



ALBUQUERQUE PUBLIC SCHOOLS REQUEST FOR PROPOSAL

RFP #24-021CG Part B Addendum #1

RFP TITLE: IBAC Fully Insured Medical

NIGP Commodity Code: 95327, 95348, 95352, 95380, 94807, 94812, 94815, 94827, 94828, 94829, 94832, 94837, 94843, 94845, 94846, 94847, 94848, 94849, 94851, 94852, 94855, 94868, 94874, 94875, 94876, 94882, 94886, 94887

RFP Schedule Updated

Action

Date & Time

RFP Issued	10/16/2023
Deadline for Acknowledgement of Receipt Form	10/23/2023
Deadline for Questions on Part A	10/26/2023 @ 3:00pm (local time)
Responses to Questions on Part A	11/6/2023
RFP Part A: Due Date and Time – Dental, Vision and EAP proposals	11/17/2023 @ 3:00pm (local time)
RFP Addendum Issued for Part B – Fully insured active and pre-Medicare Medical	10/19/2023
Deadline for Questions on Part B and RFP Addendum Issued for Part B – Fully insured active and pre-Medicare Medical	10/30/2023 @ 3:00pm (local time)
Responses to Questions on Part B and RFP Addendum Issued for Part B – Fully insured active and pre-Medicare Medical	11/10/2023
RFP Part B and Part B Addendum: Due Date and Time – self-funded and fully insured medical and Medicare proposals	11/22/2023 @ 3:00pm (local time)
Evaluation of Proposals	TBD
Finalist Interviews/Best and Final Offers	TBD
Contract Negotiations	TBD
	<u>READ ALL DOCUMENTS:</u> Offerors must familiarize themselves with all documents contained herein; it is mandatory that all submitted offers be in compliance with all the provisions contained in the Request for Proposal. Offerors should promptly notify the Buyer of any ambiguity, inconsistency, error, or missing attachments which they may discover upon examination of the RFP.
	<i>Proposals must be received by the due date and time. No late proposals will be accepted. The only acceptable evidence to establish the time of receipt is the date/time stamp from electronic bid and RFP system (Vendor Registry).</i>

TABLE OF CONTENTS – ADDENDUM #1

Reference redlined for updated contents of RFP 24-021CG Part B

TABLE OF CONTENTS	PAGE #
RFP Addendum SCHEDULE -redlined	1
SCOPE OF SERVICES -redlined	3
EVALUATION CRITERIA - redlined	18
FORMS AND ATTACHMENTS - redlined	21
PRICING PROPOSAL - redlined	23
PROPOSAL CHECKLIST - redlined	28

SCOPE OF SERVICES

Purpose of this Request For Proposal

The purpose of the Request for Proposal (RFP) is to solicit sealed proposals to establish Interagency Benefits Advisory Committee (IBAC) agency contracts through competitive negotiations for dental, vision and medical plans (including Medicare Advantage and Medicare Supplement), and for related services such as wellness services, point solutions, and Employee Assistance Program (EAP) for some of the IBAC agencies.

Proposals are requested on **both** a self-insured (i.e., Administrative Services Only or ASO) **and fully insured** basis for active and pre-Medicare **medical plans**, **and on a self-funded basis for** Medicare Supplement medical plans, on a fully insured basis for Medicare Advantage Plans, and on both a self-insured and a fully insured basis for the dental and vision plans.

The initial effective date for the coverages is July 1, 2024 for all IBAC agencies except Albuquerque Public Schools (APS). APS coverages are effective January 1, 2025. It is anticipated that contracts resulting from this procurement would be awarded for a one (1) year period, with the option to renew for an additional three (3) one-year periods, for a maximum contract term of four (4) years. IBAC agencies may award to more than one offeror for each line of coverage, and the agencies are not required to select the same providers/carriers.

All responses to this RFP must address the specific needs of each service area in the geo-access request and, as required under the Health Care Purchasing Act, must also address the service area consisting of the Albuquerque metropolitan area.

Background

The IBAC is a joint purchasing collective established by state statute which consists of the following entities (and their membership):

- Albuquerque Public Schools (APS) – <https://www.aps.edu/human-resources/benefits>
- New Mexico Retiree Health Care Authority (NMRHCA) – <http://nmrhca.org/>
- New Mexico Public Schools Insurance Authority (NMPSIA) – <https://nmpsia.com/index.html>
- State of New Mexico Risk Management Division (SONM) – <https://www.mybenefitsnm.com/>

The IBAC is composed of representatives of each of the four New Mexico state agencies addressed in the Health Care Purchasing Act of 1997. All New Mexico public employers are eligible to participate in the IBAC either directly or through one of the agencies.

The Health Care Purchasing Act (Act) of 1997 [13-7-1 NMSA 1978] was enacted to ensure public employees, public school employees and retirees of public employers and the public schools access to more affordable and enhanced quality of health insurance/coverage through cost containment and savings effected by procedures for consolidating the purchasing of publicly financed health insurance/coverage. The Act requires the IBAC to enter into a cooperative consolidated purchasing effort to provide plans of health care benefits for the benefit of eligible participants of the respective agencies. However, the four agencies are not required to select the same providers/carriers.

The IBAC is comprised of approximately 124,000 eligible employees/retirees and approximately 177,000 medical plan enrolled members. All IBAC agencies currently provide comprehensive medical, dental, and vision benefits to their members (employees and eligible dependents, and retirees and eligible dependents). A majority of these benefits are self-insured, though there are some fully insured offerings as well. For this RFP, the IBAC agencies will be considering both self-insured and fully insured offerings. Plan designs and carriers differ. Please reference the information below as well as

each agency’s web site for additional information.

Overview of Current Group Benefits Program

Please refer to the charts below for an overview of each IBAC agency’s plan information. Detailed information regarding the plans may be found on each IBAC agency’s website.

Health Care Purchasing Act: All of the IBAC agencies are subject to the New Mexico Health Care Purchasing Act of 1997. All benefit plans proposed or offered to the IBAC agencies and their members must comply with all provisions of the Health Care Purchasing Act.

Stop Loss Coverage: Stop loss **will not be** part of this IBAC RFP process.

Prescription Drug Coverage: Prescription drugs are carved out of all of the IBAC self-insured medical plans. The Prescription Drug program **will not be** part of this IBAC RFP process, **including any fully insured medical quotes** (with the exception of the fully insured Medicare Advantage plans). The Medicare Advantage plans are required to provide at least Part D creditable prescription drug coverage.

Albuquerque Public Schools (APS)

[Click here](#) for APS’s main Medical, Dental, and Vision benefits page.

APS offers benefits to approximately 11,000 full-time employees, including 6,400 teachers at 148 schools; 88 elementary, 28 middle schools, 5 K-8 schools, 20 high schools and 7 alternative schools. Other business area units include Maintenance and Operations, Food and Nutrition Services, Transportation and Administration Support Services. APS covers an average of 14,328 lives. The average employee age is 47 and 56.5% are female. By statute, APS is the only New Mexico public school not part of the NMPSIA pool.

Vendor	Plans	Tier Structure	Current Funding	Employee Contributions
Medical				
3 Medical Plans				
BlueCross BlueShield of New Mexico (BCBSNM)	BCBSNM Plan (PPO)	<ul style="list-style-type: none"> • Single • 2-Party • Family 	Self-insured, contributory	Medical premium rates available on APS website at https://www.aps.edu/human-resources/benefits/benefit-premium-rates-2023/medical-premium-rates
Cigna	Cigna Plan (PPO)	<ul style="list-style-type: none"> • Single • 2-Party • Family 	Self-insured, contributory	Medical premium rates available on APS website at https://www.aps.edu/human-resources/benefits/benefit-premium-rates-2023/medical-premium-rates
Presbyterian Health Plan (PHP)	PHP Plan (EPO)	<ul style="list-style-type: none"> • Single • 2-Party • Family 	Self-insured, contributory	Medical premium rates available on APS website at https://www.aps.edu/human-resources/benefits/benefit-premium-rates-2023/medical-premium-rates
Dental				
2 Dental Plans				
Delta Dental	• Basic Plan	• Single	Self-insured,	Non-medical premium rates

Vendor	Plans	Tier Structure	Current Funding	Employee Contributions
	<ul style="list-style-type: none"> • Comprehensive Plan 	<ul style="list-style-type: none"> • EE + Spouse • EE + Child(ren) • Family 	contributory	available on APS website at https://www.aps.edu/human-resources/benefits/benefit-premium-rates-2023/non-medical-premium-rates
Vision	1 Vision Plan			
Davis Vision	Vision Plan	<ul style="list-style-type: none"> • Single • 2-Party • Family 	Self-insured, contributory	Non-medical premium rates available on APS website at https://www.aps.edu/human-resources/benefits/benefit-premium-rates-2023/non-medical-premium-rates

Information regarding employee and dependent eligibility for benefits is on pages 6 – 9 of the [APS Benefits Enrollment Guide](https://www.aps.edu/human-resources/benefits/employee-benefits-documents/2022-benefits-documents/2022-benefits-enrollment-guide.pdf) at <https://www.aps.edu/human-resources/benefits/employee-benefits-documents/2022-benefits-documents/2022-benefits-enrollment-guide.pdf>. The RFP questionnaires give potential Offerors insight into the things that are important to APS: utilization management, chronic condition management, progressive cost-containment strategies including member navigation, advocacy, second opinion and COE services, value based care designs that integrate wrap around specialist services, virtual first strategies, multi-channel member communication and medical consumerism tools that advance our population health and well-being.

Enrollment is exclusive to APS employees and eligible dependents with annual open enrollment in October for January 1 effective date of the following year. There is a two-year lock-in enrollment rule on the dental and vision plans. For premium/fee billing, APS uses one billing group.

New Mexico Retiree Health Care Authority (NMRHCA)

www.nmrhca.org

NMRHCA provides healthcare benefits for retirees and eligible dependents from participating employer groups. This includes but is not limited to retirees who were previously covered under NMPSIA, SONM, and APS. NMRHCA covers approximately 12,700 retirees and eligible dependents under age 65 and approximately 41,000 retirees and eligible dependents over age 65 and another 13,500 retirees and eligible dependents who participate in voluntary coverage only. Employer groups may elect to join annually. Participation petitions from public employers not currently contributing to the NMRHCA are accepted semi-annually (July 1 and January 1).

Vendor	Plans	Tier Structure	Current Funding	Contributions & Eligibility
Medical	4 Medical Plans for Pre-Medicare Retirees			
BCBSNM	<ul style="list-style-type: none"> • Premier 3 Tier PPO • Value HMO 	<ul style="list-style-type: none"> • Retiree • Spouse • Dependent 	Self-insured, contributory	Available on NMRHCA website
PHP	<ul style="list-style-type: none"> • Premier PPO • Value HMO 	<ul style="list-style-type: none"> • Retiree • Spouse • Dependent 	Self-insured, contributory	Available on NMRHCA website
Medical	9 Medical Plans for Medicare-Eligible Retirees			

Vendor	Plans	Tier Structure	Current Funding	Contributions & Eligibility
BCBSNM	Medicare Supplement	• Single rate (whether Retiree, Spouse or Child)	Self-insured, contributory	Available on NMRHCA website
BCBSNM (includes Rx)	• MA Plan I • MA Plan II	• Single rate (whether Retiree, Spouse or Child)	Fully insured, contributory	Available on NMRHCA website
PHP (includes Rx)	• MA Plan I • MA Plan II	• Single rate (whether Retiree, Spouse or Child)	Fully insured, contributory	Available on NMRHCA website
United Healthcare (includes Rx)	• MA Plan I • MA Plan II	• Single rate (whether Retiree, Spouse or Child)	Fully insured, contributory	Available on NMRHCA website
Humana (includes Rx)	• MA Plan I • MA Plan II	• Single rate (whether Retiree, Spouse or Child)	Fully insured, contributory	Available on NMRHCA website
Dental	2 Dental Plans for both Pre-Medicare and Medicare-Eligible Retirees			
Delta Dental	• Basic Plan • Comprehensive Plan	Medical tier enrolled in will apply to dental plan	Fully insured, voluntary	Available on NMRHCA website
Vision	1 Vision Plan for both Pre-Medicare and Medicare-Eligible Retirees			
Davis Vision	Vision Plan	Medical tier enrolled in will apply to vision plan	Fully insured, voluntary	Available on NMRHCA website

NMRHCA conducts annual “switch enrollments” for its medical plans and open enrollment once every two years. The switch enrollment period is held between October and November for January effective dates the following year. Members are allowed to enroll in a dental and/or vision plan once every four years. NMRHCA does its own billing for premium/fee billing.

New Mexico Public Schools Insurance Authority (NMPSIA)

www.nmpsia.com

NMPSIA was created in 1986 to serve as a purchasing agency for public school districts, post-secondary educational entities, and charter schools. It provides benefits for 88 New Mexico public school districts, 101 charter schools, and 27 other educational agencies across the state of New Mexico. All public school districts (other than Albuquerque Public Schools), and charter schools currently are mandated to participate in the NMPSIA Group Plan; however, they may petition to the NMPSIA Board to opt out once every four years, subject to proof of comparable alternatives and better pricing. Other educational agencies may also petition to the NMPSIA Board to join.

Vendor	Plans	Tier Structure	Current Funding	Contributions & Eligibility
Medical	7 Medical Plans			
BCBSNM	• High Option PPO • Low Option PPO • EPO	• Single • 2-Party • Family	Self-insured, contributory	Available on NMPSIA website
Cigna	• High Option PPO • Low Option PPO	• Single • 2-Party Family	Self-insured, contributory	Available on NMPSIA website
PHP	• High Option PPO • Low Option PPO	• Single • 2-Party Family	Self-insured, contributory	Available on NMPSIA website
Dental	4 Dental Plans			

Vendor	Plans	Tier Structure	Current Funding	Contributions & Eligibility
Delta Dental	<ul style="list-style-type: none"> • Basic Plan • Comprehensive Plan 	<ul style="list-style-type: none"> • Single • 2-Party • Family 	Self-insured, contributory	Available on NMPSIA website
United Concordia Dental	<ul style="list-style-type: none"> • Basic Plan • Comprehensive Plan 	<ul style="list-style-type: none"> • Single • 2-Party • Family 	Self-insured, contributory	Available on NMPSIA website
Vision	1 Vision Plan			
Davis Vision	Vision Plan	<ul style="list-style-type: none"> • Single • 2-Party • Family 	Fully insured, contributory	Available on NMPSIA website

Participants are required to make a two-year vision election and coverage cannot be dropped until each family member meets the two-year enrollment requirement. NMPSIA offers an open/switch enrollment each fall (usually October/November) for medical, dental and vision coverage effective for January 1st of the following year.

NMPSIA serves as the secondary payer for one employer group with Medicare eligible retirees and serves as a secondary payer for grandfathered board members. Members in these two groups are coded as such with the weekly EDI file sent to the carriers.

Regarding premium/fee billing, NMPSIA has 219 different subgroups, but one consolidated billing is prepared by the NMPSIA Third Party Administrator for Enrollment, Eligibility and Billing and remitted to the vendor for either self-insured fees or premiums.

State of New Mexico General Services Division (SONM)

<https://www.mybenefitsnm.com/>

The SONM provides insurance coverage for all active employees of the State of New Mexico and 108 New Mexico municipalities, schools, and counties known as local public bodies (LPBs). Employer groups may elect to join annually. SONM incorporates both fully insured and self-funded plans. The SONM currently covers approximately 64,000 members under its medical plans, the dental plan, and the vision plan.

Vendor	Plans	Tier Structure	Current Funding	Contributions & Eligibility
Medical	5 Medical Plans			
BCBSNM	<ul style="list-style-type: none"> • PPO Plan • HMO Plan 	<ul style="list-style-type: none"> • EE Only • EE + Spouse • EE + Child(ren) • EE + Family 	Self-insured, contributory	Available on SONM website
Cigna	<ul style="list-style-type: none"> • OAPIN (HMO) • OAP (PPO) 	<ul style="list-style-type: none"> • EE Only • EE + Spouse • EE + Child(ren) • EE + Family 	Self-insured, contributory	Available on SONM website
PHP	<ul style="list-style-type: none"> • Two-Tier Statewide HMO Plan 	<ul style="list-style-type: none"> • EE Only • EE + Spouse • EE + Child(ren) 	Self-insured, contributory	Available on SONM website

Vendor	Plans	Tier Structure	Current Funding	Contributions & Eligibility
		• EE + Family		
Dental	1 Dental Plan			
Delta Dental	PPO Point of Service	<ul style="list-style-type: none"> • EE Only • EE + Spouse • EE + Child(ren) • EE + Family 	Self-insured, contributory	Available on SONM website
Vision	1 Vision Plan			
EyeMed	Vision Plan	<ul style="list-style-type: none"> • EE Only • EE + Spouse • EE + Child(ren) • EE + Family 	Self-insured, contributory	Available on SONM website

SONM’s Employee Assistance Program (EAP) is available to all employees, their dependents, and those living in the employee’s household, regardless of whether they subscribe to benefits. EAP benefits (currently provided by ComPsych) include up to five (5) free confidential counseling sessions, referrals/resources for work-life solutions, free 30-minute legal consultation and discounted fees, financial resources, and 24/7 online support.

SONM offers an open/switch enrollment period each year for individual participants.

Regarding premium/fee billing, SONM prepares a consolidated premium/fee statement that combines all their agencies. SONM bills monthly premium to the individual LPB’s, and each state agency premium feeds into the Department of Finance and Administration on a bi-weekly basis, and they submit premium to the Risk Management Division bi-weekly on their behalf.

SONM has an onsite health center in Santa Fe which provides no-cost medical care to SONM plan members. There is some interest in exploring the potential to add additional health centers in the future.

RFP Specifications

Self-Funded **and fully insured** Options for Active and Pre-Medicare Medical

The IBAC agencies are requesting proposals on **both** a self-funded (i.e., Administrative Services Only) **and fully insured** basis for all active and pre-Medicare plans. Proposals should assume the current plan design(s) and contribution structures. Respondents may respond to all or some of the plan designs/coverages contained in the RFP. **Respondents may offer self-funded and/or fully insured proposals for active plans for each IBAC agency. Respondents may also choose not to propose an active fully insured offer for an IBAC agency. In addition, respondents may propose a self-funded and/or a fully insured proposals for pre-Medicare Plans. Respondents may also choose not to propose a pre-Medicare fully insured offer for an IBAC agency. Proposing only one funding arrangement will not jeopardize your offer from being evaluated and considered for the other funding arrangements you have proposed. As noted in the Evaluation Criteria, self-funded medical proposals for active and pre-Medicare medical will be scored separately from fully insured active and Pre-Medicare medical proposals. APS strongly encourages a respondent to propose both fully insured and self-funded for their medical plans.**

An IBAC agency has the option to not accept a fully insured proposal and only accept a self-funded medical proposal, or vice-versa. This decision will be specifically up to each IBAC agency.

For self-funded proposals, please note the following:

- With the exception of Wellness Services and Point Solutions, fees and rates for all of the self-insured plans must be quoted based on anticipated “brackets” of total IBAC enrollment (as specified on the applicable Pricing Exhibits).
- ASO fees must be the same for each IBAC agency, with the exception of the NMRHCA Medicare Supplement Plan.
- Indicate in the Pricing Exhibit any multi-year guarantees or caps on your ASO fees. Should an IBAC agency make plan design changes during the four (4) year term of the contracts, no increase in ASO or other fees will be allowed related to the plan design change, unless the agency decides to adopt a High Deductible Health Plan.
- A portion of your provider contracts may be on a capitated basis. This should be noted clearly in your response on the Pricing Exhibits.
- Plans are to be quoted to include claim administration services, provider network, utilization management, and large case management.
- All of the IBAC agencies are subject to the New Mexico Health Care Purchasing Act of 1997. All benefit plans proposed or offered to the IBAC agencies and their members must comply with all provisions of the Health Care Purchasing Act.
- Do not quote Specific or Aggregate Stop Loss.
- Each IBAC agency will continue the current prescription drug carve-out plan. Therefore, do not include Rx coverage in ASO fees.
- Do not include ANY Wellness Services, Disease Management, or Point Solutions in your core administrative services fees.

For fully insured medical proposals, please note the following:

- Rates for each IBAC active and pre-Medicare plan should be quoted separately and based on current plan design(s) offered by each IBAC agency.
- All of the IBAC agencies are subject to the New Mexico Health Care Purchasing Act of 1997. All benefit plans proposed or offered to the IBAC agencies, and their members must comply with all provisions of the Health Care Purchasing Act.
- Each IBAC agency will continue the current prescription drug carve-out plan. Therefore, do not include Rx coverage in the fully insured plan rate offering.
- The Fully Insured Medical Pricing Exhibit will include a request to specifically outline disease management, wellness and/or point solutions included in the rate provided.
- If there are added wellness, disease management or point solutions not included in your core services, please note these in the Pricing Exhibit and associated fees.

Fully Insured Medicare Advantage Plans

All Medicare Advantage Plans quoted must contain the following elements:

- State-Wide Coverage. Preference will be given to plans offered to membership in all 33 New Mexico counties. If this requires offering a PPO product rather than the current HMO, make sure that is clearly noted. Agency will NOT accept proposals for plans with less than state-wide coverage.

However, for proposals offering regional or national coverage outside of New Mexico, please ensure the service area is clearly identified.

- Prescription Benefits. All plans must offer at least an equivalent to Medicare Part D with any enhancements clearly noted.
- Any specific changes to plan design, administrative or benefit offerings that are subject to the Inflation Reduction Act of 2022. Any changes to plan pricing associated with this Act should be specifically noted in the Pricing Exhibit.
- Program To Assist Special Needs Population. All plans must perform outreach to new members to identify and assist special needs members in receiving appropriate subsidies or aide.
- Disease Management and/or Wellness Programs. All plans must contain clinical programs to assist members in staying healthy and/or managing their chronic illnesses.

Self-Funded Medicare Supplement

All Medicare Supplement Plans quoted must contain the following elements:

- Nationwide Coverage. All plans must be offered to membership regardless of their state of residence.
- Program To Assist Special Needs Population. All plans must perform outreach to new members to identify and assist special needs members in receiving appropriate subsidies or aide.
- Administrative Services Only (ASO). The Agency wishes to continue self-funding its Medicare supplement plan(s) and does not require the ASO fee to be linked to ASO quotes for pre-Medicare retirees or active populations. Please provide a quote for Administrative Services Only for the current plan design. Minimum plan requirements will still need to be met regardless of funding mechanism. Ensure each quote contains provisions for programs to assist special needs population. Each ASO quote should contain specific line item cost detail to the extent possible. Do not include a prescription component in your ASO quote. There can be no increase in ASO or other fees for changes in plan design during the maximum four (4) year term of the contract.

Self-Funded and Fully Insured Options for Dental

As required by the Health Care Purchasing Act, the IBAC agencies are accepting proposals on both a self-funded (i.e., Administrative Services Only) and fully insured basis for all Dental plans.

Fees and rates for all dental coverage, including self-funded and fully insured, must be quoted based on anticipated “brackets” of total IBAC enrollment, as specified on the applicable Pricing Exhibits. Total enrollment must comprise membership in both self-funded and fully insured lines of coverage. Additionally, ASO fees must be the same for each IBAC agency. Indicate in the Pricing Exhibit any multi-year guarantees or caps on your ASO fees. Should an IBAC agency make plan design changes during the four (4) year term of the contracts, no increase in ASO or other fees will be allowed related to the plan design change.

Both self-funded and fully insured proposals should assume the current plan design(s) and contribution structures. Respondents may respond to all or some of the plan designs/coverages contained in the RFP. All responses meeting most of the Expected Conditions requirements will be evaluated.

Self-Funded and Fully Insured Options for Vision

As required by the Health Care Purchasing Act, the IBAC agencies are requesting proposals on both a self-funded (i.e., Administrative Services Only) and fully insured basis for all Vision plans.

Fees and rates for all vision coverage, including self-funded and fully insured, must be quoted based on anticipated “brackets” of total IBAC enrollment, as specified on the applicable Pricing Exhibits. Total enrollment must comprise membership in both self-funded and fully insured lines of coverage. Additionally, ASO fees must be the same for each IBAC agency. Indicate in the Pricing Exhibit any multi-year guarantees or caps on your ASO fees. Should an IBAC agency make plan design changes during the four (4) year term of the contracts, no increase in ASO or other fees will be allowed related to the plan design change.

Both self-funded and fully insured proposals should assume the current plan design(s) and contribution structures. Respondents may respond to all or some of the plan designs/coverages contained in the RFP.

RFP Priorities

The IBAC agencies expect the awarded offeror(s) to ensure administrative efficiency and cost-effectiveness, and to adhere to all agency program requirements. Proposals will be accepted from ASO carriers, insurance companies, and qualified TPAs capable of offering all of the following services provided under one contractual arrangement: claims administrative services, provider network, utilization management and large case management, as well as disease management, wellness services, and point solutions (if selected by one or more of the IBAC agencies). Proposals that would require a separate contractual arrangement for any of the services listed will NOT be considered.

The IBAC agencies seek an innovative approach to Performance Guarantees that will result in cost savings to the IBAC agencies and value to their employees.

A focus of this RFP will be the pursuit of specific objectives related to cost saving measures, ideas to level cost trends, enhanced virtual first, advanced primary and specialist care models, and solutions. This approach should include but not be limited to the components noted below.

Value-Based Provider Reimbursement

The IBAC Agencies will utilize Value Based provider reimbursement methodologies as a means to achieve the Triple Aim of improved cost and quality of medical services provided to their members while simultaneously improving member satisfaction.

Value Based Reimbursement may include, but is not limited to Accountable Care Organizations, Patient Centered Medical Homes, bundled payments, etc. If such reimbursement strategy is used, there must be full disclosure of how it is anticipated to impact self-funded plan costs **or fully insured premiums** and how any associated provider incentive payments will be calculated.

Capitated health systems may jointly propose with discounted fee for service networks for non-capitated services, and TPAs/Carriers to offer comprehensive HMO/EPO options for designated metropolitan service areas. However, such offers will only be considered if 1) in combination the joint proposal offers all material services in response to the medical RFP, and 2) offeror completes the network commitments file and offer firm capitation commitments for year one and a maximum increase on all capitated elements for the additional 3 year duration of the contract(s).

Disease Management (DM)

Disease management must be quoted as an optional service. Do not include any disease management services in your core administrative **ASO** fees. **For fully insured active and pre-Medicare proposals, provide details and fees for any disease management programs included in the fully insured program fee as noted in the Fully Insured Pricing Exhibit. Additional disease management programs and associated fees may be provided separately for fully insured active and pre-Medicare medical offers in the Fully Insured Pricing Exhibit.** Each IBAC agency will decide whether or not it wishes to select the DM

package.

For Self funded offerors, your DM program must include a majority of the core package of DM conditions indicated below. Other conditions/services may be offered but should not be included in the cost of the core package. **For fully insured offers, the DM programs should include programs for the conditions outlined below.**

The IBAC desires the Core DM Package to include all or the majority of the following conditions:

1. Diabetes
2. COPD
3. Asthma
4. CAD
5. Chronic back pain
6. Depression
7. Obesity

Self funded

Offerors must provide firm and fixed fees on either a PMPM or PEPM basis. Fees must be guaranteed for a minimum of two (2) years, with no increase in year two (2). Maximum fee increase caps must be provided for years 3 and 4. Offerors can provide quotes for additional DM conditions/services; however, the fees for these additional/optional services should be provided separately (i.e., should NOT be included in the fee for the above-referenced, core DM package).

Fully insured

Proposals should include in the Fully Insured Pricing Exhibit specific DM programs offered in the fully insured quote that aligns with programs listed above. Fees for any additional DM programs must be provided and guaranteed for a minimum of two (2) years, with no increase in year two (2). Maximum fee increase caps must be provided for years 3 and 4. Offerors can provide fees for additional DM programs; however, the fees for these additional/optional programs should be noted and provided separately in the Pricing Exhibit.

Wellness Services

Wellness programs must be quoted as an optional service. **For Self-Funded medical proposals, do not include any wellness services in your core administrative fees. For fully insured proposals, provide any specific programs details and fees for any of the below wellness services.** Each IBAC agency will decide whether or not it wishes to offer wellness services.

Please include pricing for at least each of the following services, and provide questionnaire responses to describe how the services are communicated, delivered to a large, dispersed population and tracked for outcomes management:

1. Health Risk Assessments
2. Biometric Screenings
3. Aggregated Reporting of Biometric Screenings
4. Health Coaching
5. On-line Tobacco Cessation Program
6. Integrated scorecard/dashboard connecting disease management and wellness services outlined

above

7. Well-being platform and wellness incentive program if applicable
8. Reduced cost gym-membership programs
9. Additional, value-added wellness services not mentioned above

Self funded

Offerors must provide firm and fees on either a PEPM or PMPM basis, except for NMRHCA in which only quotes will be accepted on a PMPM basis. Fees must be guaranteed for a minimum of two (2) years, with no increase in year two (2). Maximum fee increase caps must be provided for years 3 and 4. Offerors should provide quotes for any additional services proposed; pricing for all additional services must be noted in your Pricing Exhibit.

Fully insured

For fully insured medical rate quotes, explicitly describe in the Fully Insured Pricing Exhibit the wellness programs included in the quoted fee. Additional fees for programs not included in the proposed fully insured premium rate can be provided and must be noted in the Fully Insured Pricing Exhibit. Fees must be guaranteed for a minimum of two (2) years, with no increase in year two (2). Maximum fee increase caps must be provided for years 3 and 4. Offerors should provide quotes for any additional services proposed; pricing for all additional services must be noted in the Fully Insured Pricing Exhibit. Quotes for NMRHCA will only be accepted on a PMPM basis.

Point Solutions

Point solutions must be quoted as an optional service. For ASO medical proposals, do not include any point solutions in your core administrative fees. For fully insured proposals, provide any specific programs details and fees for any of the below point solutions. Each IBAC agency will have the choice to participate in some, all, or none of the point solutions available.

The IBAC agencies have particular interest in the following point solution offerings:

- Musculoskeletal (MSK) point solutions (including digital/virtual MSK)
- Diabetes and hypertension management or metabolic syndrome point solutions
- Weight loss and fitness / physical activity point solutions including reduced cost gym memberships
- Behavioral health point solutions, including virtual solutions, with access to virtual therapy/counseling services

Offerors should provide information on all available point solutions (pricing information must be noted in the Pricing Exhibit) including, but not limited to, the areas noted above.

Network Composition and Access

For purposes of this RFP, Network Composition and Access refers to health care provider networks. Offerors and subcontractors must provide comprehensive information on their health care provider networks. This information must indicate where health care provider networks are directly contracted and where they are leased from another entity.

As an alternative to traditional discounted fee for service networks (with or without pay for performance elements, shared risk ACO/PCMH arrangements, or bundled payments for designated services) for self-funded medical proposals; a carrier may provide a capitated or partially capitated proposal which will be considered if they complete the “Commitments” exercise and offer firm capitation commitments for year one and a maximum increase on all capitated elements for the additional 3 year duration of the

contract(s). **For fully insured medical proposals, in the Pricing Exhibit, provide any cost savings incorporated into the price proposal associated with network performance.**

In addition to carrier proposals **for self-funded Medical**, capitated health systems may jointly propose with discounted fee for service networks for non-capitated services, and TPAs/Carriers to offer comprehensive HMO/EPO options for designated metropolitan service areas. However, such offers will only be considered if 1) in combination the joint proposal offers all material services in response to the medical RFP, and 2) offeror completes the “Commitments” exercise (in the Carrier Template) and offers firm capitation commitments for year one and a maximum increase on all capitated elements for the additional 3 year duration of the contract(s).

Hard copy provider directories may not be included, but offerors should provide the website address where such directories can be viewed. Where requested, geo-access and disruption analysis shall be included (refer to Medical, Dental and Vision RFP Response Exhibits). Further, the details on the management and operation of the network shall be included. Information on expected provider and network membership should be provided.

Privacy and Security

All IBAC agencies place a high value on the security and privacy of member information. The agencies expect that responses will demonstrate how offerors will protect and safeguard confidential information including, but not limited to, protected health information. Responses should provide clear and concise information about the offeror’s administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and security of confidential information.

Offerors should additionally describe its procedures to address incidents that may affect the personal information of IBAC agency members. These procedures should include any resources that impacted individuals may have available to guard against identity theft and fraud. Examples of such resources may include credit monitoring, dark web monitoring, identity theft insurance (for expenses associated with identity theft recovery such as attorney/legal fees, expenses incurred for refiling of lines of credit, and more), and identity recovery services.

Agency-Specific Priorities

Albuquerque Public Schools (APS)

APS priorities for this procurement are to ultimately improve the physical and mental health and well-being of our employees and their dependents while leveling cost trends for members and APS. This includes utilization management, advanced value-based care models, member navigation services toward virtual first, centers of excellence, or second opinion services to enhance member experience, outcomes and overall health. APS is also looking for more consistent, multi-channel communications from the health plan carriers that give members preventive health information, consumer cost education and benefits awareness messaging. A key on-going challenge for APS is to offer an attractive, competitive benefits package with the best possible care and outcomes, and at the most affordable cost to our employees. As a result, APS is particularly interested in cost-containment opportunities that would be mutually beneficial for both APS, its employees, and their covered dependents.

New Mexico Retiree Health Care Authority (NMRHCA)

NMRHCA priorities for this procurement include opportunities to assist and educate members about the features of NMRHCA programs, the resources made available to them and assistance in navigating their health care treatment and access options. Agreements resulting from this procurement will seek to

improve and maintain access, leverage cost-containment opportunities, and hold providers accountable for the care provided to members. NMRHCA plans to evolve with the continually changing health care landscape in order to better serve our members and preserve the value of the retiree health care program.

New Mexico Public Schools Insurance Authority (NMPSIA)

NMPSIA priorities for this procurement include cost-containment opportunities that would be mutually beneficial for both NMPSIA and its members, value-based payment arrangements such as bundled payments, expanded virtual health care (digital health solutions), outpatient infusion centers, and expanded mental health solutions. NMPSIA welcomes any ideas from the medical plans in assisting with NMPSIA's cost containment efforts. In addition, NMPSIA will prioritize the following:

- For claims data, health risk assessment appraisal results, and lab/radiology results to integrate with the wellness/wellbeing platform and potentially the data warehouse to assist in better managing members who are at risk or who have been diagnosed with certain diseases and conditions.
- NMPSIA requires the carriers to assign each school district, charter school and educational entity as a subgroup in order to track utilization per plan.
- Account management team performance is extremely important to NMPSIA. NMPSIA requires a commitment on exemplary performance and an outline with the scope of services the carrier intends to carry out through account management during the duration of the contract. NMPSIA requires the account management team to report any problematic issues or system issues as they develop, as well as a corrective action plan.

NMPSIA requires the medical plans to provide claims data (on a timely basis) to their contracted data warehouse provider, currently Segal. NMPSIA's Third Party Administrator provides full-file electronic weekly feeds and requires carrier reconciliation and confirmation that all files have loaded. Any discrepancies MUST be communicated to NMPSIA's Third Party Administrator and corrected prior to loading the following week's electronic file feed. A quarterly eligibility file reconciliation is also required with NMPSIA's Third Party Administrator.

State of New Mexico Risk Management Division (SONM)

SONM priorities for this procurement include obtaining information on a comprehensive wellness program for our members. This program would include Biometric Screenings, exercise incentive programs, trackers (nutritional, exercise, and water, etc.) disease management programs, cost estimator, provider and member outreach, health and wellness database, and value-based pricing. SONM is interested in receiving information on any new, promising programs being offered by Offerors. In addition, SONM would like to understand proposed member outreach plan along with communication campaigns, any incentives to gain member participation and associated reporting on utilization of the programs. Lastly carrier must be willing to provide claims encounter data for all services supplied within defined timelines to the SONM or its designee.

RFP SCHEDULE

The RFP Buyer will make every effort to adhere to the RFP Schedule as noted on front cover of this RFP. The schedule is subject to change by addendum. The evaluation committee MAY interview the Offeror(s) of the top-rated proposals; however, contracts may be awarded without such interviews and based solely on written offers. Finalists will be contacted to schedule interviews if required. If an interview is requested, evaluation scores will be re-scored to reflect written response and interview response.

PROPOSAL SPECIFICATIONS

Offerors should respond to questions in the following sections based on the specific Scopes of Services the offeror is willing to provide. Please see the Submittal Requirements Section and the Submittal Requirements and Checklist for the list of items to be completed for the line of coverage you are offering. These can also be found on the following website: <https://www.aps.edu/procurement/current-bids-and-rfps>

Census files, claims workbooks, and other historical experience data will be made available through Segal's Secure File Transfer System to offerors who have completed and submitted the Acknowledgement of Receipt. All offerors will be required to sign a Non-Disclosure Agreement to access the census and claims data.

Note: Information on “current eligible but not enrolled” may or may not be included on the census data. If it is not included, it is not available.

Finalize Contractual Agreements:

Contractual agreement(s) resulting from this RFP will be finalized with the most advantageous Offeror(s), taking into consideration the evaluation factors set forth in this RFP. The most advantageous proposal(s) may or may not be the lowest cost. In the event mutually agreeable terms cannot be reached with the apparent most advantageous Offeror in the timeframe specified, the IBAC agencies reserve the right to finalize a contractual agreement(s) with the next most advantageous Offeror(s) without undertaking a new procurement process. The awarded Offeror's proposal responses (initial and best and final, if applicable) and oral presentation (if applicable) will become part of the final contract(s), at the discretion of the IBAC agency.

EVALUATION CRITERIA

EVALUATION CRITERIA

Each proposal may be awarded up to 1,240 points for each line of coverage. Each section of the proposal may be awarded points up to the numeric value listed. Points will be awarded in compliance with NMSA 1978, §13-1-21, for New Mexico In-State Resident Business, Native American Resident Business, New Mexico Resident Veteran Business or Native American Resident Veteran Business. If proposal is a Joint Venture, Offeror shall state in submitted proposal the percentage of work that will be performed by each business. Obtain more information:

<http://tax.newmexico.gov/Businesses/in-state-veteran-preference-certification.aspx> **and**

<https://www.generalservices.state.nm.us/statepurchasing/vendorpreferencelist.aspx>

Please Note: An Offeror cannot be awarded both a resident business preference and a resident veteran business preference or a Native American resident preference and a Native American resident veteran contractor preference.

The Preference(s) does not apply if APS or any IBAC agency is utilizing federal funds.

*****The Offeror should contact Buyer for clarification of evaluation criteria or terminology*****

RFP Technical Responses: The RFP Questionnaire sections answered by the bidder will be used to evaluate the technical capability for each line submitted. **For example, one bidder submitting for Active Medical(SF & FI) , Dental (SF & FI), Vision (SF & FI) and EAP will answer the General Questionnaire as well as all applicable sections of the Questionnaires for the coverage lines being offered. Self funded Active and pre-Medicare Medical questionnaire responses will receive one score; Fully insured active and pre-Medicare Medical questionnaire responses will receive one score;** Medicare questionnaire will receive one score; Dental (SF) questionnaire will receive one score; Dental (FI) questionnaire will receive one score; Vision (SF) questionnaire will receive one score; Vision (FI) questionnaire will receive one score; EAP questionnaire will receive one score. Each Technical response score will be combined with cost scores for that coverage line **and for each funding arrangement.** Each questionnaire section will be worth the number of points indicated below.

Cost: The cost associated with the services to be performed under this proposal for this line of coverage. The lowest costing Bidder's quote will be used as the basis for all other calculations and receive the full points as noted below. All other Offerors will be awarded points based on their relationship to this "basis" offer. New Mexico GRT or other applicable taxes are not to be included in the cost proposal of this RFP.

New Mexico / Native American Resident Preference: Eight percent of the total possible points to a resident business, per NMSA 1978 13-1-21. Offeror shall include a copy of their In-State Certificate issued by State of New Mexico Taxation & Revenue Department.

New Mexico / Native American Resident Veteran Preference: Ten percent of the total possible points to a resident veteran business. Offeror shall include a copy of their In-State Certificate issued by State of New Mexico Taxation & Revenue Department.

EVALUATION CRITERIA - Active & Pre-Medicare Medical (fully-insured)	
	Possible Points
RFP Technical Responses	560
General Questionnaire Responses	
Section 1 - GENERAL QUESTIONS / QUALIFICATIONS & EXPERIENCE / PRIVACY & SECURITY	39
Section 2 - EXPECTED CONDITIONS	22
Section 3 - ACCOUNT MANAGEMENT	38
Section 4 – ADMINISTRATIVE SERVICES & CUSTOMER SERVICE	34
Organizational Reference Questionnaires	14
Active & Pre-Medicare Medical Questionnaire Responses	
Section 1 - ACTIVE MEDICAL PLANS	31
Section 2 - ADMINISTRATIVE SERVICES/CLAIM ADMINISTRATION	28
Sections 3, 4, 14 - PPO/EPO NETWORK - MEDICAL & TELEHEALTH	74
Section 5 - VALUE BASED ARRANGEMENTS	51
Sections 6 - PRICING, Section 7 - BANKING/FINANCIAL, Section 8 - UNDERWRITING	67
Section 9 - REPORTING	21
Section 10 - MEDICAL MANAGEMENT/DISEASE MANAGEMENT/CASE MANAGEMENT	40
Section 11 - POINT SOLUTIONS	21
Section 12 - WELLNESS	30
Section 13 - BEHAVIORAL HEALTH	32
Section 15 - FEDERAL NO SURPRISES ACT AND FINAL TRANSPARENCY RULE	18
Cost Proposal	440
Total Possible Points	1000
New Mexico / Native American Resident Preference (if applicable)	80
New Mexico / Native American Resident Veteran Preference (if applicable)	100
Finalist Presentation	140
Total Possible Awarded Points	1000-1240

FORMS & ATTACHMENTS

QUESTIONNAIRES AND EXCEL ATTACHMENTS

Attachment	Required Item	In this document	Separate file on APS Procurement site	Separate file on Segal SFT site
A	Letter of Transmittal Form	X		
B	General Questionnaire		X	
C	Dental Questionnaire		X	
C1	Dental Geo Access			X
D	Vision Questionnaire		X	
D1	Vision Geo Access			X
E	EAP Questionnaire		X	
F	Active and Pre-Medicare Self-Funded Medical Questionnaire		X	
F1	Self-Funded and Medicare Medical Geo Access			X
F2	Self-Funded Medical Provider Network			X
G	Medicare Questionnaire		X	
H1	Campaign Contributions Disclosure Form	X		
H2	Conflict of Interest and Debarment/Suspension Form	X		
H3	Byrd Anti Lobbying Certification	X		
H4	IBAC Statement of Confidentiality	X		
I	SONM Draft Contract	X		
J	NMRHCA Draft Contract	X		
K	NMPSIA Draft Contract	X		
L	APS Draft Contract	X		
M	Dental Pricing Exhibits		X	
M1	Dental Repricing File - APS			X
M2	Dental Repricing File - NMPSIA (Group 1)			X
M3	Dental Repricing File – NMPSIA (Group 2)			X
M4	Dental Repricing File - SONM			X
N	Vision Pricing Exhibits		X	
N1	Vision Repricing File - APS			X
N2	Vision Repricing File - NMPSIA			X
N3	Vision Repricing File - SONM			X
N4	Vision Repricing File - RHCA			X
O	EAP Pricing Exhibits		X	
P	Self-Funded Medical Pricing Exhibits		X	
P1	Self-Funded Medical Network Commitments Template		X	
Q	Medicare Advantage Pricing Exhibits		X	
R	Performance Guarantee Template		X	
S	Organization Reference Questionnaire	X		
T	Fully Insured Active and Pre-Medicare Questionnaire		X	
T1	Fully Insured Active and Pre-Medicare Medical Geo Access			X
T2	Fully Insured Active and Pre-Medicare Medical Provider Network			X
U	Fully Insured Active and Pre-Medicare Medical Pricing Exhibit		X	

PRICING PROPOSAL

PRICE PROPOSAL FORMS

Complete the attached pricing exhibits which relate to each line of business you are offering.

1. For **Dental offers**, complete the following:

- a. RFP#24-021CG_M – Offeror Name – Dental Pricing Exhibits
- b. RFP#24-021CG_M1 – Offeror Name – Dental Repricing File – APS
- c. RFP#24-021CG_M2 – Offeror Name – Dental Repricing File – NMPSIA (Group 1)
- d. RFP#24-021CG_M3 – Offeror Name – Dental Repricing File – NMPSIA (Group 2)
- e. RFP#24-021CG_M4 – Offeror Name – Dental Repricing File – SONM (Group 2)

Replace “Offeror Name” with your name in spreadsheet title before submitting. Attachments M1-M4 should be included for self-funded dental offers only.

2. For **Vision offers**, complete the following:

- a. RFP#24-021CG_N – Offeror Name – Vision Pricing Exhibits
- b. RFP#24-021CG_N1 – Offeror Name – Vision Repricing File – APS
- c. RFP#24-021CG_N2 – Offeror Name – Vision Repricing File – NMPSIA
- d. RFP#24-021CG_N3 – Offeror Name – Vision Repricing File – SONM
- e. RFP#24-021CG_N4 – Offeror Name – Vision Repricing File – RHCA

Replace “Offeror Name” with your name in the spreadsheet title before submitting. Attachments N1-N4 should be completed for self-funded vision offerors only.

3. For **EAP offers**, complete the following:

- a. RFP#24-021CG_O – Offeror Name – EAP Pricing Exhibits

Replace “Offeror Name” with your name in spreadsheet title before submitting.

4. For **self-insured active and pre-Medicare medical offers**, complete the following:

- a. RFP#24-021CG_P – Offeror Name - Self-Insured Medical Pricing Exhibits
- b. RFP#24-021CG_P1 – Offeror Name - Medical Network Commitments Template

Replace “Offeror Name” with your name in the title of the spreadsheet before submitting.

5. For **self-insured Medicare supplement offers**, complete the following:

- a. RFP#24-021CG_P – Offeror Name - Self-Insured Medical Pricing Exhibits
- b. RFP#24-021CG_P1 – Offeror Name - Medical Network Commitments Template

Replace “Offeror Name” with your name in the title of the spreadsheet before submitting.

6. For **fully-insured Medicare Advantage offers**, complete the following:

- a. RFP#24-021CG_Q – Offeror Name – Medicare Advantage Pricing Exhibits

Replace “Offeror Name” with your name in the title of the spreadsheet before submitting.

7. For fully **insured active and pre-Medicare medical offers**, complete the following:

- a. RFP#24-021CG_U – Offeror Name – Fully Insured Active and Pre-Medicare Medical Pricing Exhibits

Replace “Offeror Name” with your name in the title of the spreadsheet before submitting

PROPOSAL CHECKLIST

SUBMITTAL REQUIREMENTS AND CHECKLIST

Please submit your completed proposal. Your submission must include the following Required Forms. Note that this requested information is mandatory and **failure to submit these items with your response may deem it non-responsive and it may be disqualified.**

Active & Pre-Medicare Medical	Medicare Supplement	Medicare Advantage	Dental		Vision		EAP	Required Item	Attachment
			SF	FI	SF	FI			
								Letter of Transmittal Form, SIGNED	A
								Completed Campaign Contributions Disclosure Form, SIGNED	H1
								Completed Conflict of Interest and Debarment/Suspension Form, SIGNED	H2
								Byrd Anti Lobbying Certification SIGNED	H3
								IBAC Statement of Confidentiality, SIGNED	H4
								Resident Contractor Or Native American Resident Contractor (or Veteran Resident Contractor or Native American Veteran Resident Contractor) Preference Certificate issued to the Offeror by State of New Mexico Taxation and Revenue – if applicable	
								General Questionnaire	B
								Dental Questionnaire	C
								Dental Geo Access	C1
								Vision Questionnaire	D
								Vision Geo Access	D1
								EAP Questionnaire	E
								Active and Pre-Medicare Self-Funded Medical Questionnaire	F
								Self-Funded and Medicare Medical Geo Access	F1
								Self-Funded Medical Provider Network	F2
								Medicare Questionnaire	G
								Dental Pricing Exhibits	M
								Dental Repricing File - APS	M1
								Dental Repricing File – NMPSIA (Group 1)	M2
								Dental Repricing File – NMPSIA (Group 2)	M3
								Dental Repricing File – SONM	M4
								Vision Pricing Exhibits	N
								Vision Repricing File - APS	N1
								Vision Repricing File - NMPSIA	N2
								Vision Repricing File - SONM	N3
								Vision Repricing File - RHCA	N4
								EAP Pricing Exhibits	O
								Self-Funded Medical Pricing Exhibits	P
								Self-Funded Medical Network Commitments Template	P1
								Medicare Advantage Pricing Exhibits	Q
								Performance Guarantee Template	R
								Organization References (7 total)	S
								Redline responses to draft contracts	I, J, K, L

Active & Pre-Medicare Medical		Medicare Supplement	Medicare Advantage	Dental		Vision		EAP	Required Item	Attachment
SF	FI	SF	FI	SF	FI	SF	FI			
									Fully Insured Active and Pre-Medicare Medical Questionnaire	T
									Fully Insured Active and Pre-Medicare Medical Geo Access	T1
									Fully Insured Active and Pre-Medicare Medical Provider Network	T2
									Fully Insured Active and Pre-Medicare Medical Pricing Exhibit	U

Obtain more information:

<http://tax.newmexico.gov/Businesses/in-state-veteran-preference-certification.aspx> **and**
<https://www.generalservices.state.nm.us/statepurchasing/vendorpreferencelist.aspx>

Addendum or addenda (if applicable) – **before** submitting your proposal, please check for addendums here: <http://www.aps.edu/procurement/current-bids-and-rfps>

** If items are not completed as required, your proposal may be deemed non-responsive.*

Attachments

Please use the following naming conventions for required attachments

- All offerors** must submit the following:
 - RFP#24-021CG_A – Offeror Name – Letter of Transmittal Form
 - RFP#24-021CG_B – Offeror Name – General Questionnaire (all offerors)
 - RFP#24-021CG_H1 – Offeror Name – Campaign Contributions Disclosure Form
 - RFP#24-021CG_H2 – Offeror Name – Conflict of Interest and Debarment/Suspension Form
 - RFP#24-021CG_H3 – Offeror Name – Byrd Anti Lobbying Certification
 - RFP#24-021CG_H4 – Offeror Name – IBAC Statement of Confidentiality
 - RFP#24-021CG_I – Offeror Name – Redlined response to SONM Draft Contract
 - RFP#24-021CG_J – Offeror Name – Redlined response to NMRHCA Draft Contract
 - RFP#24-021CG_K – Offeror Name – Redlined response to NMPSIA Draft Contract
 - RFP#24-021CG_L – Offeror Name – Redlined response to APS Draft Contract
 - RFP#24-021CG_R – Offeror Name – Performance Guarantee File (for the line(s) of coverage you are offering)
 - RFP#24-021CG_S – Offeror Name – Organizational Reference Questionnaire (seven total – please either upload as a single document or number attachments as S1, S2, etc.)

Replace “Offeror Name” with your name in spreadsheet title before submitting.

- For **Dental offers**, submit the following:
 - RFP#24-021CG_C – Offeror Name – Dental Questionnaire
 - RFP#24-021CG_C1 – Offeror Name – Dental Geo Access
 - RFP#24-021CG_M – Offeror Name – Dental Pricing Exhibits
 - RFP#24-021CG_M1 – Offeror Name – Dental Repricing File – APS
 - RFP#24-021CG_M2 – Offeror Name – Dental Repricing File – NMPSIA (Group 1)
 - RFP#24-021CG_M3 – Offeror Name – Dental Repricing File – NMPSIA (Group 2)
 - RFP#24-021CG_M4 – Offeror Name – Dental Repricing File – SONM

NOTE: To complete Attachments C1 and M1-M4 and request data, complete a Nondisclosure Agreement with Segal, per the instructions noted on Page 2 of this RFP. Attachments M1-M4 should be completed and returned for self-funded dental offers only.

Replace “Offeror Name” with your name in spreadsheet title before submitting.

3. For **Vision offers**, submit the following:

1. RFP#24-021CG_D – Offeror Name-Vision Questionnaire
2. RFP#24-021CG_D1 – Offeror Name – Vision Geo Access
3. RFP#24-021CG_N – Offeror Name – Vision Pricing Exhibits
4. RFP#24-021CG_N1 – Offeror Name – Vision Repricing File – APS
5. RFP#24-021CG_N2 – Offeror Name – Vision Repricing File – NMPSIA
6. RFP#24-021CG_N3 – Offeror Name – Vision Repricing File – SONM
7. RFP#24-021CG_N4 – Offeror Name – Vision Repricing File – RHCA

NOTE: To complete Attachments D1 and N1-N4 and request data, complete a Nondisclosure Agreement with Segal, per the instructions noted on Page 2 of this RFP. Attachments N1-N4 should be completed and returned for self-funded vision offers only.

Replace “Offeror Name” with your name in the spreadsheet title before submitting.

4. For **EAP offers**, submit the following:

1. RFP#24-021CG_E – Offeror Name – EAP Questionnaire
2. RFP#24-021CG_O – Offeror Name – EAP Pricing Exhibits

Replace “Offeror Name” with your name in spreadsheet title before submitting.

5. For **self-insured active and pre-Medicare medical offers**, submit the following:

1. RFP#24-021CG_F – Offeror Name - Active and pre-Medicare Self-Funded Medical Questionnaire
2. RFP#24-021CG_F1 – Offeror Name – Self Funded Medical and Medicare Geo Access
3. RFP#24-021CG_F2 – Offeror Name – Self Funded Medical Provider Network
4. RFP#24-021CG_P – Offeror Name – Self Funded Medical Pricing Exhibits
5. RFP#24-021CG_P1 – Offeror Name – Self Funded Medical Network Commitments Template

Replace “Offeror Name” with your name in the title of the spreadsheet before submitting. To complete Attachments F1 and F2 and request data, complete a Nondisclosure Agreement with Segal, per the instructions noted on Page 2 of this RFP.

6. For **self-insured Medicare supplement offers**, submit the following:

1. RFP#24-021CG_G – Offeror Name – Medicare Questionnaire
2. RFP#24-021CG_F1 – Offeror Name – Self Funded Medical and Medicare Geo Access
3. RFP#24-021CG_F2 – Offeror Name – Self Funded Medical Provider Network
4. RFP#24-021CG_P – Offeror Name – Self Funded Medical Pricing Exhibits
5. RFP#24-021CG_P1 – Offeror Name – Self Funded Medical Network Commitments Template

Replace “Offeror Name” with your name in the title of the spreadsheet before submitting. To complete Attachments F1 and F2 and request data, complete a Nondisclosure Agreement with Segal, per the instructions noted on Page 2 of this RFP.

7. For **fully-insured Medicare Advantage offers**, submit the following:
1. **RFP#24-021CG_G – Offeror Name – Medicare Questionnaire**
 2. **RFP#24-021CG_F1- Offeror Name –Self Funded Medical and Medicare Geo Access**
 3. **RFP#24-021CG_Q – Offeror Name – Medicare Advantage Pricing Exhibits**

Replace “Offeror Name” with your name in the title of the spreadsheet before submitting. To complete Attachments F1 and request data, complete a Nondisclosure Agreement with Segal, per the instructions noted on Page 2 of this RFP.

8. For **fully insured active and pre-Medicare medical offers**, submit the following:
- a. **RFP#24-021CG_T – Offeror Name - Fully Insured Active and Pre-Medicare Medical Questionnaire**
 - b. **RFP#24-021CG_T1 – Offeror Name - Fully Insured Active and Pre-Medicare Medical Geo Access**
 - c. **RFP#24-021CG_T2 – Offeror Name – Fully Insured Active and Pre-Medicare Medical Provider Network**
 - d. **RFP#24-021CG_U – Offeror Name – Fully Insured Active and Pre-Medicare Medical Pricing Exhibits**

Replace “Offeror Name” with your name in the title of the spreadsheet before submitting. To complete Attachments T1 and T2 and request data, complete a Nondisclosure Agreement with Segal, per the instructions noted on Page 2 of this RFP.