



ASO Services for Rural and Behavioral Health Program Administration

RFP# 26-630-1000-0019

May 15, 2026

Q&A

	Submitted Question	Answer
1	<p>Page 26 of the RFP notes: 'Acknowledgement Receipt Form (APPENDIX A): A "wet" ink signature is required for this form.'</p> <p>The form itself doesn't have a signature space. Is the attached document sufficient for what you all need?</p>	<p>The signature requirement was erroneously included in the RFP. No signature is required on this form.</p> <p>Appendix A does not need to be sent via email, you will only need to complete Form 1 in Submittable to fulfill this requirement.</p> <p>Appendix A has been removed from Submittable now that the 5/11 deadline has passed.</p> <p>Anyone who had submitted Form 1 in Submittable by 5/15 will be included in the distribution list.</p>
2	<p>Will HCA confirm whether preference for NM Resident certificates applies to teaming partners and subcontractors, or only to the prime offeror?</p>	<p>The application of preference points will differ by Service Domain.</p> <p>For Service Domain 3: Federally funded Rural Health Transformation Program (RHTP), which is funded with 100% federal funds, the New Mexico Resident Business Preference, Native American Resident Business Preference, and Veteran Resident Business Preference will not be applied. Those preference categories will be removed for Service Domain 3 through amendment. (Section 13-1-21 NMSA 1978, "Application of preferences. Subsection J states: "This section shall not apply when the expenditure includes federal funds for a specific purchase.")</p> <p>For Service Domains 1, 2, and 4, which include State General Fund, the New Mexico Resident Business Preference, Native American Resident Business Preference, and Veteran Resident Business Preference will remain in place, as applicable and consistent with New Mexico law and the RFP as amended.</p> <p>For Service Domains 1, 2, and 4, Offerors seeking a statutory preference must submit the applicable valid certificate(s) with the</p>

		proposal. Under New Mexico law, when a joint bid or joint proposal is submitted by a combination of resident, Native American resident, veteran resident, and/or nonresident businesses, the preference is calculated in proportion to the percentage of the contract, based on dollar amount, that will be performed by each business as specified in the joint bid or proposal. The law does not clearly state that an ordinary subcontractor, separate from a joint proposal, allows the proposal to receive preference points based solely on the subcontractor's certification.
3	For Domain 3 (RHTP), can the ASO propose use of a technology platform jointly developed with HCA, or must offerors use an existing HCA-designated system exclusively?	HCA has minimum requirements for use of HCA-managed technology systems, including Submittable and SHARE, as directed by HCA. Offerors may propose additional technology platforms or tools to perform functions not covered by Submittable or SHARE; however, use of any additional technology is subject to HCA review and approval. Any data, documentation, workflows, configurations, reports, or processes created, collected, stored, or maintained for HCA through such systems shall remain the property of HCA. Any data, reports, documentation, system exports, or other materials requested by HCA must be produced and delivered to HCA within five business days of the request, unless HCA approves an alternative timeline in writing. Offerors should describe any proposed technology tools, the functions they would support, how they would interface with HCA-required systems, and how HCA ownership, access, data security, transferability, and continuity of operations would be maintained.
4	For Domain 4, will the current ASO contractor be invited to bid, and is there a transition period specified in the contract?	This is an open, competitive procurement, and any qualified Offeror may submit a proposal in accordance with the RFP requirements. HCA cannot confirm or identify which vendors submit proposals. A specific transition period is not defined in the RFP. HCA may implement awarded services in phases and/or in a sequence determined by the State, including beginning in SFY27 or later, based on appropriations, program readiness, interagency coordination, operational considerations, and other State priorities. This phased approach may include a transition period based on the awarded contract.
5	Can the cost proposal use a hybrid model (fixed administrative fee plus hourly rates for ad hoc services)?	Yes. Offerors may propose a hybrid cost model, including a fixed administrative fee and hourly rates for ad hoc services, provided the cost proposal clearly identifies and separates all costs by Service Domain and cost category. Costs must be fully allocable to the applicable Service Domain and may not be commingled across funding sources. HCA reserves the right to negotiate the final cost structure during contract finalization.
6	Will sample Organizational Reference Questionnaire responses from prior contracts be acceptable references even if the program has since ended?	Yes. References from prior contracts or programs may be submitted even if the contract or program has ended, provided the reference is relevant to the Offeror's proposed services and the reference contact is able to verify the work performed. The Offeror is responsible for ensuring that each reference is complete, accurate, and submitted in accordance with the RFP requirements.
7	Does "no subcontracting of staffing" prohibit the use of	The RFP allows use of subcontractors only with prior written HCA approval, and the prime contractor remains wholly responsible for

	<p>professional employer organization (PEO) arrangements, or only staffing agency placements?</p>	<p>performance of the contract. However, for Service Domains 1 and 3, Appendix F states that the ASO shall not subcontract staffing. For those domains, HCA interprets this language to prohibit subcontracting arrangements used to supply or replace the ASO’s required core staffing or key personnel.</p> <p>Offerors may propose subcontractors for discrete, specialized services or functions, subject to HCA review and prior written approval, but may not use subcontractors or staffing arrangements to avoid the ASO staffing requirements. HCA will clarify this language by amendment as needed.</p>
8	<p>The RFP notes that an Applicant must be providing services in a rural county or request special approval for an exception. Because RISC LLC is an administrative and operational support organization—not a clinical provider—I would like to request clarification on the following:</p> <ol style="list-style-type: none"> 1. Whether administrative/operational vendors supporting rural and Tribal clinics may request an exception to the rural-county requirement; and 2. Whether subcontractors are required to meet the same geographic requirement as prime applicants. 	<p>The rural-county eligibility language applies to applicants or grantees seeking program funding under the Rural Health Care Delivery Fund, not to Offerors responding to this ASO RFP. Offerors for this procurement are administrative/operational vendors and are not required to be clinical providers located in or providing services in a rural county. Subcontractors are also not required to meet the RHCDF rural-county eligibility requirement solely by virtue of supporting an ASO Offeror. Offerors and any proposed subcontractors must meet the qualifications and requirements applicable to this RFP and the Service Domain(s) for which they propose.</p>
9	<p>Can you confirm the date by which reference questionnaires must be returned? Page 28 of the solicitation indicates by May 20, 2026 but within Submittable in the Organizational References section it indicates May 28, 2026.</p>	<p>The three required organizational references are due by May 20, 2026 at 5:00 p.m. MST.</p>
10	<p>Can you clarify what financial stability information is required? Page 36 of the solicitation in V. Evaluation, A. Evaluation Point Summary, Table 1 lists “3. Financial Stability: a. Pending lawsuits/bankruptcy b. Financial Statements (solvency)” as one of the evaluation factors and it is noted again on page 38 but I do not see financial stability information requested elsewhere in the solicitation or within Submittable.</p>	<p>HCA has added a question in Submittable to address this requirement.</p> <p>Offerors must provide the financial stability information requested in Submittable, including information related to pending lawsuits, bankruptcy, and financial statements or other documentation sufficient to demonstrate solvency, as applicable.</p>

11	<p>If the offeror is a team of multiple organizations partnering, would the proposal qualify for New Mexico/Native American Resident Preferences if the prime contractor is not, but one of the partner organizations is certified?</p>	<p>For Service Domains 1, 2, and 4, statutory New Mexico resident and other applicable preferences may apply in accordance with Section 13-1-21 NMSA 1978. For joint bids or proposals, preferences may be calculated proportionally based on the percentage of contract value performed by each certified entity, consistent with applicable law. Offerors seeking such preferences are responsible for providing required certifications and documentation. For Service Domain 3 (RHTP), these statutory preferences do not apply because the expenditure includes federal funds. See Section 13-1-21(J) NMSA 1978: “This section shall not apply when the expenditure includes federal funds for a specific purchase.” HCA will clarify scoring and applicability through amendment, as needed.</p>
12	<p>For an offeror responding only to Domains 1 and 3, can you confirm the requirement for the offeror to show “Experience with Medicaid-related audits” and include key personnel that are “subject matter experts in Medicaid” (page 28 of solicitation, 2.h.i. and ii.)?</p>	<p>Offerors responding only to Service Domains 1 and/or 3 should respond to the applicable questions in relation to the proposed Service Domain(s). If a question references Medicaid-related experience and the Offeror believes the requirement is not applicable to the proposed Service Domain(s), the Offeror may indicate “Not Applicable” and provide a brief explanation. Responses will be evaluated in the context of the Service Domain(s) proposed. HCA will clarify domain-specific applicability of scored questions through amendment, as needed.</p>
13	<p>If the offeror is a team of multiple organizations partnering, must all three references be for projects conducted by the prime contractor or can the three include one or more for projects conducted by a partner organization?</p>	<p>The RFP requires a minimum of three (3) organizational references total, not three references per partnering organization or subcontractor. References may include projects performed by partner organizations or proposed subcontractors, provided the referenced work is relevant to the proposed services and the Offeror clearly identifies which entity performed the work and the role that entity will have in the proposed contract. Offerors remain responsible for demonstrating the collective qualifications and experience of the proposed team and for ensuring all references are complete and submitted in accordance with the RFP requirements.</p>
14	<p>Are you able to provide estimates for how many grantees/subrecipients may receive funding in each domain?</p>	<p>HCA is unable to provide estimates for the number of grantees, subrecipients, providers, or participating entities that may receive funding or support within each Service Domain over the contract period. Volumes may vary based on appropriations, available funding, program design, legislative changes, procurement outcomes, federal requirements, and HCA implementation decisions. Offerors should propose scalable approaches capable of supporting varying levels of participation and activity over time.</p>
15	<p>What HCA-designated systems and platforms are required for each Service Domain (and which are optional)?</p>	<p>HCA has minimum requirements for use of HCA-managed systems, including Submittable and SHARE, as directed by HCA and applicable to the Service Domain(s). Additional HCA systems, reporting tools, or platforms may be required depending on the specific Service Domain, implementation phase, funding source, and operational needs. Offerors may propose additional technology platforms or tools to support functions not addressed by HCA-designated systems; however, use of any additional technology is subject to HCA review and approval. Any data, documentation, workflows, configurations, reports, or processes created, collected, stored, or maintained for HCA through such systems shall remain the property of HCA. Any data, reports, documentation, system</p>

		exports, or other materials requested by HCA must be produced and delivered to HCA within five (5) business days of the request, unless HCA approves an alternative timeline in writing. Offerors should describe proposed systems, intended functions, interoperability with HCA-required systems, and approaches to maintaining HCA ownership, access, security, transferability, and continuity of operations.
16	Does HCA expect the ASO to provide/host an ASO platform, or will HCA provide a system the ASO must use/configure?	HCA has minimum requirements for use of HCA-managed systems, including Submittable and SHARE, as directed by HCA and applicable to the Service Domain(s). Offerors may propose additional systems or platforms to support required functions not addressed by HCA-managed systems; however, use of any additional technology is subject to HCA review and approval. HCA does not require Offerors to provide or host a proprietary ASO platform if the proposed approach otherwise meets the requirements of the applicable Service Domain(s). Offerors should clearly describe any proposed systems, whether HCA-managed or Offeror-provided, including intended functions, interoperability, data ownership, security, maintenance responsibilities, continuity of operations, and transition planning. Any data, documentation, workflows, configurations, reports, or processes created, collected, stored, or maintained for HCA shall remain the property of HCA. Any requested data, reports, documentation, or system exports must be provided to HCA within five (5) business days unless otherwise approved by HCA in writing.
17	Are there required integrations (data warehouse/MMIS/finance/identity)? If yes, what interfaces are acceptable (API/SFTP/export cadence)?	Required integrations will depend on the applicable Service Domain(s), HCA-managed systems, funding source requirements, and the specific functions performed by the ASO. HCA has minimum requirements for use of certain HCA-managed systems, including Submittable and SHARE, as directed by HCA. Additional integration requirements may be identified during implementation or contract execution. Offerors proposing technology solutions should describe anticipated integration needs, interoperability approaches, data exchange methods, security controls, and assumptions regarding interfaces or reporting cadence. Any proposed integrations will be subject to HCA review, approval, and applicable security, privacy, and operational requirements.
18	For both the RHCDF and RHTP domains, does HCA anticipate a single annual funding cycle or multiple rounds of funding and/or procurements per year? If multiple rounds are anticipated, can HCA provide estimated frequency and timing?	Funding cycles, procurements, and implementation activities may vary by Service Domain and are subject to available funding, appropriations, legislative direction, federal requirements, program design, and HCA operational decisions. At this time, HCA does not have additional Rural Health Care Delivery Fund (RHCDF) funding cycles planned beyond existing appropriations; however, additional funding opportunities could become available in the future depending on legislative appropriations or other funding decisions. For the Rural Health Transformation Program (RHTP), the implementation infrastructure, timing, and number of future funding rounds, procurements, or other funding opportunities are still under development and may evolve over time based on program implementation, CMS requirements, available funding, and HCA decisions. HCA is unable to provide definitive estimates regarding

		the frequency or timing of future RHTP funding opportunities at this time. Offerors should propose scalable approaches capable of supporting varying volumes and timelines throughout the contract period.
19	For the RHTP domain, should Offerors assume all funding administration, monitoring, procurement, and/or subrecipient oversight activities must comply with 2 C.F.R. Part 200 requirements and associated CMS grant conditions?	Yes. Offerors proposing on Service Domain 3 (RHTP) should assume that activities performed under the Rural Health Transformation Program must comply with applicable federal requirements, including 2 C.F.R. Part 200, CMS Rural Health Transformation Program terms and conditions, the CMS Cooperative Agreement, and other applicable federal statutes, regulations, and guidance, as directed by HCA. Specific requirements may vary depending on the nature of the activity, funding mechanism, and whether an arrangement is structured as a procurement, contract, or subaward. Offerors are expected to demonstrate familiarity with federal grant compliance requirements and incorporate appropriate controls, monitoring, documentation, and oversight processes into their proposed approach.
20	Can HCA clarify which service domains and funding activities will be treated as subawards versus procurements for purposes of compliance with 2 C.F.R. Part 200?	The determination of whether an agreement or funding activity is structured as a subaward or a procurement/contract will be made by HCA based on the nature of the relationship, scope of work, applicable federal requirements, and other factors consistent with 2 C.F.R. Part 200, including distinctions outlined in 2 C.F.R. § 200.331. For Service Domain 3 (RHTP), subawards will primarily, but not exclusively, be administered by primary entities procured through an RFP, RFA, or other HCA-approved process. All subawards, procurements, and funding decisions under RHTP will require HCA review and approval and will be subject to applicable 2 C.F.R. Part 200 requirements, CMS Rural Health Transformation Program terms and conditions, and other federal requirements. Offerors should propose approaches capable of supporting administration, monitoring, documentation, and oversight across both procurement and subrecipient models, as applicable.
21	Can HCA provide additional detail regarding expected monitoring and reporting cadence for RHCDF and RHTP awardees, including whether standardized reporting templates, dashboards, or data collection tools already exist or are expected to be developed by the ASO?	Monitoring and reporting requirements will vary by Service Domain, funding source, program requirements, and risk level. For RHCDF, HCA currently utilizes standardized reporting processes and templates with a primarily quarterly reporting cadence, which may include progress reporting, financial reporting, invoicing, monitoring meetings, corrective action processes, and other oversight activities. Reporting frequency and monitoring intensity may increase based on risk, performance concerns, corrective actions, or other factors identified by HCA. For RHTP, monitoring and reporting infrastructure is still under development and will be informed by CMS requirements, the Cooperative Agreement, implementation decisions, risk assessment approaches, and HCA priorities. HCA anticipates that the ASO may support development, refinement, implementation, and administration of reporting templates, dashboards, data collection tools, monitoring frameworks, and other oversight mechanisms, as directed by HCA. Offerors should propose flexible approaches capable of supporting varying reporting cadence, monitoring intensity, and program maturity across Service Domains.

22	<p>Does HCA anticipate the ASO supporting development of reporting templates, monitoring frameworks, and/or risk stratification methodologies for either the RHCDF or RHTP domains?</p>	<p>Yes. HCA anticipates that the ASO may support the development, refinement, implementation, and administration of reporting templates, monitoring frameworks, dashboards, risk stratification methodologies, corrective action processes, and other oversight tools for applicable Service Domains, as directed by HCA. For RHCDF, the ASO may support enhancement or refinement of existing processes and tools. For RHTP, reporting, monitoring, and oversight infrastructure is still under development. HCA anticipates engaging one or more partner organizations to support interpretation of federal requirements, development of reporting approaches and templates, and other implementation activities related to CMS requirements and the Cooperative Agreement. Roles, responsibilities, and partnerships may evolve over time as RHTP implementation progresses. Offerors should be prepared to collaborate across multiple entities and partners, all operating under the direction of HCA, to support reporting, monitoring, compliance, and program oversight activities. All proposed approaches and tools will be subject to HCA review, approval, and ongoing oversight.</p>
23	<p>Can HCA provide additional detail regarding expected provider onboarding, agreement administration, and amendment volume for the RHTP and RHCDF domains?</p>	<p>HCA is unable to provide definitive estimates regarding provider onboarding volume, agreement administration activities, amendments, or other transaction volumes for the contract period. Volumes may vary based on funding availability, appropriations, program design, implementation timelines, provider participation, federal requirements, legislative changes, and HCA operational decisions. For RHCDF, agreement administration and amendments are associated with existing funding cohorts and may include ongoing monitoring, budget modifications, extensions, scope changes, corrective actions, closeout activities, and other administrative functions. For RHTP, onboarding processes, agreement structures, funding mechanisms, and implementation activities are still under development and may evolve over time. Offerors should propose scalable approaches capable of supporting varying levels of onboarding, agreement administration, amendment activity, monitoring, and closeout across Service Domains.</p>
24	<p>Service Domain Numbering The RFP uses inconsistent domain numbering across sections. Please confirm the authoritative mapping: Domain 1 = RHCDF (Appendix F.1); Domain 2 = SB3/BHRIA (Appendix F.2); Domain 3 = RHTP (Appendix F.3); Domain 4 = Non-Medicaid Behavioral Health (Appendix F.4). Submittable selections, Cost Proposals, and questionnaire labels all depend on this mapping.</p>	<p>HCA acknowledges inconsistencies in Service Domain numbering within the procurement materials and will issue an amendment to clarify the authoritative mapping. The Service Domains shall be interpreted as follows: Service Domain 1: State-funded Rural Health Care Delivery Fund (RHCDF); Service Domain 2: Senate Bill 3 (Behavioral Health Reform and Investment Act, 2025); Service Domain 3: Federally funded Rural Health Transformation Program (RHTP); Service Domain 4: Non-Medicaid Behavioral Health Services Administration, Monitoring, and Oversight. Offerors should use this mapping when preparing responses, Cost Proposals, and selecting applicable Service Domains in Submittable.</p>

25	<p>Service Domain Questionnaire - N/A Scoring and Supplemental Responses</p> <p>The eight scored Service Domain Specification questions (550 points) do not map uniformly across all four Scopes of Work. For Offerors whose domain SOW does not include a function covered by a scored question: (a) Will "Not Applicable" responses be scored neutrally - e.g., points re-allocated across applicable questions - or scored as zero? (b) Will HCA permit or expect supplemental responses addressing domain-specific required functions that are not represented in the eight scored questions, and if so, how will those responses be evaluated?</p>	<p>Offerors may indicate "Not Applicable" for questions that do not apply to the proposed Service Domain(s), provided the Offeror includes a brief explanation supporting why the question is not applicable. Responses identified as "Not Applicable" with sufficient justification will be evaluated in the context of the applicable Service Domain(s) and will not automatically result in disqualification.</p> <p>HCA will issue an amendment and/or additional guidance to further clarify Service Domain applicability, including adjustments necessary to support fair and consistent evaluation across domains. Offerors should respond to all applicable questions and may provide additional information within permitted attachments or supporting materials where necessary to demonstrate capability related to domain-specific requirements not fully captured within the scored questions. Any supplemental information will be considered in the context of the applicable evaluation criteria and Service Domain(s) proposed.</p>
26	<p>Cost Proposal - Template and Term</p> <p>To ensure our Cost Proposal is formatted consistently with HCA's expectations, we have two related questions. First, the Cost Proposal section references six column headers but does not include a template or example. Will HCA provide a fillable template or additional guidance on the expected level of detail? Second, section V.B.5 references a "one-year contract period" while Section I.C indicates HCA will determine the term at its discretion. Can you confirm the anticipated contract term?</p>	<p>HCA will provide additional guidance regarding the Cost Proposal format through amendment, including expectations related to level of detail and submission structure, as needed. Offerors should provide sufficient detail to clearly describe proposed costs, assumptions, staffing/resources, units, quantities, and activities associated with each Service Domain. Regarding contract term, HCA anticipates an initial one-year contract period, with the potential for extensions, renewals, or continuation periods at HCA's discretion and subject to applicable funding availability, program needs, procurement requirements, and other approvals. Specific terms will be reflected in the resulting contract.</p>
27	<p>Payment SLA - F.4 Alignment</p> <p>Appendices F.1, F.2, and F.3 each require the ASO to report improper payments to HCA within 1 business day of discovery. Appendix F.4 does not contain this SLA; F.4's analogous notification requirements are 5 business days. Please confirm whether F.4 is intended to align with the 1-business-day standard in F.1-F.3, or whether F.4's existing 5-business-day timeframes govern.</p>	<p>At this time, Offerors should follow the requirements specified within the applicable Service Domain Scope of Work. For Service Domain 4, the existing five (5) business day notification timeframes govern unless otherwise clarified through amendment. HCA may review service-level expectations across domains and issue additional clarification or amendments, as needed.</p>

28	<p>In Appendix F.2 Scope of Work from the RFP, is the following statement, "HCA seeks to contract with one ASO to support the administration, oversight, and disbursement of the BHRIA funds." This is followed by a series of services (2.1.1) including contract initiation, SOW tracking, payment processing and financial monitoring, etc., all stating that these services would be directed to the "Region." Can you clarify/assure that the expectation is that the ASO will be providing these services to the Accountable Entities for each Region? Or whether the expectation is that the ASO will be providing these services directly to all of the providers with whom the Accountable Entity contracts for service delivery in their communities?</p>	<p>The expectation under Service Domain 2 (BHRIA) is that ASO administrative, financial, monitoring, and related support activities will be primarily directed to the accountable entity associated with each Behavioral Health Region, rather than directly to all downstream providers participating under that regional model.</p> <p>The ASO may support activities related to agreements, payment processing, financial monitoring, reporting, and other functions associated with regional implementation, as directed by HCA.</p> <p>HCA retains responsibility for policy direction, funding decisions, provider communications, and oversight functions identified in the Scope of Work. Offerors should propose flexible approaches capable of supporting regional entities and adapting to evolving implementation structures, governance decisions, and operational needs over time.</p>
29	<p>Is HCA able to accept a vendor proposal that addresses partial requirements within a given Service Domain? If yes, would the HCA be open to providing an amended evaluation framework that enables the selection of multiple vendors for a given Domain, and/or allows for partial Domain awards to be awarded to a given vendor?</p>	<p>Offerors may submit proposals for one or more Service Domains, but proposals should address the requirements of the applicable Service Domain(s) for which the Offeror seeks award. HCA may make one award, multiple awards, or no award under this RFP and may award different Service Domains to different Offerors. However, HCA is not currently soliciting or evaluating proposals for partial fulfillment of requirements within an individual Service Domain, and HCA does not anticipate issuing an amended evaluation framework to support partial-Domain awards at this time. HCA reserves the right to determine implementation approach, sequencing, and awarded scope based on program needs, funding, operational considerations, and other factors.</p>
30	<p>In the event that HCA is able to accept proposals where vendors have put forward a bid on a partial sub-set of requirements, are there any functional components within a service domain that the State considers inherently dependent on other components for purposes of responsiveness or evaluation?</p>	<p>HCA is not currently soliciting or evaluating proposals for partial fulfillment of requirements within an individual Service Domain. Accordingly, HCA has not established a framework identifying functional components within a Service Domain as independently awardable or dependent upon one another for evaluation purposes. Offerors should submit proposals responsive to the requirements of the full Service Domain(s) for which they seek award. HCA reserves the right to determine implementation approach, sequencing, and awarded scope based on program needs, funding, operational considerations, and other factors.</p>
31	<p>The domain numbering on pages 6 and 29 of the RFP differ from the portal and Appendix F. Please confirm the correct numbering of the domains is as follows:</p>	<p>Please refer to Question 24 regarding the Service Domain numbering and forthcoming amendment.</p>

	<p>Service Domain 1: Rural Health Care Delivery Fund</p> <p>Service Domain 2: Support for New Mexico Health Care Authority Behavioral Health Reform and Investment Act</p> <p>Service Domain 3: Rural Health Transformation Program</p> <p>Service Domain 4: Non-Medicaid Behavioral Health Services Administration, Monitoring and Oversight.</p>	
32	<p>Page 18 of the RFP states that “the use of subcontractors is allowed.”</p> <p>However, Domains 1 and 3 in Appendix F states, “2.3.4 The ASO shall not subcontract staffing.” and “2.3.9 The ASO shall not subcontract any staffing.”</p> <p>Would the state please confirm contractors are allowed to use subcontractors for all Domains if the state has approved them in advance?</p>	<p>Yes. Subcontractors may be used with HCA’s prior written approval, and the prime contractor remains wholly responsible for contract performance. However, for Service Domains 1 and 3, the restriction on subcontracting staffing means the ASO may not subcontract the required core staffing or key personnel responsible for performing the ASO’s staffing obligations. HCA may approve subcontractors for discrete, specialized services or functions, but not for arrangements that effectively replace the ASO’s required staffing capacity. HCA will clarify this language through amendment, as needed.</p>
33	<p>Please confirm offerors may include a redacted copy of the proposal in the additional upload section of Submittable. If not, would the state please clarify the process for redacted or confidential information?</p>	<p>Yes. HCA has added an optional process within Submittable for submission of a redacted copy of the proposal. Offerors may submit a redacted version for purposes of identifying information they consider confidential or proprietary. However, submission of a redacted copy does not guarantee that redactions will be withheld from disclosure under the New Mexico Inspection of Public Records Act (IPRA), federal open records requirements, or other applicable laws. HCA will review and respond to records requests in accordance with applicable legal requirements and disclosure obligations. Offerors remain responsible for clearly identifying information they believe to be confidential or proprietary.</p>
34	<p>Regarding page 21 of the RFP, “Throughout the duration of this procurement process and contract term, Offerors and contractors must secure from the agency written approval prior to the release of any information that pertains to the potential work or activities covered by this procurement and/or agency contracts deriving from this procurement. Failure to adhere to this requirement may result in disqualification of the offeror’s proposal or removal from the contract.”</p>	<p>Yes. Offerors do not need prior written approval from HCA to share the publicly released solicitation or related public procurement materials with potential teaming partners, subcontractors, or collaborators for purposes of preparing a proposal response. However, this does not authorize release of non-public information, procurement-sensitive information, evaluation materials, or other information subject to confidentiality requirements. Offerors remain responsible for complying with all applicable procurement requirements and restrictions regarding communications and disclosure.</p>

	Would the State please confirm we do not need to get approval to share this solicitation with potential teaming partners?	
35	<p>Regarding page 21 of the RFP, “Throughout the duration of this procurement process and contract term, Offerors and contractors must secure from the agency written approval prior to the release of any information that pertains to the potential work or activities covered by this procurement and/or agency contracts deriving from this procurement. Failure to adhere to this requirement may result in disqualification of the offeror's proposal or removal from the contract.”</p> <p>If awarded the contract, will the state allow the contractor to use it as past performance?</p>	Yes. If awarded a contract under this procurement, contractors may reference the resulting contract as past performance or experience in future proposals or procurement responses, subject to applicable confidentiality requirements and any restrictions regarding release of non-public, confidential, or procurement-sensitive information. Use of contract details beyond basic past performance references, including public statements, marketing materials, press releases, or disclosures regarding specific activities performed under the contract, may require HCA review or approval consistent with contract terms and applicable requirements.
36	<p>The Evaluation Criteria includes a category for Financial Stability as pass/fail. However, the submission requirements and the portal on submittable do not include the Financial Stability section.</p> <p>Would the State please clarify if documents for Pending Lawsuits/Bankruptcy and Financial Statements are required with the submission?</p>	Please refer to Question 10 regarding Financial Stability requirements and updates made within Submittable.
37	Is an offeror’s proposal eligible for additional the certified New Mexico Resident Business Preference/Native American Resident Business Preference if a certified New Mexico or Native American Resident Business is included as a subcontractor?	Please refer to Question 11 regarding applicability of statutory preferences, treatment of partnering organizations or subcontractors, and Service Domain-specific limitations related to federally funded activities
38	Regarding the language on page 29 that 'Resources, personnel, systems, or other costs may not be shared or allocated across Service Domains,' we understand HCA's intent with this clause is to prevent the co-mingling of funds between State and Federal sources. To help us structure our proposals accurately, please confirm that a	Yes, provided all applicable requirements are met. Offerors may propose use of the same personnel, systems, or operational resources across multiple Service Domains only if associated activities, deliverables, costs, funding sources, and allocations are clearly separable, independently tracked, fully documented, and compliant with applicable State and federal requirements. Offerors should be aware that each Service Domain may result in a separate contract with separate scopes of work, deliverables, performance expectations, reporting requirements, and funding sources. Costs must be attributable to the specific Service Domain and resulting

	proposer may utilize the same qualified personnel, IT systems, and operational resources across multiple Service Domains, provided that their utilization is strictly tracked and all associated costs are completely independent, distinct, and fully accounted for within each domain's separate Cost Proposal?	contract for which they are proposed and may not result in duplicate billing, co-mingling of funds, or allocation of unallowable costs across domains. Offerors remain responsible for demonstrating appropriate internal controls, accounting methodologies, and documentation sufficient to support segregation of activities and compliance with all applicable requirements.
39	Will the HCA consider extending the submission of the proposals due date by two weeks to June 11th, 2026?	No. However, HCA will extend the proposal due date by a limited number of days to accommodate additional time needed for review and response to submitted questions. Updated dates will be communicated through amendment.
40	Can you provide example tasks that the current ASO performs and information on the technology that is used for payment processing?	<p>Example ASO functions may include provider onboarding and contracting support; invoice intake and review; payment processing, tracking, and reconciliation; financial reporting; monitoring of deliverables and performance reporting; data collection and validation; audit readiness support; recoupment and reconciliation activities; contract administration; and reporting or technical assistance activities, as directed by HCA. These functions may vary by Service Domain. HCA currently utilizes Submittable and SHARE as part of its technology environment for administration, tracking, and financial processes, as applicable to the Service Domain. Additional technologies may be proposed by Offerors to support functions not addressed by HCA-managed systems, subject to HCA review and approval. Offerors should refer to Questions 15–17 regarding required systems, integrations, data ownership, and reporting expectations.</p> <p>This keeps you from overcommitting that SHARE/Submittable are the only payment technologies while acknowledging they are currently used.</p>
41	What is the current grant system/technology that the state of New Mexico utilizes to gather information from their grantees?	HCA currently utilizes Submittable as a primary platform for collection of applications, reporting, and other information from grantees or funding recipients, as applicable to the Service Domain. HCA also utilizes SHARE and other HCA-managed systems for financial, administrative, and operational functions. Required systems and processes may vary by Service Domain, and additional technologies may be introduced over time based on program needs. Offerors should refer to Questions 15–17 regarding systems, integrations, and technology expectations.
42	Can the HCA please share the number of applications received, the number of awards granted, and the average award amount for the RHCDF for each of the prior three funding cycles?	HCA has not compiled this information within the FAQ response. However, publicly available information regarding the Rural Health Care Delivery Fund (RHCDF), including prior funding information and program materials, may be accessed here: Rural Health Care Delivery Fund webpage at https://www.hca.nm.gov/primary-care-council/rural-health-care-delivery-fund/
42	For future RHCDF funding cycles during the ASO contract term, can the HCA provide an estimated	Please refer to Question 18 regarding anticipated future RHCDF funding cycles and HCA's ability to estimate future funding opportunities, application volume, or awards.

	range for the number of applications it anticipates receiving and the number of awards it anticipates granting per cycle?	
43	Does the HCA have standardized templates for scopes of work, budgets, and subaward agreements for RHCDF and RHTP, or will the selected ASO be expected to draft new templates?	HCA currently utilizes existing templates and processes for certain activities within the Rural Health Care Delivery Fund (RHCDF), including materials related to scopes of work, budgets, agreements, reporting, and oversight; however, these tools may continue to evolve over time. The selected ASO may identify opportunities for improvement and recommend revisions or enhancements to existing RHCDF templates, processes, or tools; however, any changes or implementation of proposed improvements would be subject to HCA review, approval, and discretion. For the Rural Health Transformation Program (RHTP), templates, agreements, reporting structures, and implementation infrastructure are still under development and may evolve based on CMS requirements, the Cooperative Agreement, program design, and HCA priorities. HCA anticipates that one or more partner organizations and/or ASO contractors may support development, refinement, or implementation of templates, agreements, reporting tools, and related materials, as directed by HCA. Offerors should be prepared to collaborate across multiple entities and support both enhancement of existing materials and development of new approaches over time.
44	Can the HCA provide an estimated range for the total number of individual contracts or subawards it anticipates executing across all five RHTP initiatives by the 10/30/26 deadline to obligate year 1 RHTP funds?	The Rural Health Transformation Program (RHTP) implementation infrastructure, funding mechanisms, partnership models, and award structures are still under development. HCA is unable to provide estimates regarding the number of contracts, subawards, procurements, or other funding arrangements that may be executed across RHTP initiatives by October 30, 2026. Offerors should propose scalable approaches capable of supporting varying volumes and implementation models as RHTP evolves. Please refer to Questions 18, 20, and 22 regarding RHTP implementation, subaward structures, and evolving reporting and oversight responsibilities.
45	Does the HCA anticipate executing additional, new subawards for the RHTP in subsequent years of the ASO contract (e.g., for FFY27 or FFY28 funding)? If so, can the HCA provide an estimated annual volume of new subawards for these future contracting cycles?	Potentially. Future funding and program implementation may result in additional subawards or other funding mechanisms under certain RHTP initiatives, particularly Healthy Horizons, Rooted in New Mexico, and the Rural Health Innovation Fund, among others. However, RHTP implementation infrastructure, funding mechanisms, and partnership models remain under development. HCA is unable to provide estimates regarding the annual volume of future subawards, procurements, or other funding arrangements at this time. Offerors should propose scalable approaches capable of supporting varying volumes and implementation models as RHTP evolves. Please refer to Questions 18, 20, and 44 regarding future RHTP funding cycles, subaward structures, and implementation planning.

46	Based on the combined score described on page 41 of the RFP, does the HCA have a strategic preference, or is there an inherent scoring advantage, for Offerors who propose on multiple Service Domains?	No. HCA does not have a strategic preference for Offerors proposing on multiple Service Domains, and there is no inherent scoring advantage associated with proposing on multiple domains. Offerors may submit proposals for one or more Service Domains and are not required to propose on all Service Domains to be considered for award. Proposals will be evaluated based on the applicable evaluation criteria and responsiveness to the specific Service Domain(s) proposed. HCA may make one award, multiple awards, or no award and may award different Service Domains to different Offerors.
47	Can the HCA provide clarity on how the combined score on page 41 of the RFP will be utilized in the final award determination?	HCA acknowledges that additional clarification regarding evaluation methodology and scoring across Service Domains is needed and will address this through amendment. Service Domains will be evaluated independently based on the applicable criteria for the Service Domain(s) proposed. HCA will issue revised language, as needed, to clarify evaluation and award methodology.
48	Does HCA currently use a technology system for application evaluation processes?	Yes. HCA currently utilizes Submittable to support application intake, review, evaluation, and related processes, as applicable to the Service Domain and program. Processes and technology requirements may vary across Service Domains and may evolve over time based on program needs.
49	Does the HCA have its own contract management system, and if so, would this be the vehicle utilized by the ASO in the scope of this proposal work? If not, is the vendor expected to come in with a proprietary contract management system?	Yes. HCA currently utilizes Euna Procurement (formerly Bonfire) as part of its contract and procurement management processes. HCA also utilizes other HCA-managed systems, including Submittable and SHARE, as applicable to the Service Domain and function. Offerors should assume that required HCA-managed systems will be utilized where directed by HCA. Offerors are not expected to propose or provide a proprietary contract management system as part of this procurement. Offerors should refer to Questions 15–17 regarding systems, integrations, and technology expectations.
50	Would the HCA be amenable to a vendor that processes the payment package but does not send out the payment itself, instead utilizing a subcontractor for this aspect of the scope?	Potentially, with HCA approval. For HCA-contracted payments and financial transactions processed through SHARE, Offerors should assume use of HCA-managed systems and processes as directed by HCA. However, subcontracting of certain payment-related functions, such as administration of provider incentives or other approved subcontracted funding activities, may be allowable with prior HCA approval, provided all applicable contractual, financial, oversight, and compliance requirements are met. The prime contractor remains wholly responsible for performance, compliance, monitoring, and oversight of approved subcontractors. Offerors should also refer to Question 32 regarding subcontracting limitations and approvals.
51	Are subcontractors able to submit references to support their own qualifications, separate from the references that the prime contractor they are aligned to submits?	Yes. Subcontractors or teaming partners may provide information supporting their qualifications, experience, or role in the proposed approach. HCA recommends such information be submitted as letters of support or supporting documentation uploaded separately, as applicable. However, the required references should focus specifically on the qualifications and performance of the prime Offeror, which remains responsible for overall contract performance and responsiveness to procurement requirements.

52	<p>Could you please share the current New Mexico Gross Receipts Tax (GRT) rates and the rates anticipated for the duration of the services requested?</p>	<p>Current New Mexico Gross Receipts Tax (GRT) rates and location-specific information may be found through the New Mexico Taxation and Revenue Department at: https://www.tax.newmexico.gov/all-nm-taxes/current-historic-tax-rates-overview/gross-receipts-tax-rates/ Offerors are responsible for applying applicable tax requirements to their proposals.</p>
53	<p>How does HCA envision the ASO operating model across key functions — particularly where operational execution (e.g., payment processing, contract administration) may be delivered alongside governance, analytics, and program oversight capabilities?</p>	<p>HCA envisions the ASO as a supportive administrative, operational, and implementation partner only, with responsibilities varying by Service Domain and evolving over time. The ASO is expected to support, rather than direct, governance, strategy, policy, funding decisions, or program priorities. Functions may include operational execution activities (e.g., contract administration support, payment processing support, monitoring, reporting, and related administrative functions), alongside analytics, technical assistance, compliance support, performance monitoring, and implementation support. HCA will retain governance authority, strategic direction, policy decisions, funding determinations, and final approval authority over applicable activities. The ASO should be prepared to collaborate across HCA divisions, partner organizations, providers, regional entities, and other stakeholders, while supporting scalable implementation models that may differ across Service Domains. Offerors should propose flexible operating approaches capable of supporting varying levels of administration, oversight, reporting, and implementation maturity under HCA direction.</p>
54	<p>What are the highest execution and compliance risks HCA anticipates across the service domains, and what role should the ASO — or supporting partners — play in providing independent validation, risk monitoring, and performance assurance?</p>	<p>HCA anticipates that execution and compliance risks will vary by Service Domain, funding source, program maturity, and regulatory requirements. Potential areas of risk may include financial compliance, allowable use of funds, reporting accuracy and timeliness, contract and subaward oversight, performance monitoring, procurement compliance, implementation delays, and adherence to State and federal requirements. The ASO and supporting partners may assist with risk monitoring, reporting, documentation, performance tracking, compliance support, internal controls, corrective action processes, and validation activities, as directed by HCA. HCA retains responsibility for governance, oversight, funding decisions, and final approval authority.</p>
55	<p>What level of sophistication does HCA expect in portfolio-level analytics, dashboards, and decision-support capabilities, and how important are these capabilities relative to transactional service delivery in the evaluation process?</p>	<p>HCA anticipates that analytics, dashboards, and decision-support capabilities should be scalable and appropriate to the applicable Service Domain, program maturity, funding source, and reporting requirements. Expectations may range from basic monitoring and reporting functions to more advanced portfolio-level analytics, performance tracking, risk identification, and decision-support capabilities, depending on program needs. HCA values the ability to support both operational execution and meaningful insights to inform oversight and decision-making; however, the relative importance of specific capabilities will be evaluated within the context of the applicable Service Domain(s), evaluation criteria, and proposed approach. Offerors should propose solutions proportionate to the complexity and maturity of the programs being supported.</p>

56	Given HCA's ability to phase implementation across domains, how should Offerors structure teams and capabilities to support both early-stage program setup and scaled operational delivery over time?	Offerors should propose flexible and scalable approaches capable of supporting varying levels of implementation maturity, operational complexity, and Service Domain needs over time. HCA anticipates that implementation activities, timelines, partnerships, and required capabilities may evolve, particularly for emerging programs. Offerors should demonstrate the ability to adapt staffing models, operational supports, reporting capabilities, and subject matter expertise to meet changing program requirements while maintaining continuity, compliance, and performance expectations under HCA direction.
57	For Offerors proposing on a subset of service domains, how will HCA evaluate depth of capability within a domain versus breadth across multiple domains — particularly when delivered through a team of partners?	Offerors should propose flexible and scalable approaches capable of supporting varying levels of implementation maturity, operational complexity, and Service Domain needs over time. HCA anticipates that implementation activities, timelines, partnerships, and required capabilities may evolve, particularly for emerging programs. Offerors should demonstrate the ability to adapt staffing models, operational supports, reporting capabilities, and subject matter expertise to meet changing program requirements while maintaining continuity, compliance, and performance expectations under HCA direction.
58	Please confirm the request is for a minimum of three (3) references overall, and not three (3) references per service domain.	Confirmed. The requirement is for a minimum of three (3) references overall, not three (3) references per Service Domain. References should reflect the qualifications and performance of the prime Offeror and be relevant to the scope of services proposed.
59	The RFP requires a detailed description of experience "conducting independent audits of health care providers, facilities, or comparable programs." Given that the RFP also references 'audit-readiness advisory services' in Section III.C.2.h.iii, will HCA confirm that extensive organizational experience conducting programmatic compliance reviews, operational assessments, and audit-readiness evaluations will fully satisfy the requirement for 'independent audits' without requiring the Offeror to be a certified public accounting (CPA) or formal financial auditing firm?	HCA acknowledges that additional clarification is needed regarding the experience and qualifications described in Section III.C.2.h. HCA intends to address this through amendment. HCA does not intend to require Offerors to be certified public accounting (CPA) firms or formal financial auditing organizations to demonstrate relevant experience under this requirement. Experience with programmatic compliance reviews, audit readiness support, operational assessments, financial monitoring, internal controls, risk assessments, oversight activities, or comparable functions may be considered relevant, as applicable to the proposed Service Domain(s). HCA will issue revised language, as needed, to clarify expectations regarding organizational experience and key personnel qualifications.
60	The RFP mandates a biography for a "Lead Auditor." To ensure HCA receives the highest level of strategic and programmatic expertise, will HCA accept a 'Lead Compliance Subject Matter Expert' or 'Lead Quality Assurance Specialist' who specializes in	HCA acknowledges that additional clarification regarding key personnel qualifications and titles is needed and intends to address this through amendment. HCA does not intend to require a specific job title, such as "Lead Auditor," provided proposed personnel demonstrate relevant qualifications, experience, and subject matter expertise aligned with the applicable Service Domain(s) and proposed scope of work. Experience in compliance, audit readiness, financial monitoring, oversight, quality assurance, risk

	healthcare finance and compliance monitoring in lieu of a formally titled 'Lead Auditor'?	management, operational assessments, or comparable functions may be considered relevant, as applicable. HCA will issue revised language, as needed, to clarify expectations regarding key personnel qualifications.
61	<p>The RFP states that Offerors may state 'Not Applicable' with a brief explanation if a question does not apply to their proposed Service Domain. However, it also states that failure to submit a response may result in a score of zero or disqualification. Can HCA confirm that if an Offeror provides a reasonable explanation for an 'N/A' response, they will not be penalized with a score of zero or face disqualification for that specific question?</p> <p>Additionally, to promote a fair and objective evaluation and to avoid any ambiguity, would HCA consider providing a definitive matrix that clearly identifies which questions in Section III.C.2.j are mandatory for each of the four ASO Service Domains.</p>	HCA acknowledges that additional clarification regarding the applicability of Section III.C.2.j questions across Service Domains is needed and intends to address this through amendment. Offerors may indicate “Not Applicable” with a brief explanation where a question does not apply to the proposed Service Domain(s). HCA does not intend to penalize Offerors solely for providing a reasonable “Not Applicable” response when supported by an explanation aligned with the proposed Service Domain(s). HCA will issue additional clarification, including applicability guidance, as needed.
62	"Sections III.B.1.7 and III.C.1.7 emphasize 'Audit Readiness.' Can HCA confirm that the primary role of the ASO across all domains is to prepare the State, providers, and grantees for external audits (i.e., preparing standardized documentation packages, performing reconciliation), rather than the ASO executing the independent financial audits itself?	HCA acknowledges that additional clarification regarding audit readiness, monitoring, and related qualifications is needed and intends to address this through amendment. HCA anticipates that ASO responsibilities may include audit readiness support, documentation preparation, reconciliation activities, monitoring, compliance support, and related oversight functions, as applicable to the Service Domain and scope of work. HCA does not intend to require the ASO to perform independent financial audits solely by virtue of the audit readiness requirements described in the RFP. HCA will issue revised language, as needed, to clarify expectations regarding audit-related functions and qualifications.
63	<p>Can HCA please elaborate on its expectations of system(s) the ASO is to provide for Service Domain 3? Is it such that the ASO will solely leverage the State’s existing IT infrastructure for data feeds, reporting, and payment tracking, rather than being required to build, host, and maintain its own proprietary IT systems?</p> <p>Would HCA consider removing or revising this section to allow for objective, strategic advisory and consulting firms who do not provide</p>	HCA acknowledges that additional clarification regarding systems, operational capabilities, and implementation expectations is needed and intends to address this through amendment. HCA does not intend to require Offerors to build, host, or maintain proprietary IT systems solely by virtue of responding to this procurement. Offerors should demonstrate flexible operational capabilities, processes, methodologies, and infrastructure sufficient to support implementation, reporting, monitoring, coordination, and other applicable functions under the proposed Service Domain(s). HCA will issue revised language, as needed, to clarify expectations regarding systems, operational capabilities, and related qualifications.

	system implementation services but bring strategic portfolio management and risk stratification experience to respond?	
64	Several of the links are inaccessible. Can HCA please re-upload the RFP to include working links? Examples include, but are not limited to, Section I.G. Procurement Library, Section II.B.5. Response to Written Questions, and Section III.A. Number of Responses	HCA acknowledges that certain links within the RFP are inaccessible or nonfunctional. Updated URL links and related clarifications will be provided through contract amendment.
65	Will a properly explained "Not Applicable" response on a question that does not map to the Offeror's proposed Service Domain be scored neutrally - for example, the points re-allocated proportionally across applicable questions for that Service Domain - or will such a response receive a score of zero?	<p>HCA acknowledges that additional clarification regarding scoring and applicability of questions across Service Domains is needed and intends to address this through amendment.</p> <p>Offerors may indicate "Not Applicable" with a brief explanation where a question does not apply to the proposed Service Domain(s). HCA does not intend to assign a score of zero solely due to a reasonable "Not Applicable" response when supported by an explanation aligned with the proposed Service Domain(s). HCA will issue additional clarification regarding applicability and scoring, as needed.</p>
66	Please confirm that a properly explained "Not Applicable" response submitted in accordance with the applicability paragraph does not constitute "failure to submit a response" for purposes of the disqualification provision in the same Section.	<p>HCA acknowledges that additional clarification regarding applicability, scoring, and disqualification provisions across Service Domains is needed and intends to address this through amendment.</p> <p>HCA does not intend to treat a properly explained "Not Applicable" response, aligned with the proposed Service Domain(s), as a failure to submit a response solely for purposes of disqualification. HCA will issue additional clarification regarding applicability, scoring, and related evaluation provisions, as needed.</p>
67	Where a question partially maps to a Service Domain (e.g., one or more lettered sub-parts apply and others do not), is the Offeror's response evaluated only on the applicable sub-parts, or against all sub-parts including those that do not apply?	<p>HCA acknowledges that additional clarification regarding applicability and evaluation of partially applicable questions across Service Domains is needed and intends to address this through amendment.</p> <p>Offerors may provide responses addressing applicable portions of a question and identify non-applicable portions with a brief explanation, where appropriate. HCA will issue additional clarification regarding applicability, evaluation, and scoring considerations, as needed.</p>
68	For Offerors proposing on Service Domain 4 specifically, will HCA permit or expect supplemental responses or attachments addressing F.4-specific required functions not represented in the eight scored questions (e.g., claims	<p>HCA acknowledges that additional clarification regarding applicability of scored questions and evaluation of Service Domain-specific functions is needed and intends to address this through amendment.</p> <p>HCA will provide additional guidance, as needed, regarding whether supplemental responses or supporting materials are permitted or</p>

	management system capabilities, claims/invoices processing methodology, workbooks and encounters, program integrity, security and disaster recovery, vendor network operations)? If so, please describe the expected format, location in Submittable, and how such material will be evaluated.	expected, including any applicable submission instructions and evaluation considerations.
69	Will HCA consider issuing a domain-specific scoring rubric or supplemental questionnaire for Service Domain 4 to ensure the evaluation reflects the Scope of Work in Appendix F.4?	<p>HCA acknowledges that additional clarification regarding evaluation criteria and applicability across Service Domains is needed and intends to address this through amendment.</p> <p>HCA will evaluate whether additional guidance, revisions, or domain-specific clarification is needed to ensure evaluation criteria appropriately align with the applicable Service Domain requirements.</p>
70	<p>Please confirm the authoritative numbering of the four Service Domains and the appendix containing each Scope of Work, for purposes of Submittable form selection, Cost Proposal labeling, Questionnaire response labeling, and proposal evaluation.</p> <p>Submittable shows: Service Domain 1 = RHCDF (Appendix F.1); Service Domain 2 = SB3/BHRIA (Appendix F.2); Service Domain 3 = RHTP (Appendix F.3); Service Domain 4 = Non-Medicaid Behavioral Health (Appendix F.4). If this is not correct, please provide the authoritative mapping that will be used for evaluation.</p>	Please refer to Question 24, which provides the Service Domain numbering and associated appendices. HCA will issue an amendment to clarify and align Service Domain numbering throughout the procurement documents, as needed.
71	Please confirm that the "Appendix I.1" through "Appendix I.4" references in Section III.C.2.j refer to the same Scopes of Work appearing at Appendix F.1 through F.4 in the body of the RFP.	Confirmed. References to "Appendix I.1" through "Appendix I.4" in Section III.C.2.j should refer to the corresponding Scopes of Work in Appendix F.1 through F.4. HCA will issue an amendment to correct and align appendix references throughout the procurement documents, as needed.
72	Please clarify the Phase 4 score-totaling formulas in Section V.C (pp. 40-41). The Service Domain label and the named Total Score on each line appear to use different numbering schemes. Will HCA issue an amendment correcting these formulas prior to the proposal due date?	Yes. HCA acknowledges that additional clarification and correction regarding Phase 4 score calculations, Service Domain numbering, and evaluation methodology is needed and intends to address this through amendment. HCA will issue revised language, as needed, to clarify evaluation and scoring approaches prior to the proposal due date.

73	Section III.C.2.h.ii requires the Offeror to identify a Lead Auditor as key personnel. Please clarify whether the Lead Auditor role requires CPA licensure and experience conducting independent audits under AICPA or GAGAS standards, or whether the role is intended to encompass program integrity, audit-readiness coordination, and compliance oversight as performed by Administrative Services Organizations?	HCA acknowledges that additional clarification regarding key personnel qualifications and audit-related experience requirements is needed and intends to address this through amendment. HCA does not intend to require CPA licensure or experience conducting independent audits under AICPA or GAGAS standards solely by virtue of the "Lead Auditor" requirement. Relevant experience may include program integrity, audit readiness support, compliance oversight, financial monitoring, risk assessment, operational assessments, internal controls, monitoring activities, or comparable functions, as applicable to the proposed Service Domain(s). HCA will issue revised language, as needed, to clarify expectations regarding key personnel qualifications and related experience requirements.
74	Given that Service Domain 1 §2.3.4 and Service Domain 3 §2.3.9 prohibit subcontracting staffing, please clarify whether the Lead Auditor must be a direct employee of the Offeror for those domains, or whether the role may be satisfied by a named subject matter expert engaged through a subcontracted services arrangement?	HCA acknowledges that additional clarification regarding key personnel requirements, subcontracting limitations, and audit-related qualifications is needed and intends to address this through amendment. HCA will issue revised language, as needed, to clarify expectations regarding proposed personnel, subcontracted expertise, and staffing restrictions applicable to the Service Domain(s).
75	Is a designated "Lead Auditor" a required Key Personnel role for every Service Domain proposed, including Service Domain 2 and Service Domain 4 where audit functions are not part of the SOW?	HCA acknowledges that additional clarification regarding key personnel requirements and applicability across Service Domains is needed and intends to address this through amendment. HCA will issue revised language, as needed, to clarify expectations regarding required key personnel roles, qualifications, and applicability to specific Service Domain(s).
76	If answer to (3c) is yes, may Offerors substitute or supplement this role with Key Personnel appropriate to the proposed Service Domain(s) (e.g., Director of Operations, Lead Financial Analyst, Stakeholder Engagement Lead, Information Systems Lead) for those Domains where audit functions are not part of the SOW?	HCA acknowledges that additional clarification regarding key personnel requirements, role applicability, and Service Domain-specific qualifications is needed and intends to address this through amendment. HCA will issue revised language, as needed, to clarify expectations regarding required key personnel roles, qualifications, and alignment with the proposed Service Domain(s) and scope of work.
77	May the two project successes and one project challenge described in Section III.C.2.h.iii relate to the broader ASO services described in the applicable SOW (e.g., fiscal pass-through administration, claims processing, performance monitoring of a provider network, payment reconciliation), rather than being limited to independent-audit engagements?	HCA acknowledges that additional clarification regarding organizational experience requirements and applicability across Service Domains is needed and intends to address this through amendment. HCA will issue revised language, as needed, to clarify expectations regarding project examples, organizational experience, and relevance to the proposed Service Domain(s) and scope of work.

78	<p>Will the Evaluation Committee consider Offeror experience in the full range of ASO functions described in the applicable Scope of Work and Service Domain Specifications Questionnaire (e.g., payment processing, agreement administration, performance monitoring, risk stratification, stakeholder coordination), or will scoring under Section V.B.2 be limited to independent-audit experience as written in Section III.C.2.h.i?</p>	<p>HCA acknowledges that additional clarification regarding organizational experience requirements, evaluation criteria, and applicability across Service Domains is needed and intends to address this through amendment. HCA will issue revised language, as needed, to clarify expectations regarding relevant organizational experience, scoring considerations, and alignment with the proposed Service Domain(s) and applicable scope of work.</p>
79	<p>Please clarify the scope of "staffing" in Appendix F.1 §2.3.4 and Appendix F.3 §2.3.9. Specifically: (i) does this prohibition apply to all personnel performing services under the SOW, or only to Key Personnel as defined in Section III.C.2.h.ii; (ii) are independent contractors (1099 personnel) engaged by the prime considered subcontracted staffing for purposes of this prohibition; and (iii) does the prohibition apply to professional services firms engaged for discrete functions (e.g., independent audit, IT hosting and security, actuarial services, legal services)?</p>	<p>HCA acknowledges that additional clarification regarding subcontracting limitations, staffing restrictions, and applicability to personnel and professional services arrangements is needed and intends to address this through amendment. HCA will issue revised language, as needed, to clarify expectations regarding staffing, subcontracted personnel, independent contractors, professional services, and allowable subcontracting arrangements applicable to the proposed Service Domain(s).</p>
80	<p>Please clarify under Appendix F.1 and Appendix F.3, what the prime contractor may subcontract for?</p>	<p>HCA acknowledges that additional clarification regarding allowable subcontracting arrangements, staffing restrictions, and applicability to specific functions and services is needed and intends to address this through amendment. HCA will issue revised language, as needed, to clarify expectations regarding allowable subcontracting, subcontracted personnel, professional services, and other subcontracted functions applicable to Appendix F.1 and Appendix F.3.</p>
81	<p>Please confirm that Appendix F.2 and Appendix F.4 follow the general rule in Section II.C.5 - i.e., that subcontracting (including subcontracting of staffing functions) is permitted with prior written approval and is not subject to a domain-specific prohibition.</p>	<p>HCA acknowledges that additional clarification regarding subcontracting requirements, staffing restrictions, and applicability across Service Domains is needed and intends to address this through amendment. HCA will issue revised language, as necessary, to clarify expectations regarding allowable subcontracting arrangements, staffing restrictions, and Service Domain-specific requirements applicable to Appendix F.2 and Appendix F.4.</p>
82	<p>Is a single Offeror permitted to act as the prime contractor for one Service Domain while serving as a subcontractor to a different prime?</p>	<p>Yes, provided that all proposals comply with applicable procurement requirements, conflict of interest provisions, organizational disclosures, and any Service Domain-specific restrictions. Each proposal will be evaluated independently, and</p>

		each Service Domain may result in a separate contract with separate deliverables, funding sources, and requirements. Offerors are responsible for clearly identifying proposed relationships, roles, and subcontracting arrangements within their submissions.
83	May an organization, or individual, serve as a subcontractor across more than one prime contractor?	Yes, provided that all proposed arrangements comply with applicable procurement requirements, conflict of interest provisions, organizational disclosures, and any Service Domain-specific restrictions. Offerors are responsible for clearly identifying proposed subcontracting relationships and demonstrating sufficient capacity to fulfill proposed responsibilities. HCA reserves the right to evaluate proposed arrangements for potential conflicts, duplication, or risks to successful performance.
84	If the answer to question (4d) and/or (4e) is yes, are there any restrictions on such arrangements (e.g., disclosure requirements)?	Yes. Offerors are responsible for clearly disclosing proposed subcontracting arrangements, organizational relationships, and roles/responsibilities within their proposals. All arrangements must comply with applicable procurement requirements, conflict of interest provisions, and any Service Domain-specific restrictions. HCA reserves the right to evaluate proposed arrangements for potential conflicts, duplication of effort, organizational capacity, and risks to successful performance.
85	Should subcontractor pricing be itemized separately in the Cost Proposal, and if so, at what level of detail (e.g., per-subcontractor line items, blended-rate categories, fully loaded to prime rates), or is this at the discretion of the Offeror and their sub-contractor(s)?	Offerors should submit Cost Proposals in accordance with the Cost Proposal instructions and sample template provided in the RFP. Offerors may submit a more detailed budget, but not a less detailed budget, than the sample template provided. To the extent subcontractors are proposed and allowable under the applicable Service Domain requirements, Offerors should provide sufficient detail for HCA to understand proposed costs, staffing/resource assumptions, and activities supporting the proposed scope of work. The level of detail beyond the minimum requirements is otherwise at the discretion of the Offeror, provided the Cost Proposal is clear, complete, and responsive to the RFP requirements.
86	Will the following submission meet the requirements of Section V.B.1.c? "Offerors must submit copies of independent audits for the last two (2) years. If an independent audit was not conducted, copies of the Offeror's unaudited financial statements for the last three (3) years. The submission must include the audit opinion, the balance sheet, and statements of income, retained earnings, cash flows, and the notes to the financial statements. If independently audited financial statements do not exist, the Offeror must state the reason, and instead submit a "Substitute Documentation Package" that includes: (i) internally	HCA acknowledges that additional clarification regarding Financial Stability submission requirements, acceptable documentation, and submission instructions is needed and intends to address this through amendment. HCA will issue revised guidance, as needed, regarding required financial documentation, acceptable alternatives where audited financial statements are unavailable, applicable upload instructions within Submittable, and treatment of submitted information consistent with applicable confidentiality, IPRA, and procurement requirements.

	<p>prepared financial statements; (ii) current fiscal year budget (with year-to-date actuals); and (iii) an explanation letter addressing any solvency-related issues.”</p> <p>If the above submission is acceptable, please also confirm (i) where in the Submittable form Offerors should upload this documentation, and (ii) that financial information submitted will be treated as confidential consistent with Section I.F.8.</p>	
87	<p>Please confirm whether the anticipated implementation timeline for Service Domain 4 differs from the timelines for Service Domains 1, 2, and 3. If so, please describe the anticipated Service Domain 4 timeline, including: (i) anticipated contract effective date; (ii) any planned phasing of functions or services; and (iii) the anticipated initial contract term and any planned optional extensions.</p>	<p>Yes. HCA anticipates that the implementation timeline for Service Domain 4 may differ from Service Domains 1, 2, and 3, including a later implementation timeline and phased approach, as appropriate. Specific timing for contract execution, implementation, phased activities, contract term, and any extensions will depend on funding availability, programmatic readiness, procurement timelines, operational considerations, and HCA priorities. Additional details regarding implementation timing and phasing will be established through contract negotiations and program planning, as applicable.</p>
88	<p>If Service Domain 4 has an implementation timeline that differs from the other Service Domains, please clarify how the Service Domain 4 Cost Proposal should be structured to align with the cost-evaluation methodology in Section V.B.5. Specifically: (i) should the "one (1)-year contract period" referenced in Section V.B.5 be calibrated to the Service Domain 4-specific effective date; (ii) if Service Domain 4 services are phased in over multiple periods, should the Cost Proposal reflect ramp-up costs separately from steady-state operating costs; and (iii) should the Service Domain 4 Staffing Table reflect FTE counts at full operational capacity, at phased levels, or both?</p>	<p>Offerors should structure Cost Proposals and Staffing Tables to reasonably reflect the proposed implementation approach, anticipated timing, and staffing assumptions associated with the applicable Service Domain(s). Where phased implementation is proposed or anticipated, Offerors may include additional detail regarding ramp-up activities, phased staffing, and ongoing operating assumptions, as needed to clearly describe proposed costs and resource requirements. Offerors may submit a more detailed budget, but not a less detailed budget, than the sample template provided. Cost Proposals should remain clear, complete, and responsive to the RFP requirements and allow HCA to understand proposed assumptions and costs over the applicable contract period.</p> <p>Offerors submitting proposals for multiple Service Domains shall separately identify costs, staffing assumptions, and related budget information for each proposed Service Domain to allow independent evaluation, review, and comparison by HCA.</p>
89	<p>Are there transition planning, readiness assessment, or continuity-of-operations requirements specific to Service</p>	<p>Offerors should structure Cost Proposals and Staffing Tables to reasonably reflect the proposed implementation approach, anticipated timing, and staffing assumptions associated with the applicable Service Domain(s). Where phased implementation is</p>

	<p>Domain 4 (e.g., coordination with any predecessor ASO, transition of Vendor and Client data, continuity of payment processing for the BHSD Vendor Network) that Offerors should reflect in the technical narrative or Cost Proposal? If so, please provide the relevant requirements or planning assumptions.</p>	<p>proposed or anticipated, Offerors may include additional detail regarding ramp-up activities, phased staffing, and ongoing operating assumptions, as needed to clearly describe proposed costs and resource requirements. Offerors may submit a more detailed budget, but not a less detailed budget, than the sample template provided. Cost Proposals should remain clear, complete, and responsive to the RFP requirements and allow HCA to understand proposed assumptions and costs over the applicable contract period.</p> <p>Offerors proposing on multiple Service Domains shall separately identify costs, staffing assumptions, transition activities, and related budget information for each proposed Service Domain to allow independent evaluation, review, and comparison by HCA.</p>
90	<p>Please reconcile the apparent tension within Appendices F.1, F.2, and F.3 between §3.11.1 ("The ASO shall operate within HCA-designated systems and platforms") and §3.12.1 / §3.6.1 ("The ASO shall have existing systems and methodology for implementing systems in support of this project"). Are these provisions intended to address different categories of systems (e.g., HCA-designated tools for coordination and document management; ASO-owned systems for operational delivery), or is the ASO expected to migrate or replace its existing systems with HCA-designated platforms?</p>	<p>HCA acknowledges that additional clarification regarding systems, methods, operational approaches, and use of HCA-designated platforms is needed and intends to address this through amendment. HCA will issue revised language, as needed, to clarify expectations regarding use of HCA systems, Offeror-owned tools or methodologies, and any requirements related to implementation, interoperability, or operational support applicable to the proposed Service Domain(s).</p>
91	<p>The parenthetical example in Section III.C.2.j.8 ("e.g., project management tools, document repositories, collaboration platforms") suggests that "HCA-designated systems and platforms" within the scope of §3.11.1 may be limited to coordination, collaboration, and document-management tools. Please confirm whether this is the intended scope, or whether §3.11.1 extends to core operational systems (e.g., contract administration, payment processing, financial reporting, performance tracking, claims management).</p>	<p>Please refer to Question 63 regarding expectations related to systems, methodologies, and use of HCA infrastructure and platforms. HCA acknowledges that additional clarification regarding systems, methods, operational approaches, and use of HCA-designated platforms is needed and intends to address this through amendment. HCA will issue revised language, as needed, to clarify expectations regarding use of HCA systems, Offeror-owned tools or methodologies, and any requirements related to implementation or operational support applicable to the proposed Service Domain(s).</p>

92	Appendix F.4 contains no §3.11.1 equivalent, and F.4 §13.4 and §15 describe the ASO's own service platform as the operational backbone for Service Domain 4. Please confirm that, for Service Domain 4, the ASO is expected to operate its own service platform for core operational functions, with HCA-designated systems used only for coordination, collaboration, and document-management functions consistent with the Section III.C.2.j.8 parenthetical.	Please refer to Question 63 regarding expectations related to systems, methodologies, and use of HCA infrastructure and platforms. HCA acknowledges that additional clarification regarding systems, service platforms, operational approaches, and use of HCA-designated tools across Service Domains is needed and intends to address this through amendment. HCA will issue revised language, as needed, to clarify expectations regarding Offeror-owned platforms, HCA-designated systems, operational support functions, and Service Domain-specific requirements, including those applicable to Service Domain 4.
93	Where the §3.11.1 obligation applies, please clarify cost and access arrangements: (i) will HCA provide system access, user licenses, training materials, and ongoing technical support for HCA-designated systems at no cost to the ASO; (ii) should any licensing, access, integration, or training costs associated with HCA-designated systems be reflected in the Cost Proposal, and if so, in which Cost Proposal column; and (iii) will the specific HCA-designated systems be identified prior to proposal submission, during contract negotiation, or at HCA's direction during the contract term?	Please refer to Question 63 regarding expectations related to systems, methodologies, and use of HCA infrastructure and platforms. HCA acknowledges that additional clarification regarding HCA-designated systems, access, implementation expectations, associated costs, and timing of system identification is needed and intends to address this through amendment. HCA will issue revised language, as needed, to clarify expectations regarding system access, operational support, allowable cost assumptions, and applicable Service Domain requirements.
94	Please confirm that, where the ASO is required to operate within HCA-designated systems under §3.11.1, the ASO is not responsible for system availability, system performance, or data-integrity defects attributable to those HCA-designated systems. Specifically, please confirm that performance penalties under F.1 §8 / F.2 §8 / F.3 §6 (and any equivalent applicable to Service Domain 4) will not apply to noncompliance caused by HCA-designated-system unavailability, defects, or third-party-vendor failures outside the ASO's control.	Please refer to Question 63 regarding expectations related to systems, methodologies, and use of HCA infrastructure and platforms. HCA acknowledges that additional clarification regarding use of HCA-designated systems, operational responsibilities, performance expectations, and allocation of risks associated with system availability or functionality is needed and intends to address this through amendment. HCA will issue revised language, as needed, to clarify expectations regarding system-related responsibilities, performance considerations, and applicable Service Domain requirements.
95	For Service Domains 1, 2, and 3, please clarify the boundary	HCA shall serve as the primary point of contact for programmatic functions, including policy interpretation, funding decisions,

	<p>between HCA's role as primary contact for applicants, grantees, providers, and recipients under F.1/F.2/F.3 §2.1.2, §2.4.1, and §7 (or §2.3.4 in F.3), and the ASO's operational role under the same SOWs. Specifically, may the ASO communicate directly with applicants and recipients on operational matters such as: (i) acknowledging receipt of applications, invoices, and reports; (ii) requesting missing documentation or clarification on submitted materials; (iii) issuing payment confirmations and remittance information; (iv) coordinating closeout activities, document collection, and final reconciliation; and (v) operating a customer service help desk for procedural and operational questions, with policy and programmatic questions escalated to HCA?</p>	<p>approvals, program oversight, and other functions identified by HCA. Under the direction and authority of HCA, the selected ASO may support administrative, operational, coordination, monitoring, technical assistance, contracting support, invoicing, payment administration, deliverable tracking, documentation collection, reporting, closeout activities, and related functions, as applicable to the Service Domain and approved by HCA. The nature and extent of direct communication with applicants, grantees, providers, recipients, contractors, or other participating entities may vary by Service Domain. For example, under Service Domain 1 (RHCDF), HCA program staff maintain direct relationships with funded organizations, and the ASO is anticipated to primarily support HCA staff rather than provide direct provider-facing customer service functions. Expectations for Service Domain 3 (RHTP) continue to evolve and may change over time as implementation approaches are further developed. Communication roles and workflows for Behavioral Health Service Domains (2 and 4) may differ based on program requirements and operational needs. Specific roles, workflows, escalation processes, communication expectations, and authorization for direct communication will be established by HCA and may vary by Service Domain.</p>
96	<p>Section III.C.2.j.5 (Performance Monitoring) asks Offerors to describe their approach to "providing technical assistance and corrective support to recipients/participants" and "development of corrective action recommendations or improvement plans," while F.1 §7.1.1 and §7.1.3 (and the parallel provisions in F.2 §7 and F.3 §2.3.4) prohibit the ASO from offering technical assistance or conducting corrective action plans. Please reconcile these provisions for Service Domains 1, 2, and 3. Specifically: (i) does the prohibition apply to all forms of technical assistance, or only to programmatic and policy guidance; (ii) may the ASO support HCA in developing corrective action recommendations, with HCA retaining the authority to issue and enforce CAPs against recipients; and (iii) may the ASO communicate CAP requirements and monitor CAP</p>	<p>The ASO may support monitoring, documentation, tracking, analysis, coordination, communication, and other operational activities, as directed by HCA and consistent with the applicable Service Domain scope of work. HCA retains responsibility for programmatic oversight, policy interpretation, corrective action issuance and enforcement, funding decisions, and final authority. The prohibition on technical assistance and corrective actions is not intended to prohibit ASO support to HCA in monitoring, documentation, communication, or operational coordination activities associated with performance improvement processes. Expectations regarding technical assistance, corrective actions, and communication responsibilities may vary by Service Domain and will be established by HCA.</p>

	completion under HCA direction, even though the ASO does not conduct the enforcement action itself?	
97	<p>Section III.C.2.j.8 (Coordination, Systems and Customer Support) asks Offerors to describe a "customer service model for providers/recipients/partners." Please confirm whether, for Service Domains 1, 2, and 3, the ASO is expected to operate a customer service function serving applicants and recipients directly on operational matters (consistent with the questionnaire prompt), or whether the ASO's customer service obligation is limited to supporting HCA staff who in turn serve as the recipient-facing contact (consistent with the §2.1.2 and §7 restrictions).</p>	<p>Please refer to Question 95 regarding ASO communication responsibilities, customer support functions, and Service Domain-specific expectations. HCA shall serve as the primary point of contact for programmatic functions, including policy interpretation, funding decisions, approvals, program oversight, and other functions identified by HCA. Under the direction and authority of HCA, the selected ASO may support administrative, operational, coordination, monitoring, technical assistance, contracting support, invoicing, payment administration, deliverable tracking, documentation collection, reporting, closeout activities, customer support functions, and related activities, as applicable to the Service Domain and approved by HCA. The nature and extent of customer service, communication, and operational support functions may vary by Service Domain. For example, under Service Domain 1 (RHCDF), HCA program staff maintain direct relationships with funded organizations, and the ASO is anticipated to primarily support HCA staff rather than provide direct provider-facing customer service functions. Expectations for Service Domain 3 (RHTP) continue to evolve and may change over time. Communication roles and customer support functions for Behavioral Health Service Domains (2 and 4) may differ based on program requirements and operational needs. Specific roles, workflows, escalation processes, customer support expectations, and authorization for direct communication will be established by HCA and may vary by Service Domain.</p>
98	<p>Where the §2.1.2 "unless explicitly authorized by HCA in writing" provision applies, please clarify whether such authorization is expected to be granted on a function-by-function basis at the start of the contract (e.g., authorizing the ASO to serve as operational contact for invoice processing, recipient training on the ASO platform, document collection, etc.), or only on an exception basis. The answer materially affects how Offerors propose to staff and price Service Domains 1, 2, and 3.</p>	<p>Authorization, where applicable, may be established by HCA through contract terms, operational workflows, written procedures, implementation planning, or other written direction, and may vary by Service Domain, function, and program needs. HCA does not intend to prescribe a single authorization model applicable to all Service Domains or functions. Offerors should propose staffing and operational approaches that allow flexibility to support HCA-directed communication, coordination, and administrative functions, consistent with the applicable scope of work and HCA oversight.</p>
99	<p>For Service Domain 4, will the performance standards, Corrective Action Plan framework, and monetary penalty structure (including specific penalty amounts, per-instance caps,</p>	<p>HCA acknowledges that additional clarification regarding performance standards, corrective action processes, and accountability frameworks applicable to Service Domain 4 is needed and intends to address this through amendment, if applicable. HCA will provide additional guidance, as needed, regarding performance monitoring, corrective actions,</p>

	<p>monthly caps, and pattern-of-behavior provisions) be the same as those articulated in F.1 §8 / F.2 §8 / F.3 §6, or will Service Domain 4 have a distinct performance and penalty framework? If a distinct framework applies, please confirm where in the RFP this framework is specified or indicate whether it will be defined during contract negotiation. We respectfully request that the framework be made available prior to the proposal due date to inform Cost Proposal risk-pricing.</p>	<p>accountability measures, and Service Domain-specific requirements relevant to Service Domain 4 implementation and operational expectations.</p>
100	<p>Please confirm whether the awarded ASO under Service Domain 3 will be classified as a contractor or a subrecipient under 2 CFR §200.331. This classification determines, among other things, the applicability of Single Audit requirements under 2 CFR Part 200 Subpart F and subrecipient monitoring obligations under §§200.331-200.333. Please also identify which 2 CFR Part 200 provisions HCA intends to flow down to the ASO contractually (e.g., procurement standards under §§200.318-200.327, subrecipient monitoring under §§200.331-200.333, FFATA subaward reporting).</p>	<p>The awarded ASO under Service Domain 3 is anticipated to operate as a contractor/vendor and not a subrecipient for purposes of 2 CFR §200.331. However, the ASO may be expected to support HCA in administration, monitoring, compliance, reporting, documentation, and other activities associated with applicable federal requirements, including provisions of 2 CFR Part 200, as directed by HCA and consistent with the scope of work. Applicable federal, State, and contractual requirements, including any required 2 CFR Part 200 flow-down provisions, will be identified through the contract and associated terms and conditions, as applicable to the services performed and funding source.</p>
101	<p>Appendix F.3 §3.9 and §3.10 describe the ASO's role as supporting HCA, with "Final approval authority and contract execution authority [remaining] with HCA." Please confirm: (i) that HCA retains all procurement authority (issuing solicitations, evaluating competitive responses, executing contracts) with the ASO providing administrative support only; and (ii) that HCA retains subaward issuance authority, including FAIN assignment and subaward agreement execution, with the ASO supporting ongoing</p>	<p>Yes. HCA retains responsibility for procurement authority, funding decisions, approvals, contract execution, subaward issuance, and final authority, as applicable. The ASO may support administrative, operational, monitoring, documentation, coordination, compliance, reporting, and related functions, as directed by HCA and consistent with the applicable scope of work. This may include supporting HCA in activities related to subrecipient monitoring, compliance oversight, coordination with other contractors performing reporting or related functions, documentation, and monitoring activities, as directed by HCA. Expectations regarding these activities may vary by Service Domain and funding source.</p>

	subrecipient monitoring as directed.	
102	Will HCA make available in the Procurement Library - or otherwise share with Offerors during the question period - the relevant excerpts of New Mexico's CMS RHTP application materials describing the standards HCA committed to maintain under F.3 §3.2 (e.g., internal control standards, performance milestones, reporting cadence, allowable expenditure categories)? Please also describe the federal reports the ASO is expected to support or prepare on HCA's behalf, and at what cadence (e.g., SF-425, performance progress reports, RHTP-specific reports to the CMS Office of Rural Health Transformation).	The New Mexico Rural Health Transformation (RHT) Program application materials and related publicly available documents may provide additional context regarding program goals, implementation approaches, and commitments. HCA may provide additional information or references, as appropriate. The ASO may be expected to support HCA with reporting, documentation, monitoring, compliance activities, data collection, and other administrative functions associated with applicable federal, State, and program requirements, as directed by HCA and consistent with the scope of work. Reporting expectations, deliverables, and cadence may vary over time based on CMS requirements, funding conditions, program implementation, and HCA direction. Specific reporting responsibilities will be established through contract terms, implementation planning, and ongoing program guidance.
103	Please confirm: (i) the base contract term that should form the basis of each Cost Proposal (e.g., 12 months from contract effective date through June 30, 2027); (ii) whether Cost Proposals should also include estimated pricing for any anticipated optional extension years and, if so, on what basis; and (iii) the maximum total contract length HCA contemplates, noting NMSA 1978, § 13-1-150.	Offerors should prepare Cost Proposals based on the base contract term identified in the RFP. Unless otherwise specified, Offerors are not required to separately price optional extension periods. Contract terms, including any allowable extensions, will be subject to applicable procurement requirements, funding availability, and State law, including NMSA 1978, § 13-1-150, as applicable.
104	If Oral Presentations are conducted under Section II.B.9, please confirm that Phase 5 scoring applies to all four Service Domains and not only to Domains 1 and 2. If different treatment applies to Domains 3 and/or 4, please describe.	Please refer to Questions 47 and 72 regarding Phase 5 evaluation methodology, combined scoring, and applicability across Service Domains. HCA acknowledges that additional clarification regarding oral presentations, scoring methodology, and applicability across Service Domains is needed and intends to address this through amendment. HCA will issue revised language, as needed, to clarify evaluation phases, scoring methodology, and applicability of oral presentations and related scoring considerations by Service Domain.
105	Please clarify the purpose and effect of the "Combined Scores for Both Service Domains" calculation. If an Offeror submits proposals for more than two Service Domains, will a combined score be computed across all proposed Service Domains for any evaluation	Please refer to Questions 47, 72, and 104 regarding combined scoring, evaluation methodology, and applicability across Service Domains. HCA acknowledges that additional clarification regarding combined scoring calculations, evaluation methodology, and Service Domain-specific scoring is needed and intends to address this through amendment. HCA will issue revised language, as needed, to clarify evaluation phases, scoring methodology, and applicability of scoring across Service Domains.

	purpose? Or does Section V.C Phase 4's statement that "Total scores will be calculated separately for each Service Domain" govern, with the combined-score calculation being inapplicable in practice?	
106	Section III.C.2.j.7 (Audit Readiness) explicitly permits "additional, optional examples of close-out/readiness templates added as separate attachments" outside the 1,200-word limit. Please confirm whether other Service Domain Specifications questions also permit supplemental attachments (e.g., sample reports, dashboards, system specifications, scoring rubrics, organizational policies) outside the stated word count, or whether such attachments are permitted only under Section III.C.2.j.7.	Yes. Offerors may submit supplemental materials or supporting documentation (e.g., sample reports, dashboards, templates, policies, system specifications, or similar materials) in addition to required responses. Supplemental materials should be uploaded under the "Additional Documents" section of the application. Offerors should note that supplemental materials may not be considered as part of formal scoring or evaluation, and required responses should remain complete and responsive within the stated word limits and submission requirements.