HEALTH CARE

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alex Castillo Smith, Deputy Secretary
Kathy Slater Huff, Deputy Secretary
Niki Kozlowski, Acting Deputy Secretary

Date: January 7, 2026

Subject: Written Questions and Responses for RFP #26-630-0600-0013

Health Care Affordability Fund Actuarial and Modeling Consulting Services

#	Written Question	NM HCA Response
1	Please provide your estimated budget limit or budget range for this project.	HCA seeks a high-quality vendor who can meet the full scope of this RFP and asks offerors to submit a cost proposal that accurately reflects the costs of providing these services. The agency does not have a specific budget range for the contract at this time.
2	We are a private company that considers our financial statements to be sensitive proprietary information. As such, we would prefer our financials not be included in this proposal. Would it be permissible to include a letter detailing our financial stability, signed by our CFO, in lieu of the financial statements? Alternatively, would it be permissible to include our Dun & Bradstreet report?	Financial statements are required; however, you can mark them as confidential and they will not be shared outside of the evaluation process.
3	If you require the submission of our financial statements, would you accept them upon award of the proposal?	No, financial statements are needed when submitting the proposal. Proof of financial stability is a required part of the evaluation process. Shared financial statements are NOT subject to IPRA requests.
4	Section d. Mandatory Specification requires the answers to the excel sheet provided in Appendix G. of the RFP. Would it be permissible to include the excel tables in our proposal as part of the pdf? We note that all information for the technical proposal must be combined into a single file/document, so we would like to confirm that you do not want a separate excel file uploaded as part of our response.	Offerors should place the tables directly into the proposal text.

5	Page 29 of the RFP states that we must complete the suspension and debarment requirement form in Appendix G. However, Appendix G. seems to be associated with the actuarial services RFP questionnaire. Can you please provide this form?	This was included in error and HCA has issued Amendment #2 removing the requirement of this form.
6	Page 29 of the RFP states that we must complete a "Disclosure Form to Report Lobbying" form. Can you please provide this form?	This was included in error and HCA has issued Amendment #2 removing the requirement of this form.
7	Could you please specify approximate deliverable deadline timing for each task under the scope of work during a contract year? The tasks are listed below:	
7a	Enrollment Impact Modeling	Please see table on final page.
7b	State Budget and Enrollee Cost Impact Modeling	Please see table on final page.
7c	Annual Uninsured Demographic Analysis and Modeling	Please see table on final page.
7d	State Out-of-Pocket Assistance Reconciliation	Please see table on final page.
7e	Premium Impact Modeling for Standardized Health Plans	Please see table on final page.
7f	Annual Legislative Actuarial Report – June 30	Please see table on final page.
7g	Technical Assistance, Coordination, and Data Management	Please see table on final page.
8	For the scope of work subtask "State Out-of-Pocket Assistance Reconciliation", would a contractor be expected to perform claim line level plan design re-adjudication work for all issuers' Turquoise plans in a given plan year? If not, could you please confirm that the Contractor scope of work would be limited to reviewing issuers' re-adjudicated data in Excel template format as the sole basis for this scope of work.	The Contractor scope of work will be limited to reviewing issuers' re-adjudicated data in Excel template format.
9	For the scope of work subtask "State Out-of-Pocket Assistance Reconciliation", could you please confirm the number of reconciliation submission cycles is anticipated to be performed by the Contractor under the scope of work? It is once / twice / N number per contract year?	HCA plans to move to a single submission cycle in FY27, with the opportunity for carriers to request subsequent restatements if warranted.
10	Section IV Specifications/Enrollment Impact Modeling: How many evaluations of HCAF initiatives will be done per year?	On average, there will be three evaluations of HCAF initiatives to be done on a yearly basis: for the budget request (due to Legislature by **September 1**), refinements before legislative session (**due January 1**), and the final actuarial report (due to HCA by **June 15**). There may

		be a need for ad hoc evaluations based on state and federal policy changes.
11	Section IV Specifications/State Budget and Enrollee Cost Impact Modeling: How often is the analysis of fiscal impacts of premium assistance programs, SOPA costs, and other programs expected to be performed by vendor? A single public report done annually? Multiple public reports?	There is one statutorily required actuarial report in due to the Legislative Finance Committee (LFC) and Legislative Health and Human Services Committee on June 30 each year. Any additional reporting requests would be on an ad hoc basis and would be based on state and federal policy changes. These reports are not expected to be as in-depth as the annual legislative report. In the current policy environment, it would be reasonable to assume one full report in June and two ad hoc reports with more limited analysis. The LFC report will be based on the three evaluations of HCAF initiatives that are completed on a yearly basis. See above for the specific evaluations that are done annually.
12	Section IV Specifications/State Budget and Enrollee Cost Impact Modeling: If reports are public, will there be additional non-public work involved with estimating fiscal impacts?	The majority of the reports completed are made open to the public. On occasion, there may be detailed tables that have more granular projections that are not released publicly. Any files may be made public by request.
13	Section IV Specifications/State Budget and Enrollee Cost Impact Modeling: What is meant by data visualizations? Is this just typical graphs or will vendor be required to produce an online, interactive data visualization platform?	Data visualizations only need to be illustrated using graphs, charts, and infographics. There is no requirement or need for information to be on an online or interactive platform.
14	Section IV Specifications/SOPA Reconciliation: Is the most recent SOPA reconciliation available for review?	Because the report includes confidential information from insurance companies, HCA cannot release the full report. However, HCA can provide the following information about the report. The State Out-of-Pocket Assistance (SOPA) Reconciliation report is generally 11-15 pages. The key elements include the following: • A brief background on SOPA. • An executive summary that includes what work was done and the data that was reviewed; what SOPA variant

		multipliers were used for each Turquoise plan; a summary of the reconciliation results (what HCA owes the carriers or what the carriers owe HCA). • A summary of common issues identified with the data submitted by the carriers. • Discussion of the review process. • Information on the company that created the report, the intended user of the report, any conflicts of interest, and the scope of the company's review of the data.
15	Section IV Specifications/SOPA Reconciliation: How often are trainings of Agency staff provided by the vendor? How long are such trainings in hours?	Trainings will occur annually and are not expected to exceed 10 hours total in any given year.
16	Section IV Specifications/SOPA Reconciliation: Is the vendor required to re-adjudicate claims or have a model that does so?	No. Carriers are responsible for re-adjudicating claims. The vendor will be responsible for validating the data submitted by the carriers.
17	Section IV Specifications/Premium Impact Modeling for Standardized Health Plans: How often is the modeling support for the standardized health plan performed by the vendor? Is this once a year?	Modeling for standardized health plans will be performed annually.
18	Section IV Specifications/General Questions: Can the State please provide the current expenditures for this same scope of services with current vendors(s) as a reference point for bidders?	The HCA is requesting bids on a comprehensive set of services that exceed what any single contract has covered in the past. We encourage bidders to price these services based on the actual cost of meeting deliverables.
19	Section IV Specifications/General Questions: Can the State please provide a rough timelines of when these services would occur each year?	Please see table on final page.
20	Section IV Specifications/B.2: indicates that references must be from "external" sources. Please clarify if the references must be from individual external to HCA or to the state.	References cannot be from within the Health Care Affordability Bureau or the Health Care Authority. If the offeror has or had a contract with any other agency within the State of New Mexico, it can be used as a reference.
21	Regarding the enrollment Impact and other modelling projects, what New Mexico-specific data would be made available? For example, would data from the New Mexico all payers claims database be made available?	Data sources include program data from BeWell, individual market and small group market data from the Office of Superintendent of Insurance, program data directly from HCA, data directly from

		carriers, and revenue data from Taxation and Revenue Department. Other data can be obtained from relevant state entities upon agreement. The Health Care Affordability Bureau has not used the all payer claims database in the past but, if needed, the agency may request data from the Department of Health.
22	Regarding the annual legislative actuarial report, clear clarify the due date of the first such report - is it June of 2027?	The due date for the first annual legislative actuarial report under this contract is June **2026** and every June, thereafter.
23	Is the annual legislative actuarial report the only deliverable for the modeling projects described in Section IV of the RFP? Idf not, please provide details of other deliverables and associated timelines.	Please see table on final page.

Click here for table reflecting answers to Questions 7, 19, and 20. (Excel download)