

Questions (Due 6/20/25) & Answers (Due 6/23/2025)

RFP # 2025-9

“Third-Party Administrator Services for Workers’ Compensation Claims”

Q-1. Will this be for new claims only or will there be take over claims and will you be providing the loss runs for the last 5 years?

A-1. All claims, take over. Approximately 400 ongoing open claims.

Q-2. Please provide a detailed 5-year loss run in excel format.

A-2. 5-year detailed loss & run report “attached” in an excel format.

Q-3. Please provide a copy of the current contract in place with your TPA and any amendments.

A-3. Attached – CorVel (Medical Bill Review) Alius (Pharmacy Benefit Management) & Integrion (Claims Adjusting for Workers’Comp.)

Q-4. Can you provide details on the current team structure handling the Fund’s claims?

A-4. TPA is handling WC open claims, NMSIF oversees the contractor’s work. Bill review is processed by another TPA and Pharmacy is processed by yet another TPA.

Q-5. Can you specify the specific areas of program performance improvement sought by the Fund?

A-5. Incorporate all three contractors into one for a better advantageous workflow.

Q-6. Are there any service issues or concerns with the current TPA?

A-6. No.

Q-7. Does the incumbent pursue subrogation for the Fund, and is there an associated cost?

A-7. Yes, they do pursue subrogation for a few claims that qualify, no associated costs.

Q-8. How many open claims are there for all years broken down by type?

A-8. 400 open claims, 146 claims are Indemnity, however 50% of the 146 are at MMI, paying out the Imp. Rating only. The rest are Medical only claims. (254)

Paying a few closed claims for one/two doctor visits per year, with a few prescriptions.

Q-9. Who is the current excess carrier?

A-9 National League of Cities (NLC)

Q-10 Is the Fund interested in Case Management services as part of our offerings, or will the Fund be utilizing a vendor for these services? If so, who is the vendor?

A-10. Currently the Fund has awarded four (4) contracts with Case Management firms that shall be disclosed to the TPA as of July 1, 2025. Case management is not used often for many of the files. Only Catastrophic cases.

Q-11. How many nurse case managers are currently assigned to the Fund, and are they exclusively dedicated?

A-11. Four (4) Case Management firms are contracted with the NMSIF and yes, they are exclusively dedicated.

Q-12. How many claims per year were assigned to Nurse Case Managers from 1/1/20–1/1/2025?

A-12. Approximately, four (4) per year.

Q-13. Are all new claims triaged by a nurse?

A-13. No.

Q-14. Is the assignment of Nurse Case Managers standard for all cases, or are there specific criteria for their assignment?

A-14. No, only Catastrophic Cases

Q-15. Does the Fund use Field Case Managers for medical management purposes, and if so, what criteria are used for their assignments?

A-15. No.

Q-16. What is the number of billed charges, bill review allowance, negotiated bill fees, hospital review fees, PPO savings for the past 3 years, and current fee structure?

A-16. See Attached

Q-17. Who is the Fund's current provider for Medical Bill Review Services?

A-17. CorVel

Q-18. Who does the Fund currently work with for Pharmacy Benefit Management Services, and *what is the number of prescriptions filled from 1/1/20 – 1/1/2025?*

A-18. Alius health. Approximately 45,000 Rx's filled from 1/1/20-1/1/2025

Q-19. Does the Fund have an EDI with its PBM vendor for pharmacy bills, or is this handled manually?

A-19. Not currently. Yes manually.

Q-20. In the Fund's workflow, do adjusters process their own prior authorizations?

A-20. Adjusters approve Rx and the Support Staff enters for payment.

Q-21. Can the Fund provide detailed utilization review statistics for the past five years, including the number of assignments, gross annual expense, gross savings, net savings, and percentage of savings?

A-21 Not available currently.

Q-22. Provide a 3 – 5-year loss run report for claims broken down by open/closed, medical only and indemnity claims.

A-22. See attached 5-year loss and run report.

Q-23. Will claims take over include tail claims? If so, provide claim counts and loss run on tail claim data.

A-23. No and there is not a report available currently. However, the count is fewer than 50 claims.

Q-24. Provide payment data for Pharmacy services, to include number of scripts per year, Brand vs Generic dispensing rates, and Pharmacy savings dollars/year.

A-24. 95.04% of the total prescriptions were filled as a generic drug. If you need a comparison, the Alius Health company generic dispensing

rate benchmark is 89.78%. It has been reported that for every 1% increase in the generic dispensing rate, a plan can expect a reduction of approximately 1.5% to 2.5% in net or gross drug spend, leading to potential cost savings.

Prescription drug costs and the generic dispensing ratio. In 2024, there were 36 out of network prescriptions out of a total of 867 prescriptions for NMSIF. This is a 4.15% out of network fill rate. pharmacies are included in your PBM's or health plan's network, and how your network covers a particular geographic area or patient population.

Currently, there are 64,805 network pharmacies nationwide. In New Mexico, there are 315 network pharmacies in state. If you need to view a map of in-state pharmacies, here is the link:

https://maps.espatial.com/maps/ NM-Network-Map-2025/pages/map.jsp?geoMapId=1560891&TENANT_ID=231015

Q-25. Provide number of Peer Reviews completed per year for 3 years.

A-25. This information is not available currently.

Q-26. Provide number of Utilization Reviews completed per year for 3 years.

A-26. This information is not available currently.

Q-27. Will NMSIF be utilizing 24/7 nurse triage services for intake of FNOL? If not, what is your current workflow for reporting new claims?

A-27. No. NMSIF Claims Administrators will provide the TPA with new claims and assign a case manager.

Q-28. Please describe the intake process. How will the TPA receive a new claim?

A-28. Electronic acknowledgement letter, TPA shall have access to our database system.

Q-29. Provide your implementation timeline, workflow, and expectations. When will services GO LIVE for TPA services with new vendor?

A-29. This shall be determined and provided at the time of the award.

Q-30. What is your current RIMS (Risk Management System)?

A-30. Riskonnect (formal IVOS)

Q-31. Do you have IT resources for EDI (electronic data interchange) services? Will you be using EDI services to share claims/payment data with TPA vendor?

A-31. Yes, and the TPA shall have the ability to work within our database.

Q-32. Do you have a breakdown of losses over the last 3-5 years? Looking for the number of medical and indemnity claims by year and the total number of claims by year. If you have the loss runs, that would be great.

A-32. See attached 5-year loss & runs.