

# University of New Mexico Hospitals

## Request for Proposals Addendum No. 3

**RFP P481-22 Employee Medical and RFP P482-23  
Pharmacy Benefit Manager PBM**



**Due Date: June 14, 2022, 2:00 p.m. MST** The time and date proposals are due shall be strictly observed.

**Addendum Number Three (3)**  
**RFP P481-22 Employee Medical and RFP P482-23**  
**Pharmacy Benefit Manager PBM**

**Q & A**

- 1) Please send a roster of all domestic providers that includes the TIN, NPI, name and address. Domestic meaning providers or facilities owned/employed by the system.

Answer: This information will not be provided for the purposes of this RFP – you are to quote/reprice based on the data provided.

- 2) Please send a roster of all affiliated providers that includes the TIN, NPI, name and address. Affiliated meaning friends/filler providers or facilities where they offer an elevated benefit level (i.e. specialists, children’s hospitals, PCP groups, etc...). .

Answer: This information will not be provided for the purposes of this RFP – you are to quote/reprice based on the data provided.

- 3) What is the current paid spend domestically? Meaning how much of the employee plan paid dollars is within tier 1 of owned/employed entities?

Answer: This information will not be provided for the purposes of this RFP – you are to quote/reprice based on the data provided.

- 4) What is the current paid spend at their affiliates?

Answer: This information will not be provided for the purposes of this RFP – you are to quote/reprice based on the data provided. All data necessary to extrapolate that information is contained in the reprice file (TIN) was provided.

- 5) Do they suppress their domestic claims?

Answer: No

- 6) How are the tier 1 (preferred/domestic) provider contracts set up (i.e. pay off commercial rates, custom rates, percentage of Medicare)?

Answer: They currently utilize a combination of LoboCare and BCBS network – these are commercial rates.

- 7) How are the tier 2 (filler/affiliated) provider contracts set up (i.e. pay off commercial rates, custom rates, percentage of Medicare)?

Answer: See above

- 8) Are there any providers they are considering excluding from the network? If yes, who?

Answer: No

- 9) Is there any intent to customize or modify the selected carrier's National Precert list (NPL)? If yes, please describe.

Answer: Likely no, however, if there is a recommendation from a vendor it will be considered.

- 10) Is there any intent to follow or apply a special precertification process to certain procedures or place of service? If yes, please describe.

Answer: No

11. Are any of the following components carved out to a third party or handled onsite locally? If yes, please describe

- a) Precertification
- b) Utilization Management – Discharge planning, Concurrent review, and Retrospective review
- c) Case Management
- d) Disease/Condition Management
- e) Lifestyle Coaching
- f) Wellness

Answer: No; however, Wellness is really managed internally

12. Does their plan design have any tiering/steering to Centers of Excellence (IOEs/IOQs)? Answer: No

13. Please confirm for responding in Exhibit G, Exhibit M and Exhibit O where there is a choice of answer, whether Bidder would be permitted to provide additional detail around the answer selected. Answer: Exhibit M & O, yes you can add rows or expand on your response.

14. Can you provide the RFP timeline? Questions (Addendum) response dates)? Answer :See Addendum 1

15. The RFP reflects two different due dates for questions to be submitted, June 1, 2pm MT. & May 17, 2024. Which is correct? Answer: See Addendum 2

16. Please provide the hospital owned pharmacy NBP/NDC numbers. Answer: This data will not be at this time.

17. Is redlining to Exhibit K- Sample Agreement and Business Associates Addendum allowed? Answer: Yes but not required for the RFP submittal.

18. The RFP states that Exhibits M – T must be submitted in excel format. Can these be flipped to pdf in the hard copy submittal (excel usually adds several pages or doesn't show well)? Answer : No Do not pdf these files. Also Exhibit T should not be included in the

hard copy submittal. Exhibit T is to be returned ONLY to Lynn Brownlee at AJG. This is to keep the data completely confidential.

19. Exhibit T to be upload via link provided by Gallagher. Please provide link. Answer: [Click here to upload files.](#)
20. How many plan designs? I see tiers, but not number of plan designs. Answer: 2 for the majority of the population. There is a PPO that is only available to OOA students and there are only 2 people on that plan right now. Data is not included for that. Full details are in the Appendix 6 & 7.
21. RFP states you'll give preference to bundled offers. Is this accurate? Answer: Yes
22. Please provide more information/clarification on "Six tier program with specialty Rx" (Exhibit P, part of #45). Answer: Preferred Generic, Generic, Preferred Brand, Non-preferred Brand, Preferred Specialty, Specialty, Biosimilars. Something similar to this.
23. Exhibit B, Organization of Proposal, Section 2.2 #6 states that our response should be limited to 100 pages per solution (and in Section II. 2.2.1b, pages should be printed one-sided). Since the use of the word should is discretionary as noted in 1.2.2, please confirm that:
  - ✓ Our proposal can exceed the 100-page limit, and if so, confirm that there is not a defined maximum page limit. Answered: Confirmed
  - ✓ We are allowed to print our response double-sided, where appropriate. Answer: Confirmed.
24. Exhibit M, Minimum Requirements, Question 18 refers us to Appendix 9 to review the requested performance guarantees. There is not an Appendix 9 included online for the PBM RFP. Please advise if there are specific performance guarantees requested, and if so, provided those requirements. ANSWER: Appendix 9 is only applicable to the Medical RFP. Please propose some performance guarantees for the prescription drug coverage.
25. Exhibit N, General Questionnaire, Service Credits, Question 19 states UNMH is seeking a \$60,000 service credit to be used to conduct a medical claim audit (in year 1, 2 or 3 of the contract). However, in Exhibit P, Pharmacy Questionnaire, Question 41, it states that UNMH wants a \$65,000 service credit for year 1 and year 2 to conduct an annual PBM audit. Confirm if we can disregard the \$60,000 service credit for the medical audit noted in Exhibit N, and it is the intent that we agree to a \$65,000 service credit for year 1 and year 2 to conduct an annual PBM audit. Answer: Please do not [disregard question 41 in Exhibit N, General Questionnaire](#). That service credit is specifically for a PBM audit. The PBM audit and Medical audit are separate. UNMH will need to contract separately for those and therefore we are asking for separate credits.
26. Is there a pricing template that we should refer to in the RFP? Use Exhibit O – Cost Sheet 5-18-2023.xls
27. We received paid enrolled membership, paid claims and large claims through December 2022. Can we get the experience through March 2023? Answer: This data will not be provided at this time.
28. We are requesting a Currently Enrolled membership Census for both UNMH and SRMC Answer: This data will not be provided at this time.
29. Currently UNMH and SRMC have different Admin Fees, and different Stop loss levels and premium. Does the group wish to continue with separate pricing by entity, or a combined quote for both entities? Answer: The RFP was clear this should be quoted as a

single entity, do not separate the groups as they will become a single group as of 1/1/2024.  
If so, at what ISL amount? Answer: \$525,000 as stated on the 2<sup>nd</sup> tab of Exhibit R

30. Is the current contract a PAID contract? Answer: Yes Is the group requesting a run in or run out contract? We are asking for a Paid contract and want to see what run-out fees would be charged.
31. Benefit Plan Clarification: Under UNMH benefit plan -Confirm Tier 1 includes the BCBS provider network in addition to UNMH providers ANSWER: No, In-Network providers only includes UNMH physicians. All other physicians are out of network.
32. RFP is requesting a wellness coordinator. Does the group currently offer a wellness program? If so, how is it currently funded? ANSWER: No, the group does not currently offer a wellness program. This is a consideration for 1/1/2024.