, is there an SSO component to the UX, where consumer's application data is transferred in the back-end and the consumer is seamlessly transferred between the UI pages of the two systems?	No, not today. Vendors should describe the solution's capability to accommodate further integration, such as establishing a single account or a single sign-on process. Also see question and answer #52.
22	Attachment A-3-1 Eligibility and Enrollment	Integration with HSD	Is there a single source of Medicaid and Children's Health Insurance Program (CHIP) eligibility determination in ASPEN to which NM HIX needs to interface? Or, is there an instance of program eligibility determination in each system and those rules must be maintained for synchronization.	ASPEN performs eligibility for Medicaid and CHIP.
23	Attachment A-3-1 Eligibility and Enrollment Section 1.4	Verification Sources	Does NM HIX anticipate using FDSH services for HSD/Aspen in any way?	Today, the single connection is owned by HSD and is only used for account transfers with healthcare.gov. HSD may seek to use a hub service in the future, regardless of which entity maintains the connection.
24	Attachment A-3-1 Eligibility and Enrollment Section 1.4	Verification Sources	Does NM HIX anticipate the need to use other FDSH services, like ID Proofing, RRV, IRS EOY Reporting, IRS Monthly Reporting, or Verify Non-ESI MEC Verification?	Yes.

25	Attachment A-3-1 Eligibility and Enrollment Section 1.4	Verification Sources	Would the HSD IT infrastructure be able to support pass-through interface to FDSH?	No, not at this time.
26	Attachment A-3-1 Eligibility and Enrollment Section 1.4	Verification Sources	Does NM HIX intend to interface to any specific external verification sources other than CMS FDSH offerings?	This has not been determined.
27	Attachment A-3-1 Eligibility and Enrollment Section 1.4.3	Describe the Offeror's approach and capabilities for verifying and updating mailing addresses using official US Postal Address management services	Does NM HIX have existing address verification service licenses or subscriptions?	No, our intent is that the Vendor provides this in the enrollment system and also that any mail vendors use the National Address Registry database, or other address verification services, in their process.
28	Attachment A-3-1 Eligibility and Enrollment Section 1.4.4	Describe the Offeror's experience and ability to accept and store Federal Tax Information (FTI) as part of the verification and eligibility determination process.	Does NM HIX need to use the FTI data for purposes outside of eligibility determination?	BeWellnm does not anticipate using FTI outside of the eligibility determination process.
29	Attachment A-3-1 Section 1.5.1	Describe the Offeror's approach to tracking, communicating with, and remaining in sync with Insurance Carriers and Consumers who partake in direct enrollment with an Insurance Carrier, but are eligible for APTC.	This requires the vendor to receive enrollments from the carrier where the member enrolled directly with the carrier (bypassing the Exchange). Are there existing carriers' capabilities to supports this requirement?	Yes, to the degree that carriers participate in direct enrollment today.
30	Attachment A-3-1 Eligibility and Enrollment Section 1.6	APTC and CSR determination	What is the source NA/AN status verification for NM HIX - is there an electronic data source that can be accessed systematically or is it a manual verification process?	There isn't an electronic verification source today. Vendors should describe the capability to connect to such a source, if it becomes available. Verification is manual today. See also question and answer #61.

31	Attachment A-3-1 Eligibility and Enrollment Section 1.6	APTC and CSR determination	Does NM HIX want to have the same UX for customer applying for QHP/APTC and MA (i.e. customer provides the same exact information for both eligibilities)? Or, is QHP/APTC customer's UX given preference, where customer enters only the information necessary for QHP and APTC/CSR determination and then if they are not eligible for those programs, they can enter more information for MA determination?	Vendors should propose solutions that support a smooth customer experience and "no wrong door" vision. Also see question and answer #52.
32	Attachment A-3-1 Eligibility and Enrollment Section 1.6	APTC and CSR determination	What methodology does NM HIX want to see in utilization of APTC in multi-tax household plan shopping scenarios?	BeWellnm expect similar functionality to that of healthcare.gov but encourages vendors to propose solutions that improve the customer experience for complex households, like multi-tax households.
33	Attachment A-3-1 Eligibility and Enrollment Section 1.6	APTC and CSR determination	Does NM HIX expect to allow multiple enrollment groups per account, ones that could include members from multiple tax households? Or, that would split members of one tax household into multiple enrollment groups?	See question and answer #32.
34	Attachment A-3-1 Eligibility and Enrollment Section 1.6.4	Describe the functionality for exemptions, including exemptions for Native American populations	Does NM HIX allow a separate path for customers who are not applying for financial assistance in the form of APTC, but instead choose to just enroll into QHP so they can get their tax credit when the file their taxes?	Yes, and also for consumers who do not qualify for APTCs.
35	Attachment A-3-1 Eligibility and Enrollment Section 1.6.4	Describe the functionality for exemptions, including exemptions for Native American populations	Does NM HIX expect to evaluate exemption status, eligibility, and perform verification?	Yes, to the degree these functions (e.g., exemptions for Native Americans) are not automated.
36	Attachment A-3-1 Eligibility and Enrollment Section 1.6.4	Describe the functionality for exemptions, including exemptions for Native American populations	What is the NA/AN exemption granting authority for NM?	As an SBM, beWellnm will be the exemption granting authority.

37	Attachment A-3-1 Section 2	EE74: Prevent consumers that have a current QHP selection pending from adding a new QHP or changing their pending selection.	Requirement appears to suggest that once customer made a plan selection, but has not enrolled, they cannot change their selection. Do you envision a shopping cart from which one can remove a plan?	To clarify, the requirement is misstated and should be struck. See Amendment #1. A "shopping cart" function could be used, and the consumer should be able to make changes to their application and plan selection during open enrollment and defined SEPs.
38	Attachment A-3-1 Section 2	EE74: Prevent consumers that have a current QHP selection pending from adding a new QHP or changing their pending selection.	What is the definition of a "pending selection" in the context of the requirement?	See question and answer #37.
39	Attachment A-3-1 Section 2	EE79: If consumers directly enroll in health plans through the issuer, update a consumer's account information based on enrollment information provided by the issuer.	Please confirm NM HIX wants to support off-exchange enrollment for APTC-eligible customers.	This requirement would support account updates for those who apply through an issuer direct enrollment process. See also question and answer #64.
40	Attachment A-3-1 Section 2	EE80: Generate and transmit daily 834 transactions to Issuers containing initial enrollment notification after the individual is determined eligible and a QHP selected. Separate transactions for each product (Medical & Dental) EE86: Include terminations (voluntary and involuntary) and cancellation transactions in the daily 834 to Issuers. EE91: Include changes to a consumer's information, including changes to APTC/CSR or a decision by a consumer to renew their enrollment in the QHP, in the daily 834 transactions to Issuers.	Do all the issuers offering plans on NM HIX have the ability to receive, process, and send EDI transactions in support of the enrollment process? Are there issuers that require alternative handling to enable the same capability?	Yes, and we expect to require a single standard EDI format.

41	Attachment A-3-1 Section 2	EE88: When a plan is decertified, initiate the health plan auto-enrollment process for affected consumers (based on special enrollment period rules).	For auto-enrollment of customers from a de-certified plan, what would be the criteria for determining the replacement plan? Would there be suggested plan crosswalk provided by NM HIX or the NM OSI?	Currently, our understanding is the crosswalk for a de-certified plan would be handled by NM Office of the Superintendent of Insurance or beWellnm. However, all other crosswalks for auto enrollment occurs with the Carrier through the SERFF process.
42	Attachment A-3-1 Section 2	EE104: Based on the availability of QHP, determine availability of a consumer's current plan for the purposes of enrollment renewal.	What is the source of data for plan crosswalk for renewal - where does the mapping of current year to next year plans come from?	See question and answer #41.
43	Attachment A-3-1 Section 2	EE104: Based on the availability of QHP, determine availability of a consumer's current plan for the purposes of enrollment renewal.	Does NM HIX have the concept of a suggested renewal plan that needs to be supported, where if a plan is not available for renewal, NM HIX or NM OSI offer a mapping to an equivalent plan with the same or different issuers?	Yes. NMHIX seeks a solution that supports this concept. See question and answer #41.
44	Attachment A-3-1 Section 2	EE105: Assess and process responses from consumers at the time of renewal that may involve enrollment into a new QHP or adding additional consumers into an existing QHP.	Is a customer with an existing enrollment, who wishes to add a new member to that enrollment in the next year, still eligible for passive (no action required) renewal?	No, they would be required to take action to confirm their plan choice for the next calendar year. This may include reestablishing their APTC if applicable.
45	Attachment A-3-1 Section 2	EE106: Redetermine eligibility during renewal periods and when there has been a qualifying event	What is the basis for and extent of redetermination of eligibility at the time of renewal, i.e. is there a requirement to get data from external source(s), like FDSH RRV service, and then evaluate eligibility based on that new data, all as a bulk process?	The solution must allow for verification of data when required.

46	Attachment A-3-1 Section 2	<p>EE117: Notify CMS regarding reconciled periodic enrollment information. This information is used to generate payments to qualified health plan issuers for APTC and CSR, as well as for performance measurement and tax administration, as applicable.</p> <p>EE118: Prepare a notice to CMS with a minimum dataset of information regarding an individual's disenrollment from a qualified health plan through the Exchange. This information is used to adjust payments to qualified health plan issuers for APTC and CSR, as well as for performance measurement and tax administration, as applicable</p> <p>EE119: Prepare an electronic notice to CMS with a minimum dataset of information regarding an individual's enrollment in a qualified health plan through the Exchange. This information is used to generate payments to qualified health plan issuers for APTC and CSR, as well as for performance measurement and tax administration, as applicable.</p>	<p>Requirements refer to notifications to CMS of enrollments, disenrollment's, etc. Outside of FFM, this type of reporting is accomplished using the FDSH-enabled file-based interface to CMS EPS system, also referred to as SBMI. This interface enables the policy-based payments (PBP) to issuers by CMS. Would these requirements be in addition to such interface?</p>	No.
47	Attachment A-3-1 Section 2	<p>EE120: Prepare and provide communication to individuals about a mid-year plan decertification and notify need for plan selection / enrollment.</p>	<p>Based on past performance, what does NM HIX anticipate for the frequency of mid-year decertification of a plan?</p>	<p>This is a rare (if ever) occurrence, and we don't anticipate having a mid-year decertification of a plan.</p>

48	Attachment A-3-1 Section 2	EE122: Provide electronic notification to CMS of the result of an individual's eligibility determination.	Which CMS interface is used to provide electronic notification of an individual's eligibility determination? What would be the frequency of such notification?	See question and answer #46.
49	Attachment A-3-1 Section 2	EE127 through EE193: Reporting	Do these requirements include any existing internal reports with already defined specific format and content?	No.
50	Attachment A-3-1 Section 2	EE127 through EE193: Reporting	Do these requirements include any existing reports with already defined format and content that enable or support business processes of any external stakeholders?	No.
51	Attachment A-3-1 Section 2	EE127 through EE193: Reporting	Could these requirements be met by providing the necessary data via a data warehouse?	We are not requesting a data warehouse. We are requesting the listed reports and SQL access to a copy of production data.
52	Attachment A-3-1: Eligibility and Enrollment 1.3.2	Describe how the system supports modular, or progressive, integration with HSD system to bolster the “no wrong door” vision.	By using the term "progressive" we would like to confirm that you mean that HSD's real-time eligibility system may or may not be available at launch, but that there will be a desire for tighter downstream integration when such system is available? And further that Offeror's proposal must accommodate such transition?	Yes. In addition, progressive integration could include a single landing page, single account creation and maintenance, and “shopping” for Medicaid or Medicaid-like plans. Vendors are encouraged to propose solutions that improve the customer experience and describe the roadmap to progressive integration, such as use of real time eligibility determinations for Medicaid. See also question and answer #21.
53	Excel Attachment A-3-1: Eligibility and Enrollment, #12	“Intake applicant information and attachments to capture, at a minimum, all of the data elements captured within the New Mexico Single Streamlined Application.”	Can you please provide the New Mexico Single Streamlined Application?	NM has an approved SSA, which can be found at: http://www.hsd.state.nm.us/uploads/files/Looking%20for%20Assistance Apply%20for%20Benefits/Apply%20for%20Benefits/HSD%20100_FINAL_Revised%2011%2001%202018_for%20MR.pdf . NMHIX may also be required to update the SSA in use by healthcare.gov.

54	Excel Attachment A-3-1: Eligibility and Enrollment, #35	“Produce an immediate on-screen notification of a positive incarceration data match and notify the consumer of the ability to provide alternative documentation of incarceration status, predicated on getting receipt of real-time data from the FDSH or other state data sources.”	Can you specify which other state data source(s)?	Ideally the solution would support connection to other NM data sources, such as HSD and potentially the NM Corrections Department, for verification of state/county incarceration.
55	Excel Attachment A-3-1: Eligibility and Enrollment, #39	“Determine whether verification is required for Minimum Essential Coverage (MEC).”	Please elaborate further on this requirement.	The following three links can provide additional details. 1. https://www.healthcare.gov/downloads/employer-coverage-tool.pdf 2. https://www.irs.gov/affordable-care-act/employers/determining-if-an-employer-is-an-applicable-large-employer 3. https://www.healthcare.gov/glossary/minimum-essential-coverage
56	Att A-3-1 pg 22	The Offeror’s system will need to interact and integrate with New Mexico’s public assistance eligibility system (known as ASPEN) operated by HSD	Please provide additional information around integration requirements with ASPEN system. Is there an API available?	There is no current API available yet, however, there is a WSDL that represents the format to be used.
57	Att A-3-1 (1.1) pg 23	1.1 Data Migration from FFM: The Offeror is responsible for data conversion/migration of existing beWellnm consumers who are enrolled in a QHP via the FFM. The Offeror must describe its approach to migrating the data from the FFM into the proposed solution.	Please provide additional information such as data map or schema for FFM data to be migrated.	This will be a part of the data migration process.

58	Att A-3-1 (1.1.2) pg 23	BeWellnm desires multiple data migrations with the first migration to be completed by April 1, 2020 with a final reconciled data set completed by December 31, 2020.	What is the approximate volume of records in need of migration?	Not available at this time.
59	Att A-3-1 through A-3-9	BSRM	Behavior of embedded documents is often unpredictable. To ensure that BSRM documents can be evaluated without difficulty, will beWellnm permit Offerors to insert the BSRMs in-line within the proposal sections rather than embedding?	Yes. See question and answer #15.
60	ATTACHMENT A-3-1: ELIGIBILITY AND ENROLLMENT 1.2 Auto - enrollment	Describe the Offeror's proposed approach to performing auto-enrollment for each situation that could benefit from an auto-enrollment service. Please be sure to list out each scenario the Offeror proposes to utilize auto-enrollment.	Can you detail what you define as auto-enrollment service(s)?	Auto enrollment services or process are designed to simplify re-enrollment for customers whose eligibility and/or plan selection remains the same.
61	BSRM Eligibility and Enrollment: EE-34	Establish an electronic process (in one common file format) for the verification of tribal affiliation with external data sources (if available).	Does a database or databases exist in NM to help enable tribal verification in part or whole? If yes, can you please provide details (a reference to the format, form available in, whether any costs are involved in purchasing this data)? If not, is this a requirement to be met in the future when such data sources are available?	An electronic source, or database, does not exist today. Also, see question and answer #30.
62	BSRM Eligibility and Enrollment EE-39	Determine whether verification is required for Minimum Essential Coverage (MEC).	Are you aware of any local or national data sources that would allow an Offeror to make such determination? Or was this requirement intended to support situations where a user experiences a QLE and may need to provide documentary evidence for loss of MEC coverage?	No, we are not aware of a local or national source.. This function should support QLE and SEP processes. See also question and answer #55

63	BSRM Eligibility and Enrollment EE-52	Provide consumers with the ability to acknowledge an eligibility determination.	Providing consumers with the ability to acknowledge an eligibility determination is very achievable but do you intend to enforce it? If yes, will an acknowledgement be necessary for the consumer to proceed to enrollment? Would this requirement also apply to agents or CSRs and users being assisted over the phone?	We do not anticipate requiring an acknowledgment to proceed to enrollment.
64	BSRM Eligibility and Enrollment EE-79	If consumers directly enroll in health plans through the issuer, update a consumer's account information based on enrollment information provided by the issuer.	We assume this requirement is not intended to apply to off-exchange plans which a carrier may sell on its own website or through other means. Please confirm this assumption is correct.	Correct. Also see question and answer #39.
65	BSRM Eligibility and Enrollment EE-79	If consumers directly enroll in health plans through the issuer, update a consumer's account information based on enrollment information provided by the issuer.	If consumers directly enroll into on-exchange plans through the issuer, is it fair to assume such enrollment can only occur if beWellNM fully enables EDE or equivalent enrollment mechanism at the issuer? If you anticipate any such or other scenarios, can you please describe them?	Correct. Also see question and answer #39 and #64. We are not anticipating any other such scenarios.
66	BSRM Eligibility and Enrollment EE-84	Provide capability to receive electronic notifications from Issuers regarding disenrollment and initiate the disenrollment process within beWellnm.	We would like to understand this better -- issuers can typically only disenroll consumers for non-payment. However, beWellNM is planning to handle billing and payments. Therefore, in what situations do you then expect Issuers to initiate disenrollment?	An example could be a notification from the carrier about a member moving out of state or has died.
67	Eligibility & Enrollment BSRM – EE #12	Intake applicant information and attachments to capture, at a minimum, all of the data elements captured within the New Mexico Single Streamlined Application.	Is the New Mexico SSAP referenced here already in use, and if so, can you provide a link and/or information about the data elements within?	See question and answer #53.

Attachment A-3-2

68	Attachment A-3-2 Financial Management and Billing	Describe Offeror's system security surrounding the cash collection process.	Will NM HIX require the Offeror to accept in-person premium payments?	No, the offeror will not be required to accept in person payments. In person payments will be accepted at the NMHIX administrative office.
69	Attachment A-3-2 Financial Management and Billing	Describe Offeror's system security surrounding the cash collection process.	Are there existing interfaces to financial institution payment processing vendors for NM HIX or HSD? Would these be leveraged, or would the expectation be to set up new services?	There are no existing interfaces to payment vendors.
70	Section A-3-2 Financial Management BSRM FM5	The system must send invoice notification of monthly billing generation to policyholders that opt out of paper bill to include link to submit payment.	Can the required invoice notification be electronic (e.g. email) by default or does it need to be by paper mail (best practice is electronic)?	Per ACA requirements, notifications, including monthly billing, must be provided through standard mail unless the individual selects electronic notification.
71	Section A-3-2 Financial Management BSRM FM7	The system must not allow re-billing of a coverage month. All transactions generated from last billing cycle must be included in the next bill as adjustments.	We assume this requirement pertains to duplicate re-billing of a particular coverage month. There are other scenarios that benefit from allowing re-billing, such as a retro-change which lowers premium. Is our interpretation of your requirements correct? If not, can you please elaborate on how would the Exchange handle the latter situation without a re-bill?	Any retro-changes will be adjustments reflected in the next billing cycle.
72	Section A-3-2 Financial Management BSRM FM8	A premium bill for new policyholders for the initial month of coverage will be generated in the next billing cycle after the binder payment is received and processed. If the binder payment is not made, a bill will not be generated.	How would you propose exceptions such as a payment reversal from the bank following initial acceptance & effectuation (often the reversal comes days or weeks after the payment application) be handled in those instances where the Offeror would have begun the monthly billing cycle already?	If the payment is returned after the billing cycle is run, it would be treated as a delinquent account.

73	Section A-3-2 Financial Management BSRM FM13	Billing will be run any day of the month as determined by the Exchange	Is the variable billing day by Subscriber selected or a common date set by the Exchange for all Subscribers (same day of month or variable each month). Is there also a requirement for the Subscriber to be able to select the day of the month for the auto-draft?	The billing date will be set by the exchange and will not be variable. As with the monthly billing, the auto-draft date will be set by the exchange and will not be variable.
74	Section A-3-2 Financial Management BSRM FM28	The system must accept partial payments but not remit the payment or report it on an 820 to the carrier until the full amount has been paid.	Is the Exchange imposing a 100% Payment Tolerance before Paid Thru Dates is advanced?	Yes, a paid thru date will not advance until the full payment is received.
75	Section A-3-2 Financial Management BSRM FM32	The system will require the policyholder to consent and agree to the terms and conditions related to accepting the fact that the Exchange is taking their payment as requested.	Can you please elaborate on the Terms & Conditions that you would expect and what action do you consider acceptable to record policyholder consent (e.g. NACHA compliance for ACH)?	Offeror must comply with PCI and NACHA payment requirements.
76	Section A-3-2 Financial Management BSRM FM37	The Offeror must send policyholder subscribers a notification of upcoming payment.	Is this notification required for ACH payments only (required for NACHA compliance) or also for Credit Card payment methods?	This will be required for any individual selecting recurring payments.
77	Section A-3-2 Financial Management BSRM FM39	The Offeror will submit an 820 in a Human Readable report format to the Exchange within 24 hour of processing the recurring payments.	Please provide a sample of the desired report (the 820 is highly codified)? Is the expectation that a machine readable file is generated also for entry into the Exchange's financial systems?	The vendor may propose a template.
78	Section A-3-2 Financial Management BSRM FM41	The Offeror must accept premium payments on behalf of policyholders by third-party entities (multi contributor option).	Does this requirement mean the ability to bill multiple entities for the same Subscriber? Please elaborate on the possible scenarios and related requirements.	This pertains to premium payments and not billing.

79	BSRM FM79	The system must provide open credit report.	Is this requirement effectively the same as “unallocated balance report”, that is a report on policyholders that have funds on their account that are not allocated towards premiums?	It is effectively the same as an unapplied payment report.
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Section A-3-3

80	Attachment A-3-3 Customer Engagement Center	CAG8: Track complaints or appeals throughout process so that specified staff can view status, see where it is in process and report back to consumer at any time	Is it NM HIX expectation that consumers will also have the ability to see and view status of their appeal? Regarding Appeals, is it NM HIX expectation that Appeals and Complaints processing be conducted in a separate, locked location?	This requirement is not intended for consumer to track their appeal on their own (e.g., online), but beWellnm is open to such functionality. We have not determined whether appeals will be conducted in a separate "locked" location.
81	Attachment A-3-3 Customer Engagement Center	CAG21: Provide consumers with reminders to update their circumstances and renew eligibility for subsidies/assistance, enroll in coverage, etc.	Will NM HIX be providing outreach language for customer notifications?	Yes, NMHIX will provide all language for customer marketing materials and reminders. However, all system generated notices will require translation by the vendor, based on the enrollees preferred language.
82	Attachment A-3-3 Customer Engagement Center	CAG23: Support multi-lingual communication in at least English and Spanish, and must be able to support additional languages (including languages that use non-Western scripts). The system must gather and store the consumer's preferred language.	Will NM HIX provide written translated communications for outreach programs?	See question and answer #81.
83	Attachment A-3-3 Customer Engagement Center	General inquiry after reading section.	Can NM HIX share some call center stats such as average handle time, average speed to answer, peak call volume times, call abandonment rate, etc.?	Not at this time. We do not have any NM specific call center stats from CMS to share.
84	Attachment A-3-3 Customer Engagement Center	General inquiry after reading section.	Is NM HIX open to the idea of extended hours of operation during Open Enrollment rather than a move to 24/7?	Yes.

85	Attachment A-3-3 Customer Engagement Center	General inquiry after reading section.	Does NM HIX have enrollment projections for 2020 and 2021?	No.
86	Attachment A-3-3 Customer Engagement Center	General inquiry after reading section.	The RFP requires the Customer Engagement Center to be located physically in New Mexico. Is NM HIX open to have certain types of work being done outside of New Mexico, for instance in another western state?	Yes, depending on the type of work proposed to be done outside of NM.
87	Attachment A-3-3 Customer Engagement Center	General inquiry after reading section.	Does NM HIX require Broker certification for the Exchange? What foundation is currently being used for this certification process?	Yes, the current foundation is the CMS-MLS system.
88	Attachment A-3-3 Customer Engagement Center	Support phone and web-based channels (i.e. portal, email, web chat) with the ability to handle paper and face-to-face inquires as a backup contingency.	Does NM HIX require face-to-face support to be provided during the same hours of operation that phone support is provided?	No, we expect face to face to be provided during defined business hours.
89	Attachment A-3-3 Customer Engagement Center	1.7 Describe the Offeror's ability to support and staff the consumer engagement center during open enrollment period (OEP) and special enrollment period (SEP). Hours of operation are anticipated to be 8:00 A.M. to 6:00 P.M. M.S.T. during SEP and 24 hours/7 days a week during OEP. Include details about process and timeline for recruiting staff in order appropriately support call volume during OEP. Describe how Offeror's operations support various call center volumes.	What days of the week does NM HIX require the customer engagement center to be open during SEP?	This is proposed as Monday - Friday 8am-6pm MDT/MST in the RFP. See page #30 of the RFP.

90	Attachment A-3-3 Customer Engagement Center	Section 5. The Contractor is to ensure customer service support meets the following performance standards:	<p>Will you be providing historical data to assist with forecasting staffing requirements to meet performance standards?</p> <p>Useful data would include:</p> <ul style="list-style-type: none"> • Average Handle Time (AHT) for Chats and Calls – during open enrollment • Average Handle Time (AHT) for Chats and Calls – during non-open enrollment season • Historical call volumes for 2016 – 2018 by month • Historical chat volumes for 2016-2018 by month 	If and when the information is received from CMS, we are willing to provide the requested data.
91	Attachment A-3-3 Customer Engagement Center	General	Does NM HIX require onsite Licensed Brokers/Agents?	No, but we do require Certified call center staffing to assist in completing applications.
92	Attachment A-3-3	The customer engagement center must be physically located in New Mexico to maximize the advantages of proximity to beWellnm and to the customers who will be served by the center. Offeror must demonstrate the ability of its staff to understand and meet the needs of New Mexican consumers.	For planning and costing purposes, we would like to understand if this requirement should be interpreted to mean the entirety of the consumer engagement personnel should be located in New Mexico, or if the requirement means that the personnel most responsible for account management and coordination be located in Albuquerque while other Offeror's personnel and resources in-place elsewhere may also be used.	NMHIX requires the call center to be located in New Mexico, but an overflow call center, if necessary, may be subject to negotiation.
93	Attachment A-3-3	Language relating to certification requirements	Aside from CMS requirements, we are unaware of any state-specific certification requirements in New Mexico for consumer engagement personnel that you require. If there are any specific additional standards to be met, can you please list them or otherwise confirm our assessment?	There are no NM-specific requirements.

94	Attachment A-3-3: Customer Engagement Center - Section 1.12	Describe Offeror's approach to training, Exchange certification and roster administration for Agents and Brokers using Offeror's solution.	By this we assume that Offerors must be able to handle training and onboarding for, as well as certification and roster management of external Agents and Brokers working with NMHIX. Is this correct?	That is correct, including Enrollment Counselors.
95	Attachment A-3-3: Customer Engagement Center	various	In this section, the RFP uses the term "case" a number of times. We would like to confirm our understanding of the spirit of your usage of this term. In some instances, the term means a support ticket, in some instances the term appears to mean an appeal, in a few instances it may simply refer to the account as a whole. We would like to simply confirm that common English language usage of the term was your intent — as opposed to "case" being a specific term.	Case is not a specific term and is used interchangeably. Case is not a specific term and generally refers to the account as a whole.
96	Att. A-3-3.1.2 pg 30	Describe how the solution would support a “warm transfer” or handoff, if required by beWellnm.	Who are the entities that would possibly be receiving a warm transfer?	The various entities may include a warm transfer to a Health Plan/Issuers Customer Care department, Human Services Department, and beWellnm staff leads for escalated calls.
97	Att. A-3-3.1.2 pg 30	Hours of operation [for the customer engagement center] are anticipated to be 24 hours/7 days a week during OEP.	In our experience working with other Exchanges, call volume has not warranted 24/7 coverage during open enrollment, and such coverage is costly. Would beWellnm consider allowing bidders to propose coverage for alternative hours based on their Exchange experience, with a pricing structure for additional coverage, if necessary?	Yes, we are open to alternate hours of operation with a focus on extended hours during Open Enrollment Period.

98	Attachment A-3-3: CUSTOMER ENGAGEMENT CENTER	BeWellnm is seeking a qualified vendor to provide technology and staffing solutions for a customer engagement center. We seek a vendor that brings a high level of integration and interoperability with the Individual Marketplace technology platform to support key stakeholders, including consumers, agents, brokers, and enrollment counselors. The solutions offered by the vendor should offer a superior consumer experience, cultural sensitivity and competency, and the ability to fully comply with 45 CFR Part 155.	What involvement, if any, should Softheon expect NMHIX to have within the Call Center?	BeWellnm will actively manage the contract to ensure performance. BeWellnm expects integration with beWellnm staff for tier 2 and 3 calls.
99	Attachment A-3-3: CUSTOMER ENGAGEMENT CENTER	The customer engagement center must be physically located in New Mexico to maximize the advantages of proximity to beWellnm and to the customers who will be served by the center. Offeror must demonstrate the ability of its staff to understand and meet the needs of New Mexican consumers.	If the selected vendor has extensive call center assets that can be leveraged for this proposal, is this something NMHIX would consider?	Yes, as long as it complies with the rest of the requirements.
100	Customer Engagement Center Matrix BSRM - CAC #1	The CRM must manage contacts with, including but not limited to: providers, consumers, certified agents and brokers, certified enrollment counselors, in-person assisters, and other entities as identified by beWellnm.	We believe the use of the term "providers" in this sentence means Carriers or Issuers. Please confirm or clarify if it means providers and if so, what is the anticipated use and purpose of having providers included in the CRM.	Yes. In this requirement, 'providers' means Carriers or Issuers.

Attachment A-3-4

101	Attachment A-3-4 Plan Management	General	Would the shopping for non-QHP Medicaid buy-in product take place within HIX or is this a request to integrate with current shopping experience within ASPEN? Would the reference data for such products need to reside in NM HIX?	BeWellnm expects that shopping for non-QHP Medicaid buy-in product would take place within the beWellnm system. Reference data for such products would also need to reside in the beWellnm system.
102	Plan Management BSRM	Provide Issuers with the ability for Issuers to provide rate and benefit information in multiple formats including file upload in a format determined by the Exchange, and direct data entry.	Most carrier plan management platforms support the CMS SERFF templates for plan data loading today. Can you specify what other formats should be supported and what your business intent behind such additional support is?	In addition to CMS SERFF template support for data loading, we are requesting flexibility to assist our carriers in Rate and Plan validation, such as a .PDF extract of the plan, ability to log-in and review Plans and Rates.
103	Plan Management BSRM PM12	Allow Insurance Issuers the ability to provide premium information in real-time or as part of the catalog in a batch upload.	All carriers nationwide currently use SERFF templates which includes provision of rate data (which is valid throughout the year). If it is your desire to have carriers provide this data instead on a real-time basis, can you please elaborate on your business rationale? Assuming yes, will New Mexico carriers provide real-time premium information by a web-service API? Will all or some of the Issuers provide this information in this manner, and if so when would they start?	Please see modified requirement in Amendment #1
104	Plan Management BSRM PM14	The Insurance Division must be able to electronically communicate a plan enrollment change to the Exchange system. Data required will include: - Enrollment availability status - Change justification - Effective dates - Status indicating if new dependent enrollees are still allowed	There are multiple requirements regarding setting and notification on enrollment availability for plans. Is there a possibility that an Issuer will reach enrollment capacity in one county and not the other of a given service area of a plan? Or can we assume that such notifications will occur on a statewide basis?	All plans are offered statewide.

105	Plan Management BSRM PM3	Allow for multiple enrollment periods during a calendar year.	Can you please elaborate on your intent with this requirement in context of plan management? Is the objective here to simply allow for consumers to have an OEP and an SEP or something else?	In relation to Plan Management, we are requesting multiple opportunities for Issuers to upload Rates and Plans, allowing for multiple correction windows. This normally occurs in September and October, but beWellnm may ask for an out-of-cycle upload on behalf of an issuer.
106	Excel Attachment A-3-4: Plan Management, #1	“Provide capability to support Exchange, State and federal Plan Management rules.”	Please provide any specific State Plan Management rules.	Please refer the NM Office of Superintendent of Insurance.
107	Excel Attachment A-3-4: Plan Management, #3	“Allow for multiple enrollment periods during a calendar year.”	By multiple enrollment periods, are you referring to one yearly OEP and SEPs depending on the qualified events?	See question and answer #106.
108	Excel Attachment A-3-4: Plan Management, #5	“Provide the ability to receive and process Rate and Benefit Data for each product plan offered both inside and outside the Exchange.”	Please expand on the requirement for Rate and Benefit Data for product plans offered outside the Exchange.	We are referring to plans such as vision plans that do not follow the SERFF upload process.
109	Excel Attachment A-3-4: Plan Management, #6 and #8	“Provide Issuers with the ability for Issuers to provide rate and benefit information in multiple formats including file upload in a format determined by the Exchange, and direct data entry.” “Provide the ability to receive rate tables and/or rating rules in multiple formats including electronic file in a format determined by the Exchange, and direct data entry.”	Normally, QHP plan data offered inside the exchange comes in through SERFF templates. SERFF Templates can be in .xls and .xml format. Are you looking for the Offeror to support more formats for loading QHP Plan data? Or, do non-SERFF formats apply only to non-QHP products, such as a plan offered through a Medicaid buy-in program and vision?	As of today, only non-SERFF formats apply only to non-QHP products, such as a plan offered through a Medicaid buy-in program and vision.

Attachment A-3-5

110	Attachment A-3-5 Noticing	Row NO6 Enforce size requirements on messages as defined by the Exchange.	Please elaborate on what NM HIX means by message size requirements. Is this page length, email size, SMS character limit? Other?	<p>To clarify, there should not be a limitation for actual notices required for compliance, as these may have variable length text that could exceed maximum size.</p> <p>However, there might be other direct communications with consumers via text or email (e.g. updates, reminders) where we may want to be able to configure and enforce size requirements.</p>
111	Attachment A-3-5 Noticing	Row NO10 Assign a notification ID	Please elaborate on what NM HIX views as the difference between a message and a notice/notification, as used in this section.	<p>Notice is a formal and pre-determined form or communication; a document related to the eligibility and enrollment process (e.g., approval, denial, additional information request). All notices should have a unique ID and audit trail for when and how they were generated.</p> <p>Notifications and messages in this context are other forms of communication with consumers. All direct and personalized communications should also have unique ID's and an audit trail for history of communications with a given consumer. General updates, like maintenance, downtime, OE reminders, etc. have to have an ID as well and an audit trail to identify date, contents, and group/audience, though they don't need to have a unique ID for every individual in that group.</p>
112	Noticing BRSM #6	Enforce size requirements on messages as defined by the Exchange.	What is the expected behavior if a notice exceeds size requirements?	Official notices should not have that limit. See our responses to #110 and #111 above for additional information regarding limitations and types of communications.

Attachment A-3-6

113	Attachment A-3-6 Mail Room	Mail Room Services Requirements	What does NM HIX mean by the ability to back/fill legacy documents into member image archive? Is this legacy documents from Healthcare.gov from previous plan years. Other?	BeWellnm wishes to leverage the document management systems capabilities, allowing us to enter additional documents into the system, regardless of source.
114	Attachment A-3-6 Mail Room	Row MR9	What is meant by the word 'accessible' here? Do you mean ADA compliance, accessible by a UI? Other?	There should be templates for each type of pre-defined communications with the consumers that are accessible to beWellnm staff with appropriate access/user role from the UI level. For notices, content should be predefined and not editable, except for the ability to make manual corrections to individual specific information. Accessibility requirements from a compliance perspective are covered in Attachment A-3-7 Technology and Administration (narrative and the embedded BSRM).

Attachment A-3-7

115	Attachment A-3-7 Technology and Administration Section 1.1	General	Does NM HIX have any third-party software provider preferences, existing relationships or licenses that should be taken into consideration? Part 2) The end of year and monthly IRS reporting (FDSH H41 and H36) are not mentioned in the RFP. Are they in scope? Part 3) The monthly CMS EPS (SBMI) interface to enable policy-based payments is not mentioned in the RFP. Are they in scope?	Yes, they are in scope. See also question and answer to #46 and #48.
116	Admin BSRM: A-3-7: TC 121	Provide the ability to successfully merge/unmerge potential duplicate individual records.	Are there standard policies where you wish for the system to conduct un-merges programmatically or (more likely) should un-merges be a more generic capability available to appropriate customer support personnel? Can you please elaborate on various un-merge scenarios?	Merge and unmerge activities will be processed by appropriate customer support personnel using system merge utility. In cases where two members were merged by accident, the ability to reverse the merge is needed.
117	Excel Attachment A-3-7: Technology and Administration, #11	"The Offeror must provide the ability to rollover to an alternate / backup site during planned and unplanned maintenance."	During off hour, planned maintenance periods, is the site required to be available?	The site does not have to be available during prescheduled time-limited maintenance windows. See clarification in Amendment #1.
118	Excel Attachment A-3-7: Technology and Administration, #19	"The solution must provide the ability to support commonly used Internet browsers with backwards compatibility as defined by beWellnm."	Please provide the list of browsers needed to be supported.	At a minimum: MS Explorer, MS Edge, Firefox, Chrome, Safari, iOS and Android. Backwards compatibility only needs to go back 3 years.
119	Excel Attachment A-3-7: Technology and Administration, #65	"Must maintain integrations with beWellnm-designated data warehouse/data store including all vendor managed data including, but not limited to, customer, account, enrollment, billing, payment, effectuation, 834 EDI, 820 EDI, errors, integration exceptions."	Please expand on the data warehouse beWellnm utilizes.	To clarify: BeWellnm is requesting SQL access to recent copy of Production Data. BeWellnm will use this data for in-house data analytics projects.

Attachment A-3-8

120	Attachment A-3-8: PRIVACY AND SECURITY	A role clarity question	With respect to such audit requirements as may apply to the Exchange in general, we believe that the audit processes require you to initiate and be responsible for the audit, while the Offeror support such audit with documentation, artifacts and interviews as needed. Can you please confirm our understanding (or if not, please describe the process you have in mind)?	Yes, we can confirm your understanding.
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Attachment A-3-9

121	Excel Attachment A-3-9: Web Portal UX, #16 and 17	<p>“Provide status of eligibility request received from the eligibility service.”</p> <p>“Display eligibility results received from the eligibility service.”</p>	<p>Please elaborate further on “eligibility service”. Is this referring to the ASPEN (HSD) system?</p>	<p>This refers to the eligibility determination service or process of the proposed solution (e.g. APTC/CSR rules engine) and/or the ASPEN system.</p>
122	Excel Attachment A-3-9: Web Portal UX, #35	<p>“Provide capability for users to search for Agents, Brokers, and Enrollment Counsellors using a variety of criteria without requiring a login.”</p>	<p>For servicing customers, please clarify the difference in capabilities desired between Agents, Brokers, and Enrollment Counselors.</p>	<p>We don’t anticipate any differences but should be searchable by type or role (e.g., broker, enrollment counselor, etc.)</p>
123	Web Portal BSRM WP22	<p>Enable users to look up the providers that are affiliated with specific plans and affiliation type (i.e. Tiered PPO model).</p>	<p>Can you elaborate on “affiliation type” and provide greater detail (e.g. list the affiliation types in New Mexico) please? Also, for costing purposes, should Offerors assume they are responsible for providing this data or is the Exchange responsible for providing such provider data?</p>	<p>See amendment #1. The initial solution is only required to link to carrier provider directories.</p>
124	Web Portal BSRM WP8	<p>Support embedding video content and video content links.</p>	<p>Is this a feature to be available as part of the portal content management capability? If beWellnm embeds video content, can you please confirm that NMHIX will own the responsibility of making the video content accessible (closed captions or alternate text content etc) to disabled users?</p>	Yes.
125	Att. A-3-9 pg 52	Web Portal UX	<p>Is there a page limitation on the narrative response for this section?</p>	Yes. 5 pages. See Amendment #1.

Attachment A-4

126	Attachment A-4 Price Proposal	Offeror must include in their pricing the cost of providing 15,000 hours of IT services that are unrelated to ongoing maintenance and remediation of system flaws.	Where in the cost proposal would you like Offerors to add the cost for the 15,000 hours unrelated to remediation of system flaws? Should it be part of DD&I or M&O, or should it be quoted separately?	It is separate from M&O and DDI. The cost should be identified on the hourly rate tab of the price proposal worksheet. In addition, see Amendment #1 for contract language for use of the hours.
127	Attachment A-4 Price Proposal	Multi-tenant pricing	The pricing for the call-center, billing and mail room will vary very much with the enrollment volume of a particular state. Therefore, we would like to confirm that multi-tenant pricing is limited to the technology solution.	Yes, this is correct. See amendment #1 for clarification regarding pricing for multi-tenant.
128	Attachment A-4 – Pricing	Cost Proposal and Scoring, General Question	For the purposes of calculating the score related to pricing, what number will you use as the basis? The total price for the term of the contract (including all DDI and M&O for each year), the DD&I or the M&O? Is the price for multi-tenancy being requested for informational purposes or will it be factored into the scoring?	#1. The formula is stated in the RFP. #2. The total price for all phases will be scored together. #3. See amendment #1 for clarification.
129	Att. A-4, pg 54	Offeror must include in their pricing the cost of providing 15,000 hours of IT services that are unrelated to ongoing maintenance and remediation of system flaws.	Please provide additional guidance on where to capture these hours in the price proposal and price proposal summary.	Refer to question #126.
130	4-Submission Instructions and Requirements 4.1 RFP Deliverables	Offeror must provide 11 USB flash drives with all contents of the Proposal (including all attachments, exhibits, etc.) in PDF format. The Proposal must conform to the order shown in the Response Checklist (Attachment E).	Does the offeror have to embed the completed BRSM within the PDF response format?	Yes, preferably, but refer to question and answer #5 and #15.

Attachment D

131	Att. D pg 57	Phase 1-3 DDI	There is a seven-month gap between the end of phase 2 DDI and the beginning of phase 3 DDI. What does this mean? Is the vendor prohibited from performing development work during this period between phases?	See amendment #1 for clarification.
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Required Attachments

132	Required Attachments	various	In some instances, the RFP requires attachments, such as 3 years of penetration testing results, which are considered sensitive, proprietary and confidential in part or in full and in some cases not necessarily owned by the Offeror. In such instances is it reasonable for the Offeror to provide an abstract and/or confirm the document's existence, and with a full intent to work together with other State customers to make available such material as needed for you to review at a later date with appropriate safeguards?	Vendor may mark information proprietary of confidential and provide on a separate USB. Final determination of disclosure law is determined by beWellnm. See Question and answer #5.
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