New Mexico Public Schools Insurance Authority
New Mexico Retiree Health Care Authority
Albuquerque Public Schools

REQUEST FOR INFORMATION (RFI)

Viability of Plan-Owned Medical Clinics
AMENDMENT #1

RFI Release Date: February 1, 2024

Response Due Date: March 27, 2024

ELECTRONIC-ONLY SUBMISSION

Section 1.0: Introduction

A. Purpose of this Request for Information

New Mexico Public School Insurance Authority (NMPSIA), New Mexico Retiree Health Care Authority (NMRHCA), and Albuquerque Public Schools (APS) are soliciting a request for information related to clinic management. The purpose of the Request for Information (RFI) is to solicit information to establish the feasibility, practicality, and potential for cost-saving outcomes from On-Site/Near-Site and/or Virtual Medical Clinic(s) and/or Mobile Service Unit(s). The intent of the clinic(s) would be to provide medical, dental and vision related services, which may include but are not limited to the following for NMPSIA, NMRHCA, and APS' benefit-eligible members and their dependents participating in coverage through the Agency's respective Group Plans:

- Primary/preventive medical, dental and vision services
- Mental and Behavioral health services
- Wellness, health coaching, health risk assessment
- Pharmacy (certain generics only)
- Routine health management
- Chronic care and disease management
- Other tools, resources, and education necessary to support healthful living

Section 1.1: Request for Information Overview

NMPSIA and NMRHCA seek information about measuring access to healthcare in rural communities to meaningfully address access challenges while APS seeks information about access in the Albuquerque metro area through the use of On-Site/Near-Site and/or Virtual Medical Clinic(s) and/or Mobile Service Unit(s) through responses to the questions found in Section 3 "Information Requested" in this Request for Information (RFI). The Authorities may use the responses collected for policy development and program plan-design decision-making, among other purposes.

Section 1.2: RFI Contact

Name: Kaylei Jones

Benefits Coordinator

Telephone: (505) 476-2942

Email: Kaylei.Jones@psia.nm.gov

Section 1.3 Submission Details

Respondents should have experience with clinic management and related data analytics to choose appropriate staff (i.e., physicians, clinic managers, nurse practitioners, dentists, dental hygienists, and administrative personnel). Respondents should consider the membership information provided to get a better understanding of how to provide services to the currently underserved population as well as provide recommendations of the floor plan of the clinic to optimize privacy, office flow, sanitation, and safety of the patient.

Respondents should reply in a format that is organized, easy to read, and answers all components of the questions found in Section 3. Respondents are also encouraged to submit any information that was not asked for but is relevant and can be used to help the Authorities analyze answers to the questions received. Any supplemental information that can be used to help distinguish cost-saving opportunities or services provided is also strongly encouraged.

Please submit comments via email to Kaylei.Jones@psia.nm.gov, and reference "Viability of Medical Clinic RFI" in the title. Please also include the specific RFI question to which your comment is directed. If you provide comments to more than one question, please identify the specific RFI question to which each comment is directed. Information obtained as a result of this RFI may be used by the Authorities for program planning and program decision-making on a non-attribution basis.

Responses to this RFI may be made publicly available; therefore, respondents should not include any information that might be considered proprietary or confidential.

NMPSIA, as the RFI manager, will not respond to any individual comments. Comments will be received through 11:59 p.m. MST on March 27, 2024.

Section 1.4: RFI Schedule

Action	Responsible Party	Due Dates
1. Issue Date	NMPSIA	February 1, 2024
2. RFI Information Session	NMPSIA/NMRHCA/APS/ Respondents	February 15, 2024
3. Submission of Questions	Respondents	~~February 23, 2024~~ March 13, 2024
4. Answer Deadline	NMPSIA/NMRHCA/APS	~~March 1, 2024~~ March 15, 2024
5. Submission Date	Respondents	March 27, 2024

Section 1.4.1: Action Breakdown

1. Issue Date

The Issue Date will be February 1, 2024, corresponding to Section 1.4: RFI schedule. RFI will be posted on https://nmpsia.com/procurements.html, and the Authority will also solicit advertisements in various local and national publications.

2. RFI Information Session

The Authorities will hold an Information Session on February 15, 2024, from 2:00 p.m.- 3:00 p.m. MST. This session will answer any preliminary questions about the RFI or clarify what the Authority is trying to achieve. Any preliminary questions received during the RFI Information Session will **NOT** be recorded or posted.

3. Submission of Questions

Respondents can submit questions, in writing via email, about the RFI to further clarify any of the Authority's intentions regarding the RFI's contents. Please also include the specific RFI item to which your question is directed. If you provide questions regarding more than one RFI item, please identify the specific RFI items to which each comment is directed. Questions will be received through 11:59 p.m. MST on ~~February 23, 2024~~ March 13, 2024, according to the schedule in Section 1.4.

4. Answer Deadline

Answers to questions will be posted on the NMPSIA website under NMPSIA Procurements on ~~March 1, 2024~~ March 15, 2024.

5. Submission Date

Respondents must submit responses to this RFI via email to Kaylei.Jones@psia.nm.gov and reference "Viability of Medical Clinic RFI" in the title. Please submit any additional information not requested in this RFI that may be of importance. Submissions are due by 11:59 p.m. MST on March 27, 2024, according to the schedule in Section 1.4.

Section 2.0: Background Information of Authorities

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, 27 other educational entities, and 3 self-pay groups 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 entities may also petition to the NMPSIA Board to join.

NMPSIA offers the following benefits:

- Self-funded Medical plans with three (3) carriers, three (3) plan options
- Self-funded Prescription Drug plan managed by a PBM

- Self-funded Dental plan, two carriers (2), two (2) plan options
- Fully-insured Vision plan
- Fully-insured Long-term Disability plan
- Fully-insured Basic Life, Voluntary Additional Life, Voluntary Additional Dependent Life

NMRHCA was created in 1990 to provide comprehensive core group health insurance for persons who have retired from certain public service in New Mexico. The healthcare benefits offered for retirees and eligible dependents are from participating employer groups. This includes but is not limited to retirees who were previously covered under NMPSIA, SONM, and APS. NMRHCA covers approximately 12,150 retirees and eligible dependents under age 65 and approximately 41,000 retirees and eligible dependents over age 65 and another 13,800 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).

NMRHCA offers the following benefits:

- Self-funded Medical Pre-Medicare plans with two (2) carriers, two (2) plan options
- Self-funded Medical Medicare Supplement plan with one (1) carrier, one (1) plan option
- Self-funded Prescription Drug plans managed by a PBM (commercial and EGWP plans)
- Fully-insured Medicare Advantage plans with prescription drug coverage from four (4) carriers and two (2) general plan designs, for a total of eight (8) plan options
- Fully-insured Dental plan, one (1) carrier, two (2) plan options
- Fully-insured Vision plan
- Fully-insured Voluntary Additional Life, Voluntary Additional Dependent Life

APS is in the top 50 largest school districts in the nation and the largest school district in the state of New Mexico. APS provides educational services (K-12) to approximately 74,000 students and is Albuquerque's largest employer, providing jobs for about 12,500 employees. The district is governed by a 7 member-elected school board that sets policy and approves the annual budget. The board also hires the APS Superintendent, who oversees the operations of the district.

APS offers medical, dental and vision plan coverage to approximately 10,800 benefit-eligible employees; approximately 7,200 employees and their 7,000 dependents are enrolled on the APS medical plan. APS employees are located at 88 elementary schools, 5 grades K-8 schools, 28 middle schools, 13 comprehensive high schools, 7 magnet/alternative schools, and other locations including the administrative building and our Maintenance & Operations department. By statute, APS is the only New Mexico public school district not participating in the New Mexico Public School Insurance Authority pool.

APS offers the following benefits:

- Self-funded Medical plans with three (3) carriers and three (3) plan options
- Self-funded Prescription Drug plan managed by a PBM
- Self-funded Dental plan, one (1) carrier, two (2) plan options
- Self-funded Vision plan

Section 2.1: Enrollment Information by Plan

NMPSIA Members Insured by Plan

Vendor	Plans	Employees Insured	Dependents Insured	Total Insured
BCBSNM	EPO	191	193	384
	High Option PPO	9,059	11,482	20,541
	Low Option PPO	1,990	2,097	4,087
CIGNA	High Option PPO	140	175	315
	Low Option PPO	99	109	208
PRESBYTERIAN	High Option PPO	6,939	8,725	15,664
	Low Option PPO	2,886	2,784	5,670
Grand Total		**21,304**	**25,565**	**46,869**

NMRHCA Members Insured by Pre-Medicare Plan

Vendor	Plans	Employees Insured	Dependents Insured	Total Insured
BCBSNM	Value	537	299	836
	Premier	3,952	1,682	5,634
PRESBYTERIAN	Value	1,687	804	2,491
	Premier	2,462	735	3,197
Grand Total		**8,638**	**3,520**	**12,158**

NMRHCA Members Insured by Medicare Supplemental or Advantage Plan

Vendor	Plans	Employees Insured	Dependents Insured	Total Insured
BCBSNM	Supplement	16,799	3,755	20,554
	MAPD 1	2,088	677	2,765
	MAPD 2	802	235	1,037

HUMANA	MAPD 1	715	243	958
	MAPD 2	634	204	838
PRESBYTERIAN	MAPD 1	6,049	1,673	7,722
	MAPD 2	1,204	346	1,550
UNITED HEALTHCARE	MAPD 1	2,455	743	3,198
	MAPD 2	1,823	618	2,441
Grand Total		**32,569**	**8,494**	**41,063**

APS Members Insured by Plan

Vendor	Plan	Employees Insured	Dependents Insured	Total Insured
BCBSNM	PPO	2,203	2061	4,264
CIGNA	OAP (PPO)	116	160	276
PRESBYTERIAN	EPO	4,870	4,770	9,640
Grand Total		**7,189**	**6,991**	**14,180**

Section 2.2: Enrollment Information by Tier Structure

NMPSIA Members Insured by Tier

Vendor	Tier Structure	Employees Insured	Dependents Insured	Total Insured
BCBS	Single	5,140	958	6,098
	2-Party	3,145	3,818	6,963
	Family	2,955	8,996	11,951
CIGNA	Single	124	38	162
	2-Party	60	86	146
	Family	55	160	215
PRESBYTERIAN	Single	5,042	1,037	6,079
	2-Party	2,381	3,073	5,454
	Family	2,402	7,399	9,801
Grand Total		**21,304**	**25,565**	**46,869**

APS Members Insured by Tier

Vendor	Tier Structure	Employees Insured	Dependents Insured	Total Insured
BCBSNM	Single	1,167		1,167
	2-Party	475	475	950
	Family	561	1,586	2,147
CIGNA	Single	46		46
	2-Party	30	30	60
	Family	40	130	170
PRESBYTERIAN	Single	2,441		2441
	2-Party	1,192	1192	2384
	Family	1,237	3578	4815
Grand Total		**7,189**	**6,991**	**14,180**

Section 2.3 Goals and Outcome

New Mexico faces particular challenges related to the accessibility of healthcare services due to its scattered membership and lack of provider network and facilities. The question of how to provide high-quality, affordable, sustainable health care to the NMPSIA's and NMRHCA's population living in rural areas has become paramount. APS also seeks other provider access solutions for members in the Albuquerque metro-area.

The intent is to determine how to deliver care in rural areas in a sustainable manner and how rural health care may change in the future to ensure that it is accessible, high quality, value-based, and provided at the lowest cost possible. In addition, the Authorities' goals are to improve the access and quality of services to the rural population that are currently available in urban areas.

The Authorities are soliciting public input on how best to conceptualize and measure access to health care in rural communities and meaningfully address access challenges through the use of On-Site/Near-Site and/or Virtual Medical Clinic(s) and Mobile Service Unit(s). We encourage input from a broad range of stakeholders, including healthcare providers, researchers, community members, patients, consumers, families, caregivers, advocates, and other interested parties.

The Authorities' priorities for this procurement include cost-containment opportunities that would be mutually beneficial for each Authority and their respective members.

The goals of the clinic services include the following:

- Maximize the effectiveness and use of primary care services
- Promote healthy lifestyle and disease prevention
- Improve employee productivity by promoting good health
- Improve member satisfaction with medical, dental and vision services
- Improve convenience and access for members

- Improve the performance of health/disease management services
- Enhance mental and behavioral health services and support
- Enhance the quality of medical care by demonstrating improved adherence to evidence-based medicine and referrals to board-certified physician specialists and hospitals
- Educate patients on how to optimize cost-savings
- Manage costs to the plan as well as reduce costs for members

Section 3: Information Requested

a. What are the core health care services needed in rural communities and how can those services best be delivered? Are these services different in the Albuquerque metro-area, and how can those services best be delivered?
b. What are the appropriate types, numbers, and/or ratios of health care professionals needed to provide core health care services locally for rural populations of different compositions and sizes and metro-areas?
    1. How many appointments should be available per week considering this recommendation?
    2. How are various types of appointments prioritized (i.e., duration, urgency, etc.)
c. What other factors are important to consider when identifying core health services in different rural communities, such as current and projected population size, distance to the nearest source of care, availability of telehealth, and sustainability of services?
d. How should access to core health care services in rural communities be measured? What are the best ways of measuring the quality of care in rural communities?
e. What are the typical hours of operation for such clinics? Is it typical for clinics to remain open during state-recognized holidays?
f. In the scenario of a physical clinic being opened, how is the capital obtained? Would the Authorities fund the construction and maintenance of the clinic?
g. What are some factors to consider when deciding where and how many clinics to implement?
h. How is eligibility confirmed?
i. NMPSIA and APS currently offer $0 telehealth visits to our membership via our contracted carriers. Is there the potential to have a virtual care option under the clinic as an additional benefit?
    1. Would any such virtual visits be with the same providers that are available in person?
    2. Could this include virtual behavioral health care services in addition to virtual medical care?
j. Are fees assessed on a Per Member Per Month (PMPM) or Per Employee Per Month (PEPM) basis? If not, please specify. Describe any costs that would be applied on a pass-through basis.

k. Would there be any markup costs for staffing, labs, cultures or medication dispensed inside the health clinic?
l. Please describe tools or metrics used to measure the effectiveness or success of a clinic.
m. At what point should clinic staff refer patients to specialty services? Who determines which specialist to refer to and what steps do you take to ensure the referral is to an in-network provider? How do you determine the quality of care to develop your referral network of specialists?
n. Describe your certification requirements and the scope of practice for the providers you would utilize for the health clinics.
o. Describe your medical quality assurance programs.
p. Describe your policies that are in place to ensure evidence-based medicine is practiced.
q. Do you communicate/coordinate with an established primary care physician chosen by the member? If so, how?
r. How do you balance the objective of improving access outside of the existing provider networks while also avoiding diminishing the current provider workforce?
s. Provide background and value of having patient advocates.
t. Provide proven measures taken to improve patient understanding of their benefits and its offerings.
u. Being that appointments will potentially be a $0 cost to the patient, how are no-call/no-show occurrences managed?
v. Please provide in detail the best recruitment practices for both clinical and non-clinical staff.
w. Would onsite clinics have the ability to exchange encrypted data with Authorities' external data warehouse vendors or health plan partners?
x. If data is shared with agency health plan partners, how can agencies ensure claims reporting is compatible with current carrier systems?
y. What are the advantages and drawbacks of dispensing medications prescribed during a visit?
z. Please detail effective marketing and member communication strategies to encourage the utilization of services provided at the clinic.
aa. List the advantages and drawbacks of an on-site/near-site clinic versus mobile clinics.
bb. If the mobile clinic is more advantageous compared to an on-site/near-site clinic, how would the Authorities obtain licensure and permitting to operate a mobile clinic?
cc. Please provide a comparison between Dedicated and Shared primary care clinics.
    1. How might the Agency determine if an entity is a favorable candidate for entering into a Shared clinic model?
dd. In the scenario where the clinic housed an on-site pharmacy, would the Agency be able to run claims through an existing PBM?
    1. Please provide any information related to the logistics of integrating this component.
ee. Please provide any success stories and outcomes. Responses specific to clinics established in a rural setting will be particularly helpful.

Section 4: Appendix

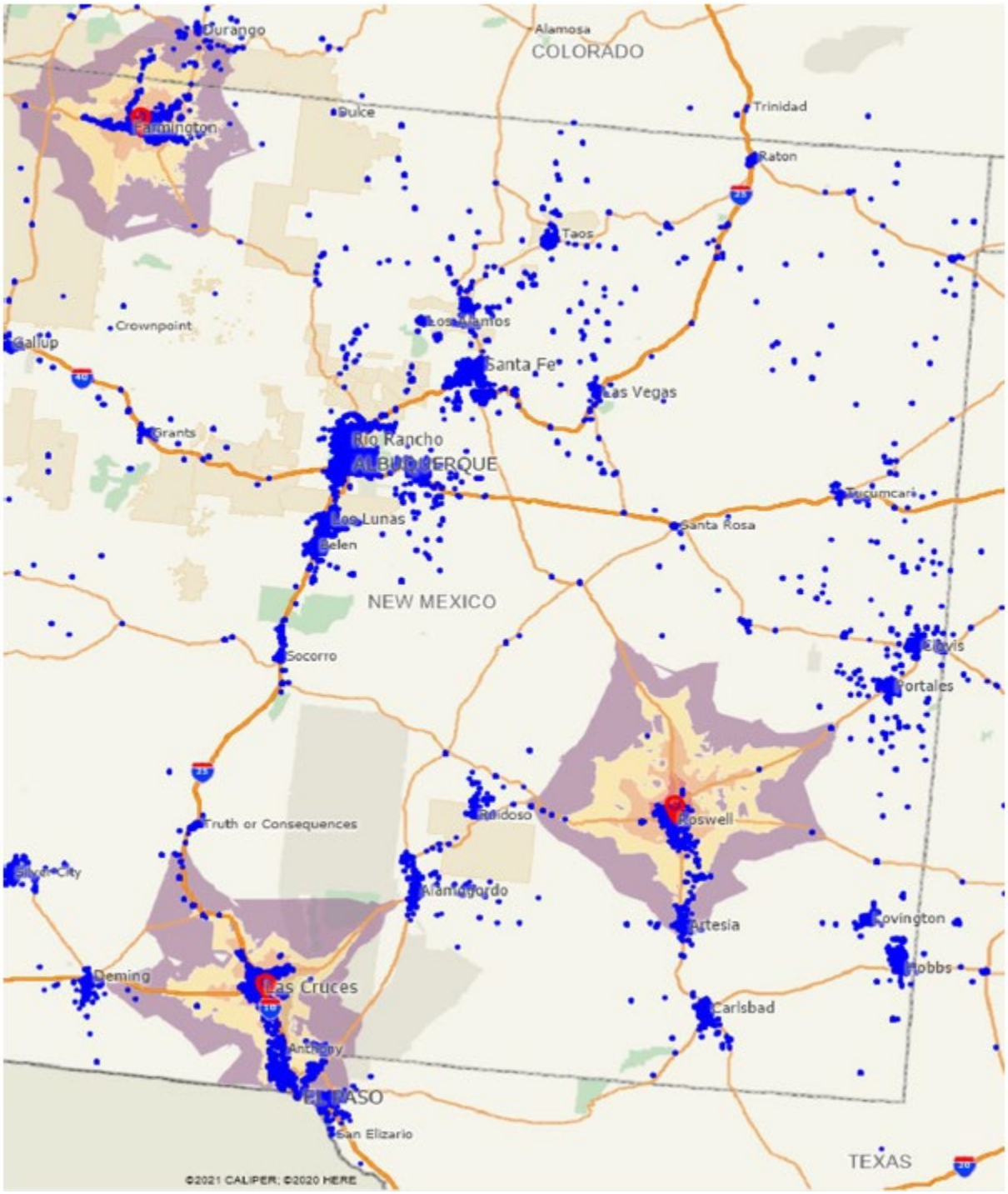
Appendix A
NMPSIA Population by Residential Location by State

State	Employees Insured	Dependents Insured	Total Insured
Alaska	1	-	1
Arizona	46	43	89
Arkansas	1	-	1
California	10	10	20
Colorado	115	133	248
Connecticut	1	-	1
Florida	6	8	14
Georgia	5	5	10
Illinois	2	1	3
Indiana	6	6	12
Kansas	2	-	2
Louisiana	1	-	1
Maryland	2	1	3
Minnesota	2	1	3
Missouri	2	-	2
Mississippi	1	1	2
Montana	2	3	5
Nevada	2	-	2
New Hampshire	1	5	6
New Jersey	1	-	1
New Mexico	20,489	24,684	45,173
North Carolina	3	5	8
North Dakota	1	-	1
Ohio	1	2	3
Oklahoma	5	1	6
South Carolina	1	-	1
South Dakota	2	4	6
Tennessee	1	3	4
Texas	584	641	1,225
Utah	3	3	6
Virginia	1	1	2
Wisconsin	2	2	4
Wyoming	2	2	4
Grand Total	**21,304**	**25,565**	**46,869**

Appendix B
NMPSIA Population by Residential Location by New Mexico County

County	Employees Insured	Dependents Insured	Total Insured
Bernalillo	2,036	1,851	3,887
Catron	40	54	94
Chaves	1,064	1,457	2,521
Cibola	296	382	678
Colfax	156	203	359
Curry	645	829	1,474
De Baca	38	51	89
Dona Ana	2,716	3,284	6,000
Eddy	748	1,022	1,770
Grant	581	712	1,293
Guadalupe	81	99	180
Harding	20	34	54
Hidalgo	59	71	130
Lea	1,251	1,583	2,834
Lincoln	289	365	654
Los Alamos	217	258	475
Luna	333	382	715
McKinley	755	857	1,612
Mora	71	93	164
Otero	509	577	1,086
Quay	174	239	413
Rio Arriba	482	431	913
Roosevelt	641	841	1,482
San Juan	1,567	2,281	3,848
San Miguel	408	457	865
Sandoval	1,391	1,874	3,265
Santa Fe	1,771	1,918	3,689
Sierra	130	150	280
Socorro	616	568	1,184
Taos	376	461	837
Torrance	147	199	346
Union	63	99	162
Valencia	818	1,002	1,820
Grand Total	**20,489**	**24,684**	**45,173**

Appendix C
Heat Map of NMPSIA Population by Residential Location



Appendix D
NMRHCA Population by Residential Location by State

State	Retirees Insured	Dependents Insured	Total Insured
Alabama	39	11	50
Alaska	13	8	21
Arizona	660	229	889
Arkansas	63	17	80
California	201	60	261
Colorado	660	258	918
Connecticut	7	5	12
Delaware	7	1	8
District of Columbia	4	2	6
Florida	243	93	336
Georgia	50	20	70
Hawaii	20	8	28
Idaho	43	18	61
Illinois	45	7	52
Indiana	35	8	43
Iowa	27	7	34
Kansas	51	22	73
Kentucky	35	8	43
Louisiana	23	9	32
Maine	15	9	24
Maryland	18	5	23
Massachusetts	28	6	34
Michigan	49	19	68
Minnesota	30	6	36
Mississippi	15	6	21
Missouri	86	35	121
Montana	55	14	69
Nebraska	25	7	32
Nevada	112	43	155
New Hampshire	13	4	17
New Jersey	15	3	18
New Mexico	43,362	17,112	60,474
New York	37	10	47
North Carolina	80	33	113
North Dakota	7	2	9
Ohio	43	10	53

Oklahoma	216	70	286
Oregon	137	44	181
Pennsylvania	47	17	64
Rhode Island	2	-	2
South Carolina	41	21	62
South Dakota	36	18	54
Tennessee	68	28	96
Texas	1,614	573	2,187
Utah	64	20	84
Vermont	8	2	10
Virginia	47	19	66
Washington	143	56	199
West Virginia	7	3	10
Wisconsin	21	1	22
Wyoming	35	10	45
Grand Total	**48,702**	**18,997**	**67,699**

Appendix E
NMRHCA Population by Residential Location by New Mexico County

County	Retirees Insured	Dependents Insured	Total Insured
Bernalillo	13,281	4,967	18,248
Catron	69	36	105
Chaves	1,463	611	2,074
Cibola	466	194	660
Colfax	524	208	732
Curry	745	322	1,067
De Baca	62	39	101
Dona Ana	3,188	1,372	4,560
Eddy	916	387	1,303
Grant	853	314	1,167
Guadalupe	170	66	236
Harding	37	15	52
Hidalgo	88	36	124
Lea	692	299	991
Lincoln	472	195	667
Los Alamos	196	81	277
Luna	402	163	565
McKinley	583	239	822
Mora	222	105	327
Otero	827	327	1,154
Quay	295	124	419
Rio Arriba	1,477	566	2,043
Roosevelt	484	182	666
San Juan	1,668	710	2,378
San Miguel	1,957	674	2,631
Sandoval	2,796	1,204	4,000
Santa Fe	5,764	2,140	7,904
Sierra	305	129	434
Socorro	280	120	400
Taos	849	327	1,176
Torrance	328	151	479
Union	123	60	183
Valencia	1,780	749	2,529
Out of State	5,340	1,885	7,225
Grand Total	**48,702**	**18,997**	**67,699**

Appendix F
APS Population by Location

County	Employees Insured
Bernalillo	9,840
Chaves	2
Cibola	19
Colfax	2
Dona Ana	3
Eddy	1
Los Alamos	2
Luna	2
McKinley	7
Mora	1
Otero	2
Rio Arriba	2
San Miguel	7
Sandoval	616
Santa Fe	91
Sierra	1
Socorro	7
Taos	2
Torrance	23
Valencia	162
Grand Total	**10,792**

Note:

APS does not track enrollment by county since the vast majority of employees live in the four-county area of Bernalillo, Sandoval, Valencia and Torrance counties. Medical Plan enrolled Dependent count is not available by county. This data is based on Medical Plan eligible employees, not Medical Plan enrolled employees. There were approximately 8 - 12 employees with Zip Codes outside of NM or with invalid Zip Codes. Those employees were removed from this data.