1. How many employees are covered by the State of New Mexico’s workers’ compensation program? Can you provide a breakdown of employee population by agency? See file.
2. How many workers’ comp claims are filed on an annual basis, on average, against the State of New Mexico by State employees (YTD)? In the pricing outline
3. Can you please provide a breakdown of lost time, medical only, or record only claims filed over the past three completed years (2021, 2022, 2023)? Please see pricing outline that was attached to the RFP for average indemnity and medical claims per year.
4. How many **OPEN** workers’ compensation claims does the State currently have? As of March 2024 we have 380 open indemnity claims and 486 open medical only.
5. How does the State intake First Record of Injury (FROI) or First Notice of Loss currently managed internally but looking for outside support(FNOL)? Does an outside company handle this process? If so, which one? RFP currently in process.
6. What was your workers compensation **indemnity** spend for the past three completed years (2021, 2022, 2023)? This is confidential information.
7. What was your workers compensation **medical** spend for the past three completed years (2021, 2022, 2023)? Not applicable.
8. What was your workers compensation **pharmacy** spend for the past three completed years (2021, 2022, 2023)? 780k per year, average
9. Does the State handle its own workers compensation claims administration or have you engaged a Third Party Administrator (TPA)? If so, which one? Currently self administered and TPA RFP in process.
10. What claims system is currently being used to handle your workers’ compensation claims management? Currently using PCIS.
11. How many Adjusters currently handle your workers’ compensation program? Less than 10
12. Does the State have nurses on staff to handle workers compensation cases or do your outsource case management services to an outside company? If so, which one? No.
13. What Medical Bill Review system/partner handles the workers’ compensation medical bill repricing for the State? Mitchell but will be utilizing TPA once contracted.
14. Who is the incumbent provider for the services sought in this current RFP? Not applicable.
15. How long has the State been contracted with the incumbent provider? Not applicable
16. What is the current contract term with the incumbent provider of the services sought in this RFP? ????
17. What is the current pricing model used by the State to procure the services requested in this RFP and what is the current pricing in place with the incumbent provider? See attached pricing outline.
18. Does the state employ its own PharmD or are those services handled by the incumbent provider? Not applicable
19. What is the State’s current penetration of its current workers compensation PBM program? Brand? Generic? See attached redacted data run.
20. What is the State’s current generic efficiency/generic conversion rate with the incumbent workers compensation PBM provider? See attached loss run.
21. Does the State engage an outside provider for utilization review? If so, which one? What does the current process look like that is in place today? Through current PBM
22. In the Proposal Content and Organization section, requirements listed for Binder 1 include an Employee Health Coverage Form, but no such form is included in the appendices. Can you please provide the form or confirm that it is not required for this PBM RFP?

2.    Under Mandatory Specifications, #9 Data System, Transfer of Two-Way data Interface, and Reporting, Question G: The Offeror must submit a detailed proposal that includes the objectives, technical approach, and timelines for fulfilling the requirements specified in this request. This proposal should also cover any warranties related to the accuracy and completeness of the delivered products and services. Are we simply to agree to this statement, as instructed at the beginning of the Mandatory Specifications section, and assume this proposal will be required in the future, or is this detailed proposal regarding the technical requirements expected with our response to the RFP?

3.    Under V.B, Evaluation Factors, #4: Offerors will be evaluated on their ability to demonstrate how they provide operational services related to the mandatory requirements in Section IV B-3 appears to conflict with the instruction at the beginning of the Mandatory Requirements section, which states: Offerors must respond to this statement by exception only. The Offeror must respond by indicating “Agreed” for each requirement it complies with. Would you please clarify whether you would like commentary regarding how we fulfill each requirement or if you prefer that we simply answer Agreed if we are able to fulfill the requirement and reserve commentary for any exceptions?

As it pertains to pricing, can you provide clarification on the following: *Contact can be negotiated based on increased utilization up to no more than 2*%.  Multi-year contracts allow no more than 2% increases year to year.

-Can you provide an average number of prescriptions per year over the last 3-5 years? See attached loss run.

-Can you provide the percentage of in network vs. out of network prescriptions? See attached loss run.

-Can you provide the current pricing/fee structure? See pricing out line in RFP

1. In the Proposal Content and Organization section, requirements listed for Binder 1 include an Employee Health Coverage Form, but no such form is included in the appendices. Form will be posted.

2.    Under Mandatory Specifications, #9 Data System, Transfer of Two-Way data Interface, and Reporting, Question G: The Offeror must submit a detailed proposal that includes the objectives, technical approach, and timelines for fulfilling the requirements specified in this request. This proposal should also cover any warranties related to the accuracy and completeness of the delivered products and services. Are we simply to agree to this statement, as instructed at the beginning of the Mandatory Specifications section, and assume this proposal will be required in the future, or is this detailed proposal regarding the technical requirements expected with our response to the RFP? Agree to the statement in your proposal and cover the details in your oral presentation to the panel.

3.    Under V.B, Evaluation Factors, #4: Offerors will be evaluated on their ability to demonstrate how they provide operational services related to the mandatory requirements in Section IV B-3 appears to conflict with the instruction at the beginning of the Mandatory Requirements section, which states: Offerors must respond to this statement by exception only. The Offeror must respond by indicating “Agreed” for each requirement it complies with. Would you please clarify whether you would like commentary regarding how we fulfill each requirement or if you prefer that we simply answer Agreed if we are able to fulfill the requirement and reserve commentary for any exceptions? Agree to the statement in your proposal and cover the details in your oral presentation to the panel.

**Vendor Questions for RFP#24-350-4520-00002 – Workers’ Compensation Pharmacy Benefits Manager**

1. What was your annual pharmacy spend in 2023? **$732,000**
2. Can you please provide 12 months of pharmacy claims data? See file
3. If data will not be provided at this time, please provide the following information:
	1. Current in network penetration rate
	2. Total number of annual scripts
	3. Current UR volume
	4. Number of claims with DOI before 2018
	5. Total open claims
	6. Percentage of dispensed medications that are considered to be specialty
	7. Percentage of dispensed medications that are home delivery
4. Who is on the evaluation committee? What roles are represented on the evaluation committee? **N/A**
5. Please provide the current process for handling third party and physician dispensed bills. Those are invoiced to the State of New Mexico for reimbursement.
6. What is the biggest challenge you face with your current PBM program? What is the impact of this challenge in terms of risk, money, or efficiency? Getting claimants their ID card and getting them to go to a preferred pharmacy.
7. On Page 23 of the RFP in Section B. Technical Specifications 1. Organizational Experience, line b) you request a detailed/brief resume/bio of all key personnel. You specify that key personnel are identified as claims adjusters, principles, claims investigators. Since our PBM does not employ or utilize claims adjusters or investigators, are there other individuals that you are specifically looking for? Please disregard.
8. On page 22 of the RFP we are asked to explain turnover of adjusters. Since this does not apply to a PBM as we do not employ adjusters, would our response be considered non-responsive if we simply reply N/A? Please disregard

Questions:

* Page 25 and pages 46-47 reference payment and invoicing, both with thirty-day payment times.  Our preference is to submit invoices twice a month. Is the invoicing and payment timeframe set by the TPA to whom the bills are submitted or by the State of New Mexico? Can be negotiated.
* Page 23 and page 53 request identification of key personnel.  In a PBM structure without claims adjusters, principles and claim investigator, which personnel roles would need to be identified? TBD
* On page 20-21 of the RFP, section C discussing the proposal format lists out sections a through i of the technical proposal. Page 22 section D lists a more detailed format for the technical proposal. These two sections vary in the content as well as the order. Please clarify. Follow section D.
* On page 22 under section D, the technical proposal content and organization shows section 8 (Other Supporting Material (if applicable)) under the technical proposal. Just validating if this is the material to be placed in Binder 3.  Binder 3 should contain supporting material only and is optional.
* On page 22 under section D, the technical proposal content and organization lists 7.d. Mandatory Specification. Does 7.d. only pertain to section 3 starting on page 24 or does it also pertain to sections 4 through 9 ending on page 28? Under the other sections, there are comments such as item 6.d. Audits and Claim Reviews, "Offeror must provide clear explanations of its maximum allowable cost policy and management." This is not addressed under section 3. We did not wish to assume that these items posed were to be captured in the optional summary or supporting material. Section D pertains to all requirements beginning on page 24-29.
* Under Mandatory Specification

3. b). 6. PBM is run through Mitchell Script Advisor for any Rx prescribed by an authorized treating physician on the work comp claim.

We have to place "Agreed" beside each item including the above statement. Was this an error? No error, must agree to terms.

* Can you please provide the following pharmacy data for the last two years? See file
	+ **Drug name**
	+ **NDC**
	+ **Quantity**
	+ **Days Supply**
	+ **Date of service (fill date)**
	+ **Pharmacy name**
	+ **Retail or Mail?**
	+ **Pharmacy NPI or NABP**
	+ **Injury state**
	+ **Current cost**
	+ **Claim number**