# NMCIA Request for Proposal For Medical Bill Review Services

# RESPONSE TO QUESTIONS

All questions were received from Proposers by November 12, 2026. The source of the questions will not be disclosed, all questions and NMCIA responses are below:

| 2026 RFP for Medical Bill Review Services | | |
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| **No.** | **Question** | **Answer** |
| 1. | The PBM RFP is issued by New Mexico Counties (NMC), while the Medical Bill Review RFP is issued by New Mexico County Insurance Authority (NMCIA). Please confirm which legal entity will serve as the contracting party for each award. | NMCIA |
| 2. | Section 1 of Appendix B (Nondisclosure Agreement) references the evaluation of "commercial insurance broker services." Should respondents execute the NDA as written, or will a revised version specific to these RFPs be issued? | This was an oversight, please cross out “commercial insurance broker services” and replace with Medical Bill Review Services |
| 3. | The Acknowledgement of Receipt form references "Attachment Number Two: Pricing Table." While the Medical Bill Review RFP includes a pricing matrix (Question 65), we were unable to locate a comparable pricing table in the PBM RFP. Should respondents provide pricing in their own format for Questions 50-56, or will a pricing template be issued? | Please provide in your own format. |
| 4. | Will NMC/NMCIA consider pricing proposals conditioned on award of both services, provided that standalone pricing is also submitted for each service independently? | Yes |

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| 5. | Will the demonstrations scheduled for December 15-16 be conducted in person or virtually? If in person, please provide the meeting location. | If a demonstration is needed it can be in person or virtually. If in person, it will take place in Santa Fe or Albuquerque, NM |
| 6. | Please confirm the preferred electronic submission format(s) and any applicable file-size limitations. | PDF is preferred; the file-size limit is 25MB. |
| 7. | Who is the current medical bill review vendor, and what pricing methodology is currently in place (per bill, percentage of savings, hybrid model, etc.)? | CompIQ<br>Per bill |
| 8. | Please provide a breakdown of the approximately 8,500 annual medical bills by bill type (professional, inpatient, outpatient, ASC, DME, pharmacy, and other) and indicate the percentage received electronically versus paper. | Currently we do not get charged for duplicates.<br>Yes, it does include ancillary. With time allotted we are not able to pull the remaining data.<br>None are electronic bills |
| 9. | What PPO or provider network arrangements are currently utilized, and what is the current network penetration rate? | See attachment No. 2 |
| 10. | The scope references "payment services." Does NMCIA expect the awarded vendor to issue provider payments directly, or will NMCIA continue issuing payments through Origami Risk based on the vendor's recommended reimbursements? | NMCIA will continue to issue payments through Origami based on the vendors recommendation per the NM Worker's Compensation Fee schedule. |
| 11. | Regarding mailroom support, do provider bills currently arrive at an NMCIA address? Should the mailroom scope include additional correspondence such as medical records, reconsideration requests, provider inquiries, and attorney correspondence? | Yes, some bills are faxed directly to NMCIA as well as through the mail. MBR's vendor address is the preferred method for billing to be sent. Reconsideration requests should also be a part of the mailroom support. |
| 12. | Please describe the current data exchange processes and file integrations with Origami Risk, including eligibility feeds, bill files, payment files, explanation of review (EOR) images, and any other interfaces. | Two-way interface with Origami Risk that runs daily to review and adjust workers' compensation medical bills against state fee schedules. We have a structured set of import/export document layouts. Outbound sends scanned bill images and associated documents to MBR |

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| | | for review. Inbound Medical Bill Documents imports bills back from MBR after their review and adjustment. Inbound EOR Documents imports EOR documents, linked to the corresponding provider check and any MBR fee checks. |
| 13. | Questions 26 and 29 request client names and book-of-business information. Where contractual confidentiality obligations restrict disclosure, will aggregated or de-identified data be accepted? | Yes |
| 14. | Question 45(l) references "Ortho fees." Please clarify the services included within that category. | Any Orthopedic fees -Physician services, Surgical etc. |
| 15. | For Question 51, in what format and from which source system will the requested three years of historical payment data be provided? | Excel |
| 16. | Please provide the total annual bill volume for each of the past three years, broken out by bill type (e.g., professional, inpatient, outpatient, pharmacy, and other). | See attachments 4 and 5<br>The requested information is not available for inclusion in the RFP. Vendors should proceed using the information provided and may identify any reasonable assumptions made in developing their proposals. |
| 17. | Please provide the total billed charges for each of the past three years, broken out by bill type. | See attachments 4 and 5<br>The requested information is not available for inclusion in the RFP. Vendors should proceed using the information provided and may identify any reasonable assumptions made in developing their proposals. |
| 18. | Please provide the total fee schedule savings for each of the past three years, by bill type. | See attachments 4 and 5 |
| 19. | Please provide the total audit savings for each of the past three years, by bill type. | See attachments 4 and 5 |
| 20. | Please provide the total PPO savings for each of the past three years, by bill type. | See attachment No. 2<br>The requested information is not available for inclusion in the RFP. Vendors should |

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| | | proceed using the information provided and may identify any reasonable assumptions made in developing their proposals. |
| 21. | Please provide the total allowed amounts and total paid amounts for each of the past three years, by bill type. | See attachments 4 and 5<br>The requested information is not available for inclusion in the RFP. Vendors should proceed using the information provided and may identify any reasonable assumptions made in developing their proposals. |
| 22. | Please provide annual duplicate bill counts and reconsideration volumes for each of the past three years. | We do not pay for duplicates.<br>The requested information is not available for inclusion in the RFP. Vendors should proceed using the information provided and may identify any reasonable assumptions made in developing their proposals. |
| 23. | If payment services are within scope, please provide information regarding the current payment process, including:<br>•Current payment vendor (if applicable);<br>•Average cost per EFT transaction;<br>•Average cost per paper check and associated EOR fulfillment; and<br>•Any operational challenges or pain points with the current payment solution. | Checks are cut in house |
| 24. | Is the current bill review vendor performing payment processing services for NMCIA? If not, is NMCIA interested in reviewing other payment processing options? | Does not apply |
| 25. | Appendix A, Proposal Requirements, Reporting Question #47 – This RFP requirement states, "Confirm that your organization will provide reports tracking network penetration for each provider type, as identified by NMCIA." Can NMCIA elaborate further on this requirement (e.g., categories of the provider types it wants to see in the reporting, and/or description of the report(s) NMCIA is currently receiving for network penetration performance)? | We do not require reports with that level of detail and therefore do not have this information to share with you. |

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| 26. | Appendix A, Proposal Requirements, Reporting Question #48 – The RFP states that the organization be "willing to, with the necessary claims data supplied by NMCIA, implement at no cost to NMCIA reporting functionality that fully complies with the reporting requirements." We currently provide NM Inpatient Regulatory Reporting for existing NM clients. Is NMCIA referring this legislative reporting requirement in question 48? Or is NMCIA referring to other reporting requirements? If so, could NMCIA please elaborate on these requirements? | Daily report – no paid date<br>Daily report - bills awaiting approval in Queue<br>Daily report - Bills received |
| 27. | Can NMCIA provide a list of reports it currently receives from its current vendor? Are there any reports<br>that aren't currently being provided that NMCIA would like to see? | Daily report – no paid date<br>Daily report - bills awaiting approval in Queue<br>Daily report - Bills received<br><br>Not currently |
| 28. | Can NMCIA provide a high-level outline of its current bill review workflow steps today, from medical bill receipt to provider payment? | Billing is sent directly to Bill review provider via mail room or directly to NMCIA by either fax or mail. If bills are received by NMCIA they are uploaded to the Bill review provider. Bill review provider processes the bill and it is placed in the portal for adjuster approval. If a payment is due it is process by NMCIA. If there are issues, denials or additional information needed Bill review provide will provide an EOB. EOB's are sent to providers by NMCIA. |
| 29. | What do you like most about your current workflow/vendor? | We do not have any issues with our current vendor. |
| 30. | What aspects of the current medical bill review process/workflow/program would NMCIA like to improve upon, if any? | N/A |
| 31. | Of NMCIA's approximately 8,500 annual bills, does that volume include duplicates and/or denied bills? If so, approximately what number or percentage of bills fall under each applicable category in 2024, | The requested information is not available for inclusion in the RFP. Vendors should proceed using the information provided and may identify any |

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| | 2025, and 2026 YTD? Of this total annual bill volume, does it include ancillary bills (e.g., pharmacy, DME, diagnostics, physical therapy, etc.)? If so, approximately what number or percentage of bills fall under each applicable ancillary category in 2024, 2025, and 2026 YTD? | reasonable assumptions made in developing their proposals. |
| 32. | Of this total annual bill volume, approximately what number or percentage of bills are inpatient vs. outpatient bills in 2024, 2025, and 2026 YTD? | The requested information is not available for inclusion in the RFP. Vendors should proceed using the information provided and may identify any reasonable assumptions made in developing their proposals. |
| 33. | What is NMCIA's average turnaround time for medical bill review with its current vendor?<br>• Does this turnaround time also include payment processing time, or is the end-point when the medical bill review process is complete? | The requested information is not available for inclusion in the RFP. Vendors should proceed using the information provided and may identify any reasonable assumptions made in developing their proposals. |
| 34. | So that we may generate the most competitive pricing, can NMCIA share the total medical charges incurred and the associated amount allowed/paid for all workers' compensation medical bills in 2024, 2025, and 2026 YTD? | See attachments 4 and 5 |
| 35. | So that we may generate the most competitive pricing, does NMCIA have any direct contracts with any medical providers or facilities? If so:<br>• Can NMCIA describe the nature and number of these contracts (e.g. occupational health providers)?<br>• Does NMCIA intend to continue directly contracting with these providers?<br>• Can NMCIA indicate what percentage of its medical spend was directed to these providers/facilities in 2024, 2025, and 2026 YTD? | NMCIA does not have any direct contracts with medical providers or facilities. |
| 36. | Under the New Mexico Inspection of Public Records Act, and to generate the most competitive pricing, can NMCIA provide its current pricing arrangement with its current medical bill review vendor? Or provide a | We respectfully request that you go through our formal IPRA process to request this information. |

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| | copy of its current pricing contract(s)/agreement(s) or direct us where we may find it? | |
| 37. | Under the New Mexico Inspection of Public Records Act, and to generate the most competitive pricing, can NMCIA share how much it spent in medical bill review fees with its current vendor in 2024, 2025, and 2026 YTD? | We respectfully request that you go through our formal IPRA process to request this information. |
| 38. | Who currently provides Utilization Review Services for NMCIA? | In house NCM |
| 39. | Do you currently have, or do you allow any straight through processing of select bills without manual intervention? | All approvals for bills must be given by the adjuster. |
| 40. | Do adjusters approve/partially approve/deny bills on the front end or back end of your bill review process? | Adjusters approve on the back end. |
| 41. | Do you currently support/accept e-billing? | No |
| 42. | Please provide a 3-year average of the annual bill volume by bill type or provide last twelve months data. | Please see attachments 4 and 5 |
| 43. | Please also include the associated gross charges for the bills in number 1 above, Bill Review savings in $ or % | Please see attachments 4 and 5 |
| 44. | Fee schedule savings, PPO savings and negotiated discount savings in % or $ | Please see attachment No. 2 |
| 45. | Total Bill Review cost for the Last Twelve Months or Net savings in $ or % | Please see attachment No. 2 |
| 46. | PPO penetration rate and PPO fees | Please see attachment No. 2 |
| 47. | PPO network provider | Please see attachment No. 2 |
| 48. | Average reconsideration rate | The requested information is not available for inclusion in the RFP. Vendors should proceed using the information provided and may identify any reasonable assumptions made in developing their proposals. |
| 49. | Average volume of in and outpatient hospital bills | Please see attachment No. 2 |