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-NOTICE-

Request for Information Number: 342-2024-04

TITLE: Viability of Plan-Owned Medical Clinics

PURPOSE: Question and Answer

Q.) What is the proposed timeline for establishing the clinics?

A.) The timeline is contingent on the submission and evaluation of the RFI. Once reviewed by the committee, if appropriate, the agencies will create and release an RFP. The Agencies are willing to negotiate the timeline based on best practices. The Agencies intend to contact other municipalities to determine their interest in participating in this potential procurement.

Q.) Are all IBAC partners participating in the procurement?

A.) The IBAC is made up of the State of New Mexico, New Mexico Public Schools Insurance Authority (NMPSIA), New Mexico Retiree Health Care Authority (NMRHCA), and Albuquerque Public Schools (APS). The three agencies noted in the RFI, out of four total, have expressed interest in exploring the feasibility of Plan-Owned clinics. The State of New Mexico has a clinic located in Santa Fe.

Q.) What examples have the Agencies seen successful in the State of New Mexico (mobile vs on-site)?

A.) The adoption of onsite clinics in NM has been slower than in many other states. There are many factors contributing to the slow adoption, the main factor being a rural nature with large employers having employees dispersed across the state. The Agencies believe there are currently three large government entities and one private that have onsite clinics and a mobile clinic. The Agencies are receptive to suggestions and best practices from respondents to expand access to care to NMRHCA's retirees and active employees from NMPSIA and APS. The Agencies also feel mobile or virtual clinics may offer more functionality in reaching a greater percentage of the population.

Q.) Have the Agencies considered an Albuquerque-located clinic?

A.) Yes, contingent on the feasibility and advantages as Albuquerque has the densest population. Having clinic(s) dedicated to the membership included in this RFI would allow more immediate access to care vs the current wait times. While the metro area offers access to care that other parts of the state are not accustomed to, the Agencies are looking to bridge the gap for the underserved population.

Q.) What are some of the most impactful cost-drivers for the population?

A.) APS: Metabolic disorders, circulatory, hypertension, neoplasms, mental/behavioral health, asthma, musculoskeletal, and high-cost pharmacy including GLP-1 medications.

A.) NMRHCA: Neoplasms, Musculoskeletal, and Circulatory are top cost drivers by Diagnostic Group. The top chronic conditions include Hyperlipidemia, Hypertension, Rheumatoid Arthritis, Obesity and Diabetes.

A.) NMPSIA: NMPSIA's top five, most costly conditions include Diabetes, Coronary Artery Disease, Asthma, COPD, and Hypertension.

Q.) What mental-health Point Solutions are being utilized currently?

A.) APS: APS offers our employees the option of three different medical plans: BlueCross BlueShield of New Mexico (BCBS), Cigna, and Presbyterian Health Plan (PHP).

- APS BCBS members have access to MDLive virtual or telehealth visits for mental and behavioral health issues. BCBS also offers the Learn to Live digital mental health program for members and dependents 13 years of age or older. Learn to Live provides personal coaching through phone, text, or email.**
- APS Cigna members have access to MDLive virtual or telehealth visits for mental and behavioral health issues. Cigna also offers iPrevail, TalkSpace and Happify mental and behavioral health programs.**
- APS PHP members have access to virtual or telehealth visits for mental and behavioral health issues. PHP also offers the TalkSpace virtual mental and behavioral health program.**

A.) NMRHCA: BCBSNM and Presbyterian offer virtual mental health solutions that are available to our retirees. There is currently not a standalone program being offered.

A.) NMPSIA: Similar to APS, NMPSIA uses virtual behavioral health solutions to offset the lack of in-person solutions. Our members have access to meditation therapy, counseling, mobile applications and other self-paced resources. All these are designed to support members with their behavioral health needs.

Q.) Are the Agencies interested in offering Pediatric services?

A.) The Agencies are gathering information during this RFI process to determine the viability of these clinics. APS and NMPSIA are considering a wide-range of services

and request Vendors put forth all services they provide that will increase access to care and be advantageous to further the health and well-being of New Mexico employees and their families. As a retiree plan, pediatrics is not the top priority for NMRHCA. However, providing well-rounded medical services will be beneficial to the participating agencies as a whole and the Agencies are in support.

Q.) Are the Agencies looking for a single vendor?

A.) No, agencies will make an award based on the most advantageous offer received, which can include either a single or multiple vendor solution. This can include but is not limited to solutions for clinics including Onsite, mobile, virtual, etc.

Q.) Are Agencies planning to or interested in partnering with other entities outside of the IBAC partners (other local, large employers, municipalities etc.)?

A.) The Agencies are gathering information during this RFI process to determine the viability of these clinics. Once the Agencies evaluate the RFI responses, the Agencies will determine next steps, including inviting other employers or municipalities to participate in any subsequent RFP. If the inclusion of additional entities will lower costs of the clinics and expand the reach of the clinics in areas that could not support them without increased membership, the Agencies are open to exploring partnering opportunities with other entities throughout NM.

Q.) Are the clinics limited to medical services or are the Agencies looking to include preventative screens, lab, x-ray, dental, vision, etc.?

A.) The Agencies are gathering information during this RFI process to determine the viability of these clinics. The Agencies are considering a wide range of services based on access, needs, geography, and our diverse population. The Agencies request Vendors put forth all services they provide that will increase access to care and be advantageous to further the health and well-being of New Mexico employees and their families. The Agencies are open to exploring all options based on the industry's best practices and costs associated with the expanded services beyond acute services. The Agencies would also like offerors to include any partnerships they have with national dental and vision carriers that offer onsite services that may be leveraged.

Q.) Will this opportunity require the chosen partner to directly participate in and bill Medicare for your Medicare Advantage members?

A.) APS: APS does not offer a Medicare Advantage plan. (We have employees and dependents who have the APS medical plan as their primary coverage and may have Medicare as secondary coverage.)

A.) NMRHCA: The New Mexico Retiree Health Care Authority's preference is to include our Medicare eligible population, but we are open to explore best practices through this process. NMRHCA is open to discussing inclusion or exclusion of this

membership and the complexities the chosen partner faces with interfacing with Medicare.

A.) NMPSIA: NMPSIA has active board members, grandfathered board members, and New Mexico Tech retirees who are enrolled in Medicare as their primary insurance and NMPSIA as the secondary. We also have members in our population, where NMPSIA is the primary insurance and Medicare is secondary. It is NMPSIA's intent to allow these members to access the clinic and the clinics would bill Medicare appropriately.