



Charlotte Gensler, CPM, CPO  
Executive Director for Procurement

Scott Elder  
Superintendent

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RFP NUMBER: 24-021CG

RFP TITLE: RFP #24-021CG Part A and Part B

ADDENDUM NUMBER: 2 to Part A

Addendum #2 Questions and Answers

### **Dental and Vision**

1. Is a redacted version of the offeror's response required with the RFP submission? Or will this be requested after award?

There is no requirement at this time to include a redacted version of your proposal with your RFP response submission.

All offeror responses are subject to public inspection through the IPRA process. Offerors may choose to, but are not required to, submit a redacted response in addition to their full response.

2. Are you looking for a risk quote for all 4 entities for dental? Or are you looking for 3 ASO quotes and 1 fully insured quote?

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.

3. There are contradictory instructions within Pricing Exhibit M regarding your rate expectations over the 4-year contract period. Can there be pre-determined rate changes in years 3 and 4? Or are you expecting the same rate for all 4 years?

Self-Insured fees/rates must be guaranteed for a minimum of two years. Self-Insured fees/rates for Years 1 & 2 must be the same (i.e., there cannot be a rate increase in Year 2). Fully Insured rates must be guaranteed for the full four-year

maximum contract period (i.e., there cannot be a rate increase in Years 2-4). This is applicable to both Dental AND Vision.

4. Do you accept the concept of not to exceed rate by a percentage amount in year 3-4. Or are you expecting a fixed premium rate (dollar amount)?

Per the RFP requirements, fully-insured rate quotes are required to be guaranteed for the first two years of the contract. Please provide fixed premium rate caps (dollar amount) in years 3 and 4.

5. What dates do rate changes take effect for each entity? (Contract period vs. calendar year)

All entities except NMPSIA have contribution rate changes effective January 1. NMPSIA's rates change effective October 1.

6. In the Dental Questionnaire, you ask for historical performance metrics, can you please clarify the timeline for these metrics?

Unless it is specified in the question, please use the last 12 months for your response.

7. In reference to call center metrics and operations, does "entity level" refer to IBAC as a whole or individual entities?

Entity level refers to the individual IBAC entities.

8. Regarding Performance Guarantees, as a New Mexico based entity, would a New Mexico based satisfaction survey be acceptable?

Per the RFP, Performance Guarantees will be negotiated for each entity during contract negotiations with selected vendors. Please note, RHCA has membership nationwide and a New Mexico based satisfaction survey may not meet the needs of the Agency.

9. Would you be willing to express all time frames in business days rather than sometimes stating them in hours, calendar days, or business days?

Please provide any proposed changes in your RFP response (either as redline edits to the draft contracts or as deviations/exceptions) and the evaluation committee will consider.

10. In providing "red-lines" for the proposed contracts, can offerors propose

alternative language?

Yes, should an offeror object to any of the terms and conditions set forth in the draft contracts, the offeror should propose specific alternative language. The IBAC agencies may or may not accept the alternative language.

11. In what format and manner should "red-lines" on proposed contracts be provided?

Versions of each of the draft contracts have been made available in Microsoft Word format. Please provide your proposed revisions to these Word documents so that any removal or addition of text is clearly evident (red line to strike through any deleted words, red line appearing under any inserted text; either using the built-in feature in Word or by formatting proposed revisions accordingly).

12. In certain proposed contracts, there is a provision requiring names for "Key Personnel" considered by the Procuring Agency to be mandatory for the work to be performed under the contract. Would you be amenable to requiring the job position and descriptions of "Key Personnel" instead? This would be more consistent with industry best practice related to the dental insurance industry for business continuity focusing upon function over individuals.

Offeror may provide any proposed changes with their RFP response and the evaluation committee will consider during the evaluation process and contract negotiation process. The IBAC, as a whole and at the entity level, reserves the right to request changes to the 'key personnel' assigned by the vendor.

13. In certain proposed contracts, there is a provision with quantitative and qualitative requirements for "Personnel Changes". Would you be amenable to requiring that a Personnel Change Report be provided on a quarterly basis describing the total number, turnover, vacancies, and hiring activity for Personnel Changes instead of the proposed reporting and prior approval by the Procuring Agency? Dental insurers comply with federal and New Mexico equal opportunity requirements that can be attested to. In the interests of compliance, expeditiousness continuity of service, and efficiency of both parties, the framework should facilitate dialogue rather than mandate reporting and prior approval requirements as proposed. Given the challenges of the market in terms of hiring and recruitment, this would also provide flexibility in the mutual interests of both parties.

Offeror may provide any proposed changes with their RFP response . the evaluation committee will consider during the evaluation process and may or may not accept the proposed alternative language.

14. Has there been any dental or vision plan changes in the last 3 years for each of the New Mexico State Agencies?

Based on information currently available, APS is the only agency with dental and vision plan changes occurring in the past three years and these are outlined below:

APS Dental – Added a consideration for more than 2 cleanings in a 12-month period, based on certain health conditions that have a high impact on dental health. APS also adjusted the dental plan to allow a member to get their allowed cleanings within the 12-month period, even if they have reached their annual benefit allowance; the cleanings do not count in the annual benefit allowance.  
APS Vision – Increasing the frame allowance to \$150 and contact lens allowance to \$150 in 2024.

15. What is the current out of network reimbursement based on for each of the New Mexico State Agencies dental plans? Is it based on R&C such as 80th, or is it equivalent to the PPO or Premier fee schedules (for the Delta Plans), or some other methodology.

Out of network reimbursement varies by entity and contract. For the purpose of the Dental claim repricing exercise, out of network reimbursement should be set equal to the Billed Amount.

16. Please provide the dental plans available to State of New Mexico. Please confirm 1 Dental Plan is available with Delta today.

Please refer to the RFP document, which outlines the current plans,, as well as each entity's website for additional details.

17. Please provide current ASO fees for each of the New Mexico State Agencies for both dental and vision.

This information will not be made available. Offerors should provide their most competitive offer based on the specifications provided in the RFP.

18. Does NMRHCA still require the ASO fees be billed on a PMPM basis (versus PEPM)?

Yes, NMRHCA requires ASO fees be billed on a PMPM basis.

19. Our government liaison folks are asking if there is a list of public officials to check against for the completion of the Campaign Contribution Disclosure Form.

APS does not have a specific list of names. Offerors shall include disclosure of contributions to all applicable public officials for each of the IBAC members (Albuquerque Public Schools, State of New Mexico Risk Management Division, the New Mexico Public Schools Insurance Authority, the New Mexico Retiree Health Care Authority) in accordance with NMSA 13-1-191.1.

13-1-191.1. Campaign contribution disclosure and prohibition.

A. This section applies to prospective contractors with the state or a local public body.

B. A prospective contractor subject to this section shall disclose all campaign contributions given by the prospective contractor or a family member or representative of the prospective contractor to an applicable public official of the state or a local public body during the two years prior to the date on which a proposal is submitted or, in the case of a sole source or small purchase contract, the two years prior to the date on which the contractor signs the contract, if the aggregate total of contributions given by the prospective contractor or a family member or representative of the prospective contractor to the public official exceeds two hundred fifty dollars (\$250) over the two-year period.

C. The disclosure shall indicate the date, the amount, the nature and the purpose of the contribution. The disclosure statement shall be on a form developed and made available electronically by the department of finance and administration to all state agencies and local public bodies. The state agency or local public body that procures the services or items of tangible personal property shall indicate on the form the name or names of every applicable public official, if any, for which disclosure is required by a prospective contractor for each competitive sealed proposal, sole source or small purchase contract. The form shall be filed with the state agency or local public body as part of the competitive sealed proposal, or in the case of a sole source or small purchase contract, on the date on which the contractor signs the contract.

D. A prospective contractor submitting a disclosure statement pursuant to this section who has not contributed to an applicable public official, whose family members have not contributed to an applicable public official or whose representatives have not contributed to an applicable public official shall make a statement that no contribution was made.

E. A prospective contractor or a family member or representative of the prospective contractor shall not give a campaign contribution or other thing of value to an applicable public official or the applicable public official's employees during the pendency of the procurement process or during the pendency of negotiations for a sole source or small purchase contract.

F. A solicitation or proposed award for a proposed contract may be canceled pursuant to Section 13-1-181 NMSA 1978 or a contract that is executed may be ratified or terminated pursuant to Section 13-1-182 NMSA 1978 if:

(1) a prospective contractor fails to submit a fully completed disclosure statement pursuant to this section; or

(2) a prospective contractor or family member or representative of the prospective contractor gives a campaign contribution or other thing of value to an applicable public official or the applicable public official's employees during the pendency of the procurement process.

G. As used in this section:

(1) "applicable public official" means a person elected to an office or a person appointed to complete a term of an elected office, who has the authority to award or influence the award of the contract for which the prospective contractor is submitting a competitive sealed proposal or who has the authority to negotiate a sole source or small purchase contract that may be awarded without submission of a sealed competitive proposal;

(2) "family member" means a spouse, father, mother, child, father-in-law, mother-in-law, daughter-in-law or son-in-law of:

(a) a prospective contractor, if the prospective contractor is a natural person; or

(b) an owner of a prospective contractor;

(3) "pendency of the procurement process" means the time period commencing with the public notice of the request for proposals and ending with the award of the contract or the cancellation of the request for proposals;

(4) "prospective contractor" means a person or business that is subject to the competitive sealed proposal process set forth in the Procurement Code or is not required to submit a competitive sealed proposal because that person or business qualifies for a sole source or small purchase contract; and

(5) "representative of the prospective contractor" means an officer or director of a corporation, a member or manager of a limited liability corporation, a partner of a partnership or a trustee of a trust of the prospective contractor.

20. There was no Dental Disruption posted for NMRHCA. Can you confirm if a file with be forthcoming?

Census files, claims workbooks, and other historical experience data have been made available through Segal's Secure File Transfer System to all offerors who have a current Non-Disclosure Agreement on file with Segal. No further data/disruption file will be made available.

21. Please provide a complete disruption file for each New Mexico State Agency to include TIN # and submitted charge data by provider, ideally with an indicator to show whether each provider is currently in or out of network (please also confirm the timeframe of the data provided. Please provide for both dental and vision.

Census files, claims workbooks, and other historical experience data have been made available through Segal's Secure File Transfer System to all offerors who have a current Non-Disclosure Agreement on file with Segal. No further data/disruption file will be made available. Please use the repricing files to

specify in and out of network providers.

22. In the “Attachments” section of the RFP, located just below the “Submittal Requirements and Checklist” section of the main RFP document, you direct carriers to title the redlined response to NMPSIA Draft Contract as follows: RFP#24-021CG\_K. However, NMPSIA has submitted not one but three separate contracts: dental, vision, and medical. Please confirm that carriers may modify the title of the redlined responses to NMPSIA Draft Contracts to account for difference in line-of-business, perhaps as follows: RFP#24-021CG\_K\_Dental; RFP#24-021CG\_K\_Vision; RFP#24-021CG\_K\_Medical.

Confirmed.

23. For the document labeled “RFP#24-021CG\_B-Offeror Name-General Questionnaire (all offerors) Part A and Part B” is the due date 11/17/23 or 11/22/23 for this questionnaire?

If you are submitting responses to both Parts A and B of this RFP, you should submit “RFP#24-021CG\_B-Offeror Name-General Questionnaire (all offerors)” with your Part A submission due on 11/17/2023. There is no need to submit the same file a second time with your Part B submission.

If you are only submitting a response to Part B, you should submit “RFP#24-021CG\_B-Offeror Name-General Questionnaire (all offerors)” with your submission to Part B due on 11/22/2023.

24. Is there a chance that 2 or more carriers will be awarded the dental business for all the New Mexico Agencies?

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. Each agency will independently determine the most advantageous offeror(s) as it pertains to that agency, and this determination may be the same for all agencies, but is not required to be.

25. For the State of New Mexico General Services Department State Purchasing Division Agreement Cover Page, are we required to complete now or abstain until the award is made?

The above referenced cover page would accompany any executed contract with the State. As such, is it included as part of the State’s draft contract. There is no requirement to complete as part of your response to this RFP.

26. Is a performance bond required and if so, how many and for how much?

No. This RFP does not include any such requirement.

27. Exhibit A is referenced throughout document 2023\_1016\_RFP\_23-021CG\_final to post October 16, 2023. Which document is Exhibit A and if it wasn't included could you please provide it?

"Exhibit A" is only referenced in the draft contracts, which is why it is not included in the RFP.

28. The RFP is requesting original signatures. Is it allowable to provide electronic signatures for the proposal submission and we will provide the originals at the finalist meeting?

Yes. Electronic signatures are acceptable for the proposal submission.

29. Can each of the 4 agencies under IBAC make independent carrier decisions?

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. Each agency will independently determine the most advantageous offeror(s) as it pertains to that agency, and this determination may be the same for all agencies but is not required to be.

30. At renewal, would each of the 4 groups renew individually, or all at the same time?

Each IBAC agency will separately manage renewals with any vendors who are awarded business resulting from this RFP.

31. With the groups have independent effective dates, Would the expectation be that the groups would continue with the same fees at implementation, but may vary by effective date of renewal?

Depending on the line of coverage, fees may vary by agency. For coverage lines where fees/rates are requested based on anticipated "brackets" of total IBAC enrollment, the expectation is that fees would continue to be based on "brackets" of total IBAC enrollment during the maximum four (4) year term of the contracts. The effective date of those contracts will vary by agency: 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.



32. Can we include a DHMO quote assuming the network access is sufficient?

The IBAC does not see an issue with accepting quotes for a Dental Health Maintenance Organization (DHMO) plan in addition to the quotes specifically requested in the RFP.

33. Are there any anticipated changes to Employer contribution strategies going forward?

No future changes are anticipated at this time.

Group insurance contributions are statutorily required for SoNM and APS (see NM Stat § 10-7-4) and for NMPSIA (see NM Stat § 22-29-10). Updates to NM Stat § 22-29-10 were signed into law earlier this year following the passage of House Bill 533. This legislation and the associated contribution changes went into effect July 1, 2023 for all entities participating group insurance through NMPSIA. Contributions for NMRHCA participants are subsidized by that agency, with subsidy levels as described in 2.81.11 NMAC and varying based on the retiree's years of credited service and possibly subject to a minimum retiree age.

34. Will each agency utilize their own evaluators and award separately from each other? Or will one team of evaluators be utilized and provide a single award based on each agency's criteria (self-funded vs fully insured)?

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. Each agency will independently determine the most advantageous offeror(s) as it pertains to that agency, and this determination may be the same for all agencies but is not required to be. Please also refer to the "Evaluation Criteria" section of the RFP for additional information.

35. Is there a chance that 1 carrier is awarded the dental business for all the New Mexico Agencies?

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. Each agency will independently determine the most advantageous offeror(s) as it pertains to that agency, and this determination may be the same for all agencies but is not required to be.

36. Are the vision plans currently elected separately, or bundled with either medical and/or dental elections?

All IBAC vision plans/contracts are currently elected on a stand-alone basis (i.e., separately from medical and/or dental elections).

37. Are current out of network reimbursement amounts based on submitted or allowed charges for each of the New Mexico State Agencies dental plans?

Out of network reimbursement varies by entity and contract. For the purpose of the Dental claim repricing exercise, out of network reimbursement should be set equal to the Billed Amount.

38. Are there currently any fees that are charged to the client, either through the claim wire or the monthly invoice, besides the current ASO fee?

Based on information currently available, there are no other dental or vision fees charged to the agencies besides either the monthly premium or ASO fees.

39. Are there any discount savings currently retained by either Delta or United Concordia? If so, please indicate %, and corresponding PEPM based on most recent policy year.

This information will not be made available. Offerors should provide their most competitive offer based on the specifications provided in the RFP.

40. For APS, NMPSIA, and SONM – it shows these plans as contributory. Can you please provide the amount of contribution currently being made to the vision premium for each entity, if any?

Current contribution rates are posted on each agency's website:

- 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/>

41. Please elaborate on the Guaranteed Provider Aggregate Discount Percentage. Based on the nature of vision provider contracts we do not work off a maximum allowed charge, but negotiate a fee schedule based on provider type and location.

Offeror may provide any proposed changes with their RFP response (either as redline edits to the draft contracts or as deviations/exceptions) and the evaluation

committee will consider during the evaluation process and contract negotiation process.

42. What plan changes, if any, have occurred in the last 2 years?

Based on information currently available, APS is the only agency with dental and vision plan changes occurring in the past three years and these are outlined below:

APS Dental – Added a consideration for more than 2 cleanings in a 12-month period, based on certain health conditions that have a high impact on dental health. APS also adjusted the dental plan to allow a member to get their allowed cleanings within the 12-month period, even if they have reached their annual benefit allowance; the cleanings do not count in the annual benefit allowance.

APS Vision – Increasing the frame allowance to \$150 and contact lens allowance to \$150 in 2024.<sup>43</sup> Please clarify what percent of the rates are paid for by the Employer and what percent of the rates are paid for by the Employee?

Current contribution rates are posted on each agency's website:

- 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/>

Group insurance contributions are statutorily required for SoNM and APS (see NM Stat § 10-7-4) and for NMPSIA (see NM Stat § 22-29-10). Updates to NM Stat § 22-29-10 were signed into law earlier this year following the passage of House Bill 533. This legislation and the associated contribution changes went into effect July 1, 2023 for all entities participating group insurance through NMPSIA. Contributions for NMRHCA participants are subsidized by that agency, with subsidy levels as described in 2.81.11 NMAC and varying based on the retiree's years of credited service and possibly subject to a minimum retiree age.

44. What commission %, if any, is currently included in current rates or should be included in the new rates?

All rates should be quoted net of commissions.

45. Please provide the following:

- 24 months of claims by service type
- Utilization by plan
- Claims by plan for 24 months (subscribers, membership, claims paid)
- Full census for each plan

- Current enrollment by plan (number of subscribers and number of covered members)

Census files, claims workbooks, and other historical experience data have been made available through Segal's Secure File Transfer System to all offerors who have a current Non-Disclosure Agreement on file with Segal. No further data/disruption file will be made available.

46. For the cost evaluation of the two fully insured plan designs requested, how will you score the pricing? Will you base points on each plan and then average the scores?

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. Each agency will independently determine the most advantageous offeror(s) as it pertains to that agency, and this determination may be the same for all agencies but is not required to be. Please also refer to the Evaluation Criteria section of the RFP starting on page 37 for additional information.

47. For the cost evaluation of the two self-funded arrangements, will the score be based on the administrative fee only? How will actual cost of claims be evaluated?

Please refer to document RFP#24-021CG\_N - Offeror Name - Vision Pricing Exhibits and the Evaluation Criteria section starting on page 37 of the RFP which in combination outlines the cost evaluation.

48. For overall cost scoring for the vision plan, will you apply the scoring methodology to each of the 4 plans and then average to determine the total points for each vendor?

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. Each agency will independently determine the most advantageous offeror(s) as it pertains to that agency, and this determination may be the same for all agencies but is not required to be. Please also refer to the Evaluation Criteria section of the RFP starting on page 37 for additional information.

49. Please clarify the number of references required for the RFP. Is it 7 for each quoted line of coverage or 7 total between Part A and B?

The seven requested organizational references should be businesses or organizations for which the Offeror has provided similar services to those it is

proposing in its RFP response. For an Offeror proposing for multiple coverage lines, please include seven relevant organizational references for each coverage line. The IBAC recognizes that this may result in the same reference being included multiple times (i.e., once for each applicable coverage line).

50. As an in-force carrier with the IBAC entities, is providing redlined sample contracts required, or can we provide current contract copies along with a response to indicate that we have and will continue to work with each agency on acceptable contract language?

Redline edits to draft contracts are a required item to be included with all proposals, including those from incumbent vendors. Offeror may provide any proposed changes with their RFP response and the evaluation committee will consider during the evaluation process and contract negotiation process.

51. P. 82 of the RFP document, State of New Mexico Retiree Health Care Authority contract states the following:

E. Performance Bond. [CHOICE #1- If the amount of the Agreement exceeds \$1Million OR, if the Agreement is for custom developed software/application, OR Commercial Off the Shelf (COTS) software with greater than 20% Enhancement, OR for any other critical project execution concerns, use the following language.] Contractor shall execute and deliver to Procuring Agency, contemporaneously with the execution of this Agreement, a Performance Bond in the amount of [Insert Total Amount of agreed upon Performance Bond] in the name of the Procuring Agency. The Performance Bond shall be in effect for the duration of this Agreement and any renewals thereof. The required Performance Bond shall be conditioned upon and for the full performance, Acceptance and actual fulfillment of each and every Deliverable, term, condition, provision, and obligation of the Contractor arising under this Agreement. The Procuring Agency's right to recover from the Performance Bond shall include all costs and damages associated with the transfer of Services provided under this Agreement to another Contractor or to the State of New Mexico as a result of Contractor's failure to perform. Please advise if this is needed, if so, what is the amount of the bond

This RFP does not include performance bond requirement.

52. (Dental) Please confirm the OON reimbursement on each plan.

Out of network reimbursement varies by entity and contract. For the purpose of the Dental claim repricing exercise, out of network reimbursement should be set equal to the Billed Amount.

53. (Dental) Please confirm the requested commissions.

All rates should be quoted net of commissions.

54. (Dental) What is the current in network utilization broken down by network tier(s) for each plan.

This information is not available at this time. Offerors should provide their most competitive offer based on the specifications provided in the RFP and related information provided.

55. (Dental) Do they currently have a shared savings arrangement? If so, please provide details.

Currently, the IBAC agencies do not have a shared savings arrangement with their Dental providers/carriers.

56. (Dental) Are there any pain points they are looking to solve or enhancements that would be valuable to the client?

Please see the "RFP Priorities" section of the RFP for available information.

57. (Dental) On NMPSIA, are participants required to make a two year dental election like vision?

NMPSIA plan members are not currently required to make a two-year dental election. However, NMPSIA reserves the right to apply this rule to dental.

58. (Dental) On APS, can members change dental plans during the two year lock in?

APS plan members are not allowed to change dental plan enrollment during the 2-year lock-in period.

59. (Dental) On NMRHCA, can members switch dental plans at OE every two years? Can members drop Dental coverage at OE or are they locked in for 4 years?

NMRHCA plan members can drop dental coverage at any point during the year, the termination date is the 1st of the month following a written request to cancel coverage (NMRHCA members can drop any line of coverage at any time throughout the year). Members are not allowed to reenroll in the dental for a four-year period if coverage is cancelled. Members can switch between the two current plan offerings annually during Switch Enrollment if they wish to.

60. (Dental) Can TIN and Practice/Facility Name fields please be added to the Repricing files

This information is not available at this time. Offerors should provide their most competitive offer based on the specifications provided in the RFP and related data information provided via the SFT site.

61. (Dental) Please provide a reprice file for the NMRHCA group.

This information is not available given RHCA's current dental coverage is fully insured. Offerors should provide their most competitive offer based on the specifications provided in the RFP and related information provided.

62. (Dental) Please indicate State of New Mexico Risk Management (SoNM) plan out of network reimbursement, 80th or 90th?

Out of network reimbursement varies by entity and contract. For the purpose of the Dental claim repricing exercise, out of network reimbursement should be set equal to the Billed Amount.

63. (Dental) What is the total number of eligible employees for State of New Mexico Risk Management (SoNM) LPB population?

Information on "currently eligible but not enrolled" may or may not be included on the census data. If it is not included, it is not available.

64. (Dental) Please indicate New Mexico Public Schools Insurance Authority (NMPSIA) High and Low plan out of network reimbursement, 80th or 90th?

Out of network reimbursement varies by entity and contract. For the purpose of the Dental claim repricing exercise, out of network reimbursement should be set equal to the Billed Amount.

65. (Dental) What is the total number of eligible employees for New Mexico Public Schools Insurance Authority (NMPSIA)?

Information on "currently eligible but not enrolled" may or may not be included on the census data. If it is not included, it is not available.

66. (Dental) Please indicate Albuquerque Public Schools (APS) High and Low plan out of network reimbursement, 80th or 90th?

Out of network reimbursement varies by entity and contract. For the purpose of

the Dental claim repricing exercise, out of network reimbursement should be set equal to the Billed Amount.

67. (Dental) Please indicate New Mexico Retiree Health Care Authority (NMRHCA) High and Low plan out of network reimbursement, 80th or 90th?

Out of network reimbursement varies by entity and contract. For the purpose of the Dental claim repricing exercise, out of network reimbursement should be set equal to the Billed Amount.

68. (Dental) What is the total number of eligible employees for New Mexico Retiree Health Care Authority (NMRHCA)?

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

69. (Dental) What is the current ASO Fee for SoNM? Are premium equivalent rates available?

This information is not available at this time. Offerors should provide their most competitive offer based on the specifications provided in the RFP and related information provided.

70. (Dental) What is the current ASO Fee for NMPSIA? Are premium equivalent rates available?

This information is not available at this time. Offerors should provide their most competitive offer based on the specifications provided in the RFP and related information provided.

71. (Dental) What is the current ASO Fee for APS? Are premium equivalent rates available?

This information is not available at this time. Offerors should provide their most competitive offer based on the specifications provided in the RFP and related information provided.

72. (Dental) Are NMRHCA current High/Low plan rates available?

Current rates for NMRHCA are posted on the agency website: <http://nmrhca.org/>

73. (Dental) Are Delta claims available by tier (PPO/Premier/Nonparticipating Provider) available for all groups?



This information is not available at this time. Offerors should provide their most competitive offer based on the specifications provided in the RFP and related information provided.

74. (Dental) Are you able to provide Repricing file for NM Retiree Health Care Authority?

A repricing file for RHCA's dental coverage is not available as RHCA's current dental coverage is fully insured. Offerors should provide their most competitive offer based on the specifications provided in the RFP and related information provided.

75. (Dental) Can repricing files for APS, NMPSIA Group 1, and SoNM be updated to include Provider TIN?

This information is not available at this time. Offerors should provide their most competitive offer based on the specifications provided in the RFP and related information provided.

76. (Vision) Please provide Full Vision Certificates for each of the agencies

This information is not available at this time. Offerors should provide their most competitive offer based on the specifications provided in the RFP and related information provided.

77. (Vision) Have there been any vision plan design changes since 2020? If so, please advise on what the plan change was, which agency had the change and when it was effective.

Based on information currently available, APS is the only agency with vision plan changes occurring since 2020 and these are outlined below:

APS Vision – Increasing the frame allowance to \$150 and contact lens allowance to \$150 in 2024.

78. (Vision) Please confirm that NMRHCA does all the billing for the retirees and that the carrier would not be responsible for any direct billing.

NMRHCA bills the retiree directly, the carrier is not responsible for direct billing.

79. (Vision) Please confirm that all 4 of the covered agencies are self-billed and provide consolidated billing to the carrier.

Based on information currently available, NMPSIA is the only agency that self-

bills and provides a consolidated billing to the carrier.

80. (Vision) Please confirm that all vision rates are to be net of commission

All rates should be quoted net of commissions.

81. (Vision) For the NMRHCA tier structure, the RFP states that the tier structure that they enroll in for Medical will apply to the vision plan. Is the vision a separate election or will those who enroll for medical automatically be enrolled in vision?

NMRHCA's enrollment in the vision plan is a separate enrollment and not automatically bundled with the medical.

82. (Vision) NMRHCA and NMPSIA are currently fully insured for the vision. Please provide the current rates.

Current rates are posted on each agency's website:

- New Mexico Retiree Health Care Authority (NMRHCA) – <http://nmrhca.org/>
- New Mexico Public Schools Insurance Authority (NMPSIA) – <https://nmpsia.com/index.html>

83. (Vision) Have there been any rate changes from June of 2020 to current?

There have been no vision rate changes during the specified time period.

84. (Vision) Please provide monthly paid premium for NMRHCA and NMPSIA from 6/1/2020 to current to correspond with the experience provided?

This information is not available at this time. Offerors should provide their most competitive offer based on the specifications provided in the RFP and related information provided.

85. (Vision) For Vision, if we are proposing fully insured vision services only, would we complete the FI Quotes tab of the pricing exhibit only or would we complete the FI Quotes tab and the applicable fully insured portion of the Current Funding Quotes tab of the pricing exhibit?

If a bidder were to propose only fully insured vision services, please fill out the "FI Quotes" tab of the pricing exhibit.

86. (Vision) For NMPSIA and NMRHCA: Quote the current dependent tier premium EE = 1.0 / Two-Party = 1.89 / Family = 2.78 is being requested in the pricing exhibit. For NMPSIA, I found the following rates in the program guide

\$6.26/\$10.48/\$14.14. These appear to have the following relationship 1/1.67/2.26. Please advise so I can better understand this request. Are we changing the slope of the rates? Are these the current inforce rates?

Please provide rates based on each agency's current tier ratio. For the NMPSIA vision plan, this would be the following relationship EE = 1.00 / Two-Party = 1.67 / Family = 2.26. For the NMRHCA vision plan, this would be the following relationship EE = 1.00 / Two-Party = 1.89 / Family = 2.78. Current contribution rates are posted on each agency's website:

- 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/>

87. (Vision) The census files for NMPSIA, NMRHCA and SONM LPBs include the employees/retirees enrolled in vision coverage. Can we get an estimate on how many employees/retirees are eligible for each of the mentioned agencies?

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

88. (Vision) The fully insured pricing exhibit for SONM has a four-tier rate structure being requested. There are two census files provided for this group: GDS and LPB. The GDS census has a four-tier rate structure and the LPB census has a three-tier rate structure shown. Do both groups have the four-tier rate structure inforce? If so, please provide the current four-tier enrollment for each group?

Both groups (GDS and LPB) have a four-tier rate structure inforce. Current four-tier enrollment counts can be found in the “Current Enrollment Tiers” tab of the IBAC - Vend - SoNM - Claims and Enrollment Data by Month - July 2020 through March 2023 file within the secured workspace that was provided.

89. (Vision) There is a GDS census and a LPB census provided for SONM. What do these two groups represent? Are there any material differences between the plan/admin of the groups that we need to be aware of?

The GSD census reflects active employees of the State of New Mexico. The LPB census reflects active employees of the 108 New Mexico municipalities, schools, and counties that participate on the SoNM plan.

90. (Vision) We are proposing fully insured vision coverage. We will provide a quote

on each of the four agencies as requested in the pricing exhibit. We see that you are also looking for the pricing impact to each agency as membership increases. In addition to this, are you also looking for one total quote assuming all agencies move together?

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.

91. (Vision) If possible, please provide claims utilization reports for all agencies that include the following:

- o In network utilization %
- o Detailed claims breakdown (# of frames, Lenses, progressives, etc)

Census files, claims workbooks, and other historical experience data have been made available through Segal’s Secure File Transfer System to all offerors who have a current Non-Disclosure Agreement on file with Segal. No further data will be made available.

92. (Dental) Is COBRA Administration expected to be provided by the carrier?

No, all four agencies self-administer COBRA.

93. With regards to the pdf file titled ‘State of N\_FY24\_Premium\_Rates\_Schedule\_\_FINAL\_JULY2023’ provided with the RFP, it appears that the contributions provided are for the Delta Dental plan(s) only. Is current contribution data available by tier available for the Concordia plans that apply to the NMPSIA entity? If so, please advise on any prior contribution changes and dates of changes if applicable.

Current contribution rates for NMPSIA are posted on the agency website:  
<https://nmpsia.com/index.html>

94. Have the Dental contributions by tier remained the same as illustrated for Delta from 6/2020 to current? If not please provide any historical contribution changes and effective dates of those changes.

Based on information currently available, there have been no dental rate changes during the specified time period.

95. Do the same Dental contributions provided also reflect the fully insured rates that the NMRHCA uses for their program?

Current contribution rates for NMRHCA are posted on the agency website: <http://nmrhca.org/>. Dental is offered on a voluntary basis and there is no agency contribution/subsidy.

96. The RFP provided monthly paid claims by entity. Please provide the paid claim amounts split by PPO, Premier and Out-of-Network or provide the percentage of claims paid under the PPO network and the percentage of claims paid under the Premier network if the claim dollar splits are not available.

This information is not available at this time. Offerors should provide their most competitive offer based on the specifications provided in the RFP and related information provided.

97. What is the Out-of-Network percentile or is it based on maximum allowable cost?

Out of network reimbursement varies by entity and contract. For the purpose of the Dental claim repricing exercise, out of network reimbursement should be set equal to the Billed Amount.

98. If Out-of-Network claims are paid based on maximum allowable cost, is the maximum allowable cost for Premier network dentists based on the PPO fee schedule or the Premier fee schedule?

Out of network reimbursement varies by entity and contract. For the purpose of the Dental claim repricing exercise, out of network reimbursement should be set equal to the Billed Amount.

99. Are discounts in the Delta Dental PPO and the Delta Dental Premier networks extended to non-covered services?

This information will not be made available. Offerors should provide their most competitive offer based on the specifications provided in the RFP.

100. Are the current and historical self-insured fees available by entity and plan year?

This information will not be made available. Offerors should provide their most competitive offer based on the specifications provided in the RFP.

101. Is a recent billing invoice by entity available including the lives by tier and contribution rates?

This information will not be made available. Offerors should provide their most competitive offer based on the specifications provided in the RFP.

Employee Assistance Program (EAP)

102. Confirm EAP pricing for the State of New Mexico should be based on 22,448 GDS Group employees and 10,876 LPB Group employees.

Pending further information. This will be provided in a subsequent addendum.

103. Please provide a list of LPBs that are participating under the EAP contract.

Pending further information. This will be provided in a subsequent addendum.

104. Is it possible to please provide a list of the excel questions in Word or PDF format? Many of the longer questions (Especially in Tab 1A, 1B, and 1C) are unreadable because they are longer than the cell will display and the cells are locked so we cannot adjust them to see the text that runs off the edge of the screen.

A PDF document containing all questions from the EAP Questionnaire has been released with this addendum. Please only use the PDF to reference the full question text; responses are required to be submitted using the Excel EAP Questionnaire document.

105. How long has ComPsych been the EAP provider for SoNM?

Pending further information. This will be provided in a subsequent addendum.

106. What is the current cost of the EAP program for SoNM?

This information will not be made available. Offerors should provide their most competitive offer based on the specifications provided in the RFP.

107. Please provide a rate history for the EAP program for SoNM.

This information will not be made available. Offerors should provide their most competitive offer based on the specifications provided in the RFP

108. How many onsite training hours are included each year? How many onsite training hours were utilized each of the last 3 years?

Pending further information. This will be provided in a subsequent addendum.

109. How many webinar training hours are included each year? How many webinar training hours were utilized each of the last 3 years?

Pending further information. This will be provided in a subsequent addendum.

110. How many onsite critical incident response hours are included each year? How many onsite critical incident response hours were utilized each of the last 3 years?

Pending further information. This will be provided in a subsequent addendum.

111. How many onsite health/benefits/open enrollment fairs is the EAP provider expected to attend annually? How many hours is each event?

Pending further information. This will be provided in a subsequent addendum.

112. Is a communication/promotional materials allowance included in the current contract? If so, in what amount annually?

Pending further information. This will be provided in a subsequent addendum.

113. Is there a bid bond requirement? If so, in what amount?

No. This RFP does not include any such requirement.

114. Does IBAC currently have any internal or on-site services that they would like the new EAP to integrate with?

Pending further information. This will be provided in a subsequent addendum.

115. Within the IBAC population, are there any particular needs regarding language support beyond English and Spanish?

Pending further information. This will be provided in a subsequent addendum.

116. The RFP requests that the Client be able to run ad hoc reports online itself. Is this an absolute requirement and will we be automatically disqualified if we cannot provide that?

Pending further information. This will be provided in a subsequent addendum.

117. Is there a proposed budget for the EAP program?

This information will not be made available. Offerors should provide their most competitive offer based on the specifications provided in the RFP.

118. The RFP states that SoNM requires at least 1, but 2 are preferred, New Mexico-based Account Specialists. Is this an absolute requirement or will we be disqualified if the Account Specialist is located out of state?

Pending further information. This will be provided in a subsequent addendum.

119. The RFP asks to confirm if the EAP will provide timely support for analysis of federal and New Mexico legislation that has the potential to impact the IBAC benefit plans. Analysis of pending legislation during the legislative session requires 24-hour turnaround time and must include the qualitative and quantitative impacts for each agency. Is this an absolute requirement or will we be automatically disqualified if we cannot provide this?

Pending further information. This will be provided in a subsequent addendum.

120. The RFP also requests dedicated case workers and counselors assigned to the SoNM account. Is this an absolute requirement that they be dedicated solely to the SoNM? Will this be an automatic disqualification if we cannot provide this?

Each IBAC agency will be evaluating responses to determine the most advantageous offer for that agency's needs. Dedicated case workers and counselors assigned solely to the SoNM account is not a mandatory specification in this RFP. As such, failure to provide this will not result in an automatic disqualification.

121. Please provide 12-24 months of EAP experience if available.

Census files, claims workbooks, and other historical experience data have been made available through Segal's Secure File Transfer System to all offerors who have a current Non-Disclosure Agreement on file with Segal. No further data will be made available.

122. Is the intent to provide one plan design to all IBAC agencies?

Only SoNM is soliciting EAP proposals through this RFP.

123. Are there specific plan designs that IBAC would like to see quoted? Specifically what is the number of visits desired, bank of hours for critical incident and training and are work life services included?

Pending further information. This will be provided in a subsequent addendum.



124. Are the performance guarantees required to be adhered to as written or may we make edits to them to reflect what we are able to meet?

If your organization is not able to agree to the requested performance guarantees or would like to suggest other performance guarantees, please include information about any proposed alternatives with your proposal. This information should include a description of the rationale for your proposed alternatives.

125. Are there any additional features or special needs that the IBAC is looking to add to their new EAP program?

Pending further information. This will be provided in a subsequent addendum.

126. Will the census information that is forthcoming outline the enrollment by each of the 4 agencies? When will IBAC send the data to vendors?

Census files, claims workbooks, and other historical experience data have been made available through Segal's Secure File Transfer System to all offerors who have a current Non-Disclosure Agreement on file with Segal.

Please note that only SoNM is soliciting EAP proposals through this RFP.

127. Please share any EAP utilization from 2021, 2022, and anything available in 2023 for all EAP programs

- What is the % of male vs. female employees?
- What is the % of full time vs. part time employees?
- Can the utilization information be broken down between full and part time employees?
- Can you provide the average # of visits used for each of the EAP programs offered by agency?
- Does the forthcoming utilization represent a blend of both in-person and virtual visits? If so, can you provide a rough estimate of what the split is for in-person vs. virtual?

Census files, claims workbooks, and other historical experience data have been made available through Segal's Secure File Transfer System to all offerors who have a current Non-Disclosure Agreement on file with Segal. No further data will be made available.

128. Will IBAC be submitting an eligibility file for any special reasons (ie, reporting, etc)?

Pending further information. This will be provided in a subsequent addendum.

129. Are there any special requirements or customization around communication material and the member website experience? Are you looking for just one branding of the program or will each agency require its own branding?  
Pending further information. This will be provided in a subsequent addendum.

130. Will IBAC serve as the primary contact for billing, payment and contracting?

No. Each IBAC agency will coordinate billing, payment, and contracting directly with any awarded vendor(s). In the case of the EAP, only SoNM is soliciting EAP proposals through this RFP and therefore SoNM will coordinate billing, payment, and contracting directly with any awarded EAP vendor(s).

131. Are there any special nuances related to the reporting that IBAC is looking to receive?

Pending further information. This will be provided in a subsequent addendum.

132. Does APS need EAP services as part of this RFP? The EAP pricing exhibit indicates pricing is only requested for SONM. Do any of the other entities (e.g. State of New Mexico Risk Management Division, New Mexico Public Schools Insurance Authority, and New Mexico Retiree Health Care Authority) request EAP quotes at this time?

Only SoNM is soliciting EAP proposals through this RFP.

133. With the exception of SONM, what do the IBAC agencies have currently for an EAP program?

NMPSIA and NMRHCA are not the employer and therefore do not offer an EAP. Participating employer entities may or may not have EAPs in place, and this information is not tracked by either agency. Neither NMPSIA nor NMRHCA are soliciting EAP proposals through this RFP. Information about the EAP offered by APS is available on that agency's website: <https://www.aps.edu/human-resources/benefits>. APS is not soliciting EAP proposals through this RFP.

134. Would IBAC consider EAP pricing for other IBAC agencies, not just limited to SONM?

No. Only SoNM is soliciting EAP proposals through this RFP.

135. Is SONM happy with the current program model for EAP? For example, session model and number of hours included for training and CISM.  
Pending further information. This will be provided in a subsequent addendum.

Reference the attached exhibits to this Addendum:

Exhibit L v2

Exhibit K v2

Exhibit J v2

Exhibit I v2

Exhibit E v2

**ACKNOWLEDGE ADDENDUM WITH SUBMITTED PROPOSAL:**

Addenda not signed and returned may consider the RFP non-responsive and may be rejected.

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COMPANY/FIRM NAME

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SIGNATURE

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**DATE**