**University of Arkansas System Medical Plan Services**

**RFP No. 111021**

**Q&A Addendum 2**

1. 5.4.7b - What do you define as members in treatment? What treatments are being referred to here?

ANSWER: Numbering is for question 5.4.11b – how will your organization handle the transition of care for physician, specialist, or hospital approved treatments.

2. Census provided does not contain the total assets under management for the HSA program, total invested balances, total cash balances, and the average account balances or average invested balances. At a minimum, can UAS provide the total assets under management ($) for the HSA program, total number of active HSA accounts, average account balances ($), and % of accountholders that have some portion of their account invested in the funds offered?

ANSWER:

This information is not currently available. The Health Savings Plan and Health Savings Account has been in place since Plan Year 2018. Participation in these plans has been low (check the census for participation totals) so total assets under management are unlikely to be sizeable. We will attempt to compile the requested information in advance of the best & final bid process.

3. Section 7.5 Additional Questions applicable to FSA and HSA Services. 7.5.5 Detail your reconciliation responsibilities and procedures. The University will require that all reconciliations be performed by the successful vendor. QUESTION: Can you provide some detail around the type of reconciliation that UAS expects for the FSA and HSA programs? For example, we will post employee detail, demographics, and funding (contributions) from data received directly from UAS and the participating entities and error reports will be available for any records that we are unable to post along with a description of why the record failed. Does this reconciliation meet the needs of UAS?

ANSWER: Reporting necessary to monitor and report plans compliance is required. Please provide the proposed data field detail. Adjustments and clarifications may be proposed in follow up.

4. Section 1.2 Description of RFP describes Approach A, Approach B and Approach C, which includes both A and B. QUESTION: Is it acceptable for two separate entities to submit a joint proposal under Approach C whereby one entity will be responsible for providing the services under Approach A and the other entity will be responsible for providing the services under Approach B? If such a joint proposal is acceptable, does the University expect to enter into separate contracts with each entity?

ANSWER:

A joint proposal will be evaluated. Whether one or separate contracts are established would depend on whether there is a prime contractor / subcontractor relationship among the vendors.

5. Section 1.33 State of Arkansas Services Contract. QUESTION: Are requested deviations, exceptions and additions permitted to the Standard Terms and Conditions?

ANSWER: Changes are not common.  Please provide specific proposed changes for further review.

6. Section 10.2 Other Required Forms provides the bidder must complete various documents. QUESTION: Are requested deviations or exception permitted to the Standard Terms and Conditions?

ANSWER: Changes are not common.  Please provide specific proposed changes for further review.

7. 1.3.i: UAS has asked Segal to provide its health data warehouse service and analytics to help manage medical and pharmacy risks.

Q: What health data warehouse service and analytics for medical and pharmacy risks is Segal providing to UAS?

ANSWER: Segal’s proprietary data warehouse.

8. Does Segal want all claims repriced or just those with positive eligible billed amounts? Starting in row 1,004,045, all records have a negative eligible amount. So, there will be claims that net to $0 (one example would be claim ID 20170141773). Should we exclude the reversal and reprice the original claim or include both which will still net to $0 allowed?

There are also a number of $0 claims, rows 922,105 through 1,004,044. Given that the billed is $0, the repriced allowed will also be $0.

ANSWER: Carriers should follow their standard procedures for the claims reprice analysis.

9. Since Segal is using and requesting UDS data, which is based on member ZIP code, is Segal comfortable with the repricing results based on provider ZIPs as no member ZIPs were included in the medical claims file? Segal would be assuming that all providers are accessed by members living in the same 3-digit ZIP code area.

ANSWER: This is fine. The reprice file would only include provider zipcode information.

10. Also, are they comfortable that the provider ZIPs represent the actual location of the provider instead of a billing address elsewhere?

ANSWER: Please conduct your reprice analysis on the data in the file only.

11. Lastly, please note that since the provider ZIPs span areas outside of the AR/TX area, the discounts reported in the repricing return file will be aggregated at the market level rather than the ZIP3 level.

ANSWER: Carriers should follow their standard procedures for the claims reprice analysis.

12. Is there a specific discount that should be applied to providers that will be part of the custom discount arrangement for providers in the UAMS system?

ANSWER: If you are proposing an arrangement separate of what is requested in the RFP, please note in your proposal response.

13. 5.7.2.5 Are there any providers listed in your organization's network, including those listed in Exhibit B where the contracted arrangement results in a discount off charges ranging from 20% to 35%? If yes, please identify. Can you confirm which exhibit we should be referencing? Exhibit B includes multiple SBCs, which do not mention providers.

As a rule, we do not disclose facility-specific discount information/reimbursement methodology. We consider this to be trade secret information that is highly proprietary and confidential. Can you please confirm the following?

ANSWER: The provider listings are contained in Exhibits E-1, E-2, and E-3

14. Are all carriers/TPAs strictly required to disclose this information as specifically requested?

ANSWER: We are requesting all bidders to supply this information. This data will not be shared beyond the team analyzing the proposal responses.

15. Could this information be provided in a way that is not provider specific?

ANSWER: We are requesting all bidders to supply this information. This data will not be shared beyond the team analyzing the proposal responses.

16. Can you confirm that if this information is redacted that it cannot be disclosed under an FOI request and will not be disclosed to anyone outside UAS for any purpose?

ANSWER: This data will not be shared beyond the team analyzing the proposal responses.

17. If a bidder utilizes subcontractors for parts of services outlined in approaches A and/or B, are those subcontractors required to complete section 4 General Questionnaire?

ANSWER: All bidders are required to complete the General Questionnaire.

18. Which signature/required forms, if any, are subcontractors required to complete separate and apart from the bidder?

ANSWER: We’d expect any subcontractor to complete signature and required forms.

19. 5.7 Network Pricing & SmartCare Network

Per Q&A Addendum 1, Question 4, UAS will maintain specific negotiated terms with UAMS, UA Fayetteville and UALR for SmartCare and HealthNow. What discount should be assumed to apply to UAMS claims throughout section 5.7 Network Pricing?

ANSWER: Discounts should be based on the three digit zip codes in the RFP and the utilized providers for the claims reprice.

20. 5.7.1 & 5.7.2 Reported Discounts

In an effort to promote consistency, does Segal wish to provide additional guidance on how the reported discounts should be developed? For example,

21. What time period should the discounts represent? Can they be projected discounts?

ANSWER: Discounts should be most recent time period available. Projected discounts should not be used.

22. Does the ZIP code represent member or provider location?

ANSWER: Zip codes are from the employee census. A claims file for repricing will be provided in addition.

23. How should claims be split between service categories, particularly ancillary vs. physician?

ANSWER: Claims should be split between inpatient hospital, outpatient hospital and non-hospital

24. Should any special handling / Inclusion / exclusion apply to COVID-related claims?

ANSWER: No

25. Should carriers follow the UDS specifications wherever possible? For example, excluding coordination of benefits, members over 65, etc.

ANSWER: The UDS analysis is completed internally by Segal. There is nothing for bidders to supply other than any alternative networks that do not match to the UDS analysis.

26. What assumptions should carriers use for UAMS providers, due to the custom terms that UAS will utilize?

ANSWER: Claims data is not currently broken out between UAMS and non-UAMS providers at this time.  Bidders will need to complete their quotes as requested in the RFP. Any options with separate arrangements, will need to be provided as an option to your proposal.

27. 5.7.8 Uniform Data Submission

Which UDS submission (e.g., mid-year 2020, calendar year 2020) will be used for the UAS analysis?

ANSWER: Mid-year 2020

28. 1.3 J: UAS maintains involvement in the subrogation process. UAS requires its vendors to submit all settlement proposals, for a review of costs, expected ongoing expenses and the settlement proposal. UAS may accept or reject / modify the proposal based on its evaluation process.

Q. Regarding subrogation, is there a dollar threshold?

Answered: There is no dollar threshold for subrogated claims. UAS reviews all of them.

29. RFP Section 5.6.2 - Are we supposed to answer the narrow/tiered network section as though we will continue under the current arrangement with SmartCare as the Tier 1 network, OR do we only complete the narrow/tiered network section if we would have a separate narrow network other than SmartCare?

ANSWER: If your organization is able to provide narrow or tiered networks, please include in your proposal response.

30. Is SmartCare a UAMS owned network or a Trademarked network of UMR?

Answer:

SmartCare is a domestic network jointly created by the University and UAMS.   It currently includes the facilities and providers at UAMS, UALR, and UA Fayetteville.

SmartCare would be the Tier 1 network.

The Tier 2 Network would be the vendor network (either its broad network or its narrow network). Provide enough information for us to determine the cost savings and disruption differences between your broad network and narrow network.

31. What is the number of obese or overweight employees and dependents between 18 and 79 for the University System? What is the number of Pre-Diabetic employees and dependents between 18 and 79 for the University System? What is the number of Type 2 Diabetic employees and dependents between 18 and 79 for the University System?

ANSWER:

During 2020 there were 30.4 patients per 1,000 members treated for obesity or being overweight.

During 2020, there were 2,589 members with diabetes; 202 had Type 1, 1,967 had Type 2 and 420 had other types of diabetes. Additional diabetic key indicators include:

* 50.9% of diabetic members had at least one other chronic condition.
* 117 diabetic members had medical and pharmacy claims in excess of $50,000.
* There were 321 hospital admissions with ALSO of 4.35 days.
* There were 779 ER admits for 493 patients.
* There were 290 urgent care visits for 206 patients.
* There were 18,060 office visits for 2,554 patients.

32. 5.1.6 audited financials requirement- if a company is privately held are there any other documents that would be acceptable such as bank statements or any other proof of financial solvency?

ANSWER:

Provide whatever documents you think will convey proof of financial solvency. If additional information is required it will be requested during the best & final bid process.

33. Under section 1.2 states: Approach A also includes the following services that may carve-in to the core services or be carved-out of the contract with the TPA. You are asked to quote these services separately from other services:

• Out-of-network claims repricing

• Comprehensive weight loss program focused on lifestyle improvement. Include a fully recognized Centers for Disease Control (CDC) Diabetes Prevention Program (DPP)

• Innovative digital diabetes management platform that engages people to achieve their personal health goals. The program should focus clinical coaching on lifestyle improvement to reduce the dependence on insulin and improve compliance

• Comprehensive maternity benefits solution from preconception and pregnancy through return-to-work and parenthood

• Fertility benefits management program enabling and supporting members to pursue the most effective treatment to reduce the burden of high-risk pregnancy

• Precision mental healthcare that offers comprehensive live and on demand digital mental and emotional well-being support

Vendors may propose any or all of the Approach A carve-out services.

A contractor may subcontract some or all of these services.

However, under 5.1.1- no options for carved out point solutions, can one be added so 5.1.1 won't be deemed nonresponsive for fertility/diabetes/DPP Vendors?

ANSWER: Please contact Proposal Tech on this request to provide this specific carveout option.

34. For the carve out services provided by point solutions such as Weight Loss, Diabetes Management and Fertility are we only required to fill out section 6.2? Many of the questions in section 5 are inapplicable?

Will we deemed non-responsive if we do not provide answers in section 5? Should we fill out what we feel is applicable?

ANSWER: Please contact Proposal Tech on this request to provide this specific carveout option.

35. Is the University of Arkansas for Medical Sciences (UAMS) included in this RFP or is it a separate entity from the University of Arkansas System? I did not see UAMS listed on the census files.

ANSWER: The census file has 4 tabs with the census data for all system locations.

36. Good afternoon, At this time with no data (census), etc. on the opportunity I wanted to see if there is an option in the intent to bid document to state at this time we would like to review, but will need at least the census to see if we would be able to compete in the areas where the population reside. If we are not able to compete we will decline the opportunity. Please advise.

ANSWER: Census data is available.

37. How many hard copies are being requested?

ANSWER: In section 1.6 Instructions to Bidders Item number 5 indicates the instructions for number of hard copies required and the address for submissions. Please note that all bidders must provide their hard copy submissions by the due date, no exceptions.

38. Can you please provide University of Arkansas' current EAP utilization?

ANSWER:

EAP utilization is not currently reported to UAS. There is a desire for better reporting in the future.

During 2020 there were 63.95 patients per 1,000 members treated for depression.

During 2020 there were 5.77 patients per 1,000 members treated for substance abuse.

39. Does the University of Arkansas have a wellbeing brand or plans to create one to market the wellbeing program?

ANSWER:

Not in the near future.

40. Do you have and if so, can you list of training/webinars/campaigns that have been conducted for University of Arkansas employees in the mental health space (e.g. resilience, coping with crisis, mindfulness, manager training, etc.)? If none, please list what would be of interest.

ANSWER:

These types of programs are arranged at the campus level and not reported to the System office.

41. Are there any add-on programs turned on with the medical carriers (e.g. concierge, enhanced advocacy, maternity management, etc.)?

ANSWER:

Yes, maternity management is in place with a $300 incentive for those enrolling during the first or second trimester and continuing to be involved with a postpartum MM encounter.

42. Please provide an open enrollment or new hire guide(s)

ANSWER:

Visit the website at https://benefits.uasys.edu.

43. Can you provide anecdotal feedback from employees on University of Arkansas' benefit program and/or mental health benefits?

ANSWER:

Anecdotal feedback is not tallied. Use of the benefits website has dramatically increased.

44. List University of Arkansas' top 5 medical and pharmacy cost-drivers

ANSWER:

The top five MDCs are Health Status, Musculoskeletal, Circulatory, Neoplasms and Digestive.

45. What is the % of the population with a behavioral health diagnosis?

ANSWER:

During 2020 there were 63.95 patients per 1,000 members treated for depression.

During 2020 there were 5.77 patients per 1,000 members treated for substance abuse.

46. What is the % of members in each stage of the mental health clinical spectrum (healthy, mild, moderate and severe)?

ANSWER:

This information is not reported.

47. What is the # of members who had claims associated with depression, anxiety, ADHD, Eating disorders, alcohol use and /or PTSD?

ANSWER:

See response above for available information.

48. What is the % of Substance Abuse claims processed at the In-Network level?

ANSWER:

This information is not reported specifically for substance abuse claims.

49. What is the # of unique members who completed therapy visits through the EAP?

ANSWER:

This information is not reported.

50. What is the % rate for each of the following:

a. % of short-term disability (STD) claims that were the result of mental health condition

b. % of long-term disability (LTD) claims that were the result of mental health condition

c. Average time out on STD for those with a mental health condition

d. Average time out on LTD for those with a mental health condition

ANSWER:

Data is reported separately for UAMS (the academic medical center) and for the rest of the University System.

For UAMS, the percentage of STD claims for accidents & violence is 6.62% with average duration of 73 days, mental is 3.97% with average duration of 61 days and nervous is 3.83% with average duration of 82 days.

For the rest of the System, the percentage of STD claims for accidents & violence is 7.81% with average duration of 78 days, mental is 4.06% with average duration of 70 days and nervous is 5.94% with average duration of 88 days.

In looking at the STD durations, it is important to note that sick leave must be exhausted and a 14 day elimination period applies before benefits begin.

51. Please provide an outline of any other mental health benefits in place

ANSWER:

Visit the website at https://benefits.uasys.edu.

52. ROI analysis. In order to develop a return on investment analysis, can you please provide as much as the following as possible? If you do not have a particular metric, we can use our standard assumption.

a. Average Salary

b. Retention Rate

c. # of outpatient therapy appointments per session

d. Current EAP cost

e. Current EAP visit limit

f. Average cost of 1 In network therapy appointment

g. Average cost of 2 out of network therapy visit

h. % of In-network vs. out-of-network therapy visits

ANSWER:

Use your standard assumptions.

53. Is there a dollar amount that the hospital system has in mind for family building coverage?

ANSWER:

$17,500 per lifetime

54. Is there coverage for fertility & family building today?

ANSWER:

Yes.

55. Is there intent to add a fertility & family building benefit to 1/1/23?

ANSWER:

The intent is to continue the current benefit.

56. For a Proposal to be considered, an official authorized to bind the Respondent to a resultant Contract must include signature in the blank provided on the cover sheet of the University of Arkansas System Request for Proposal form attached in Section 10.2 of this RFP. Failure to sign the Proposal as required will eliminate it from consideration - will an electronic signature suffice?

ANSWER: Electric signature will be sufficient.

57. Can you confirm that proposal submissions through the proposaltech system will count as a responsive (hard copy delivery not required)?

ANSWER: In section 1.6 Instructions to Bidders Item number 5 indicates the instructions for number of hard copies required and the address for submissions. Please note that all bidders must provide their hard copy submissions by the due date, no exceptions.

58. Can we have a conversation with the University to explore ways in which we can introduce UAMS into our network? Alternatively, if they do not meet our criteria, would the University still consider partnering with us? To reiterate, we would love to participate in the process and work with the University, and eagerly await your response.

ANSWER: We are unable to schedule any conference calls to discuss the RFP in detail. We encourage you to provide a proposal for fertility services.

59. Section 5.4.1: This question references Exhibit B, an Excel spreadsheet, that lists providers that are highly utilized. Please clarify if this should be Exhibit D, E-1, E-2, and E-3 instead of Exhibit B?

ANSWER: Exhibit B contains the SPDs. Exhibits E-1, E-2, and E-3 contain the provider information for the disruption analysis.

60. Section 5.7.2.4: A reference again to Exhibit B, please clarify if this should be Exhibit D, E-1, E-2, and E-3?

ANSWER: Exhibit B contains the SPDs. Exhibits E-1, E-2, and E-3 contain the provider information for the disruption analysis.

61. Section 5.7.2.5: Another reference to Exhibit B, please clarify if this should be Exhibit D, E-1, E-2, and E-3?

ANSWER: Exhibit B contains the SPDs. Exhibits E-1, E-2, and E-3 contain the provider information for the disruption analysis.

62. Section 5.15.4: Regarding hospital discharge planning, is the 72 hours calendar days or business days?

ANSWER:

These are measured on a calendar basis.

63. Section 1.3: "The University has transitioned from paper intensive benefit communications to predominately electronic communications.” We would like to confirm the preferred method.

a. Are members sent an email advising they have a communication available within secure online portal?

b. Does this include EOB, COB, and Medical Management letters?

c. Are there additional types of communications that should only be delivered via secure online portal?

ANSWER:

The preferred method is electronic for communications about plan benefits including legally required notices. Emails are sent announcing future communications. EOB, COB and medical management letters may be sent on paper via mail.

64. Section 5.11: We understand UA will be using Workday for eligibility.

a. Will an 834 file be generated from WorkDay and sent to the Carrier for processing or will the Carrier have direct access to WD in order to receive and process eligibility updates?

b. Section 1.3: For the 19 entities using Workday, will Workday create 834 files for all changes?

c. How will the 5 affiliates not using Workday convey changes?

ANSWER:

All of this will be discussed during implementation meetings. The University does have Workday generate 834 files for transmission to some of its carriers. The small affiliates do things on paper and in Excel.

65. Section 1.3: Will the Carrier be able to perform a reconciliation process working directly with Workday?

ANSWER:

Reconciliations will be discussed during implementation meetings.