UNIVERSITY OF ARKANSAS SYSTEM

Request for Proposal
RFP No. 261111

University of Arkansas System Medical Plan Services

Q&A Addendum No. 1

This document provides question and answer information pertaining to the above captioned RFP.

REMINDER: It is the Offeror's responsibility to thoroughly read and examine the entire RFP and any addenda to the RFP.

1. Please provide census information applicable to all services included within each RFP.

   Answer: All RFP data will be released on 11/30/26 per the RFP timeline.

2. Please provide the applicable Summary Plan Descriptions (SPDs) and/or plan documents for all services included within each RFP.

   Answer: All RFP data will be released on 11/30/26 per the RFP timeline.

3. Please clarify the expectations for completing the Cover Page and Table of Contents (TOC) documents within each RFP. Based on our review, it appears that only a signature is required, as no additional information or response fields are included beyond the Table of Contents.

   Answer: A signature is required on the cover page.

4. Please confirm whether UMR is required to provide printed copies of both the redacted and non-redacted versions of the proposal, or whether submission of these materials electronically through Proposal Tech will satisfy the submission requirements.

   Answer: Please refer to section 2.1, #3.

5. Will electronic signatures be accepted for all required forms and certifications?

   Answer: Yes.

6. Is there a required level of domestic reimbursement and what facilities and providers will that apply to?

Answer: There is no required level of domestic reimbursement. The RFP data will include a list of the domestic providers.

7. 5.13.5 and 5.13.20: Sections 5.13.5 and 5.13.20 contain the same question. Are these intended to address different programs? If so, please identify the applicable program for each question.

   Answer: Noted. The question is a duplicate under the Clinical Management section of the RFP. Please make sure that the response to 5.13.5 and 5.13.20 match.

8. 5.8.1.10-5.8.1.16: Several questions reference Section 5.8.2.1; however, we do not see a question numbered 5.8.2.1 in the RFP. Please clarify which question or section these references are intended to address.

   Answer: This set of questions would refer to the EPO network discounts above in 5.8.1.9.

9. 5.9.17-5.9.20: Several questions reference Section 5.8.4 ; however, we do not see a question numbered 5.8.4 in the RFP. Please clarify which question or section these references are intended to address.

   Answer: This question refers to the reported discounts that will be provided by bidders in 5.8.1.1 and 5.8.1.9.

10. 5.9: For the out-of-network claims repricing that is asked to be priced separately, can you give details on what is included in this currently?

    Answer: There is no request for out of network claims repricing 5.9.1 outlines the parameters for the claims repricing.

11. Will respondents have an opportunity to submit Best and Final Offers (BAFO)? If so, what proposal components may be revised?

    Answer: Please refer to the timeline in section 1.4 for all project milestones and section 2.3 UAS Standard Terms and Conditions #43.

12. Evaluation -Beyond the published scoring criteria, are there any specific factors that will be heavily weighted during finalist evaluations?

    Answer: No, the scoring criteria outline the method of evaluation.

13. How many finalists do you anticipate inviting for presentations?

    Answer: Please refer to section 2.3 UAS Standard Terms and Conditions # 20 and #43.

14. Pharmacy -Is MedImpact expected to remain the PBM throughout the term of the contract, or is a PBM change under consideration?

Answer: While no PBM change is under consideration, UAS reserves the right to evaluate their PBM, and potentially change, any year.

15. Please provide the UAS-created "actively managed, specific formulary for drugs paid through the medical plan". We would like to evaluate the list. Are all other specialty meds to be excluded from coverage?

    Answer: The UA Health Plan does not determine coverage for all medications administered through the medical plan. However, the Plan does make decisions regarding a limited number of drugs that are specifically excluded from coverage under the medical benefit. The specialty list will be released with the data on 11/30/26.

16. Are any material benefit design changes anticipated for the January 1, 2028 implementation?

    Answer: Not other than ideas or clinical strategies that are brought forward through this RFP process.

17. Are fertility, diabetes prevention, weight management, maternity, mental wellbeing, and Centers of Excellence programs currently offered? If yes, who are the incumbent vendors?

    Answer: UMR administers the following programs for UAS:

    - Utilization Management (UM)
    - Ongoing Condition Care (aka DM) – includes Diabetes
    - Maternity Management
    - Rewards for Health
    - Weight Loss Surgery - Technically this is not administered by UMR's COE program. However, the SPD language does require that the surgery be done at a facility that meets specific criteria for bariatric services.
    - COE Transplant program through Optum
    - SITE SPECIFIC – The Pat Walker Clinic, U of A Fayetteville, has a weight management program
    - Real Appeal – online weight loss coaching program

Other examples of programs that UAS reviewed but are not currently in place:

- Hello Heart
- Hinge Health
- Centers of Excellence for Bone & Joint
- Centers of Excellence for Heart
- Adding blue tooth devices for members participating in Ongoing Condition Care
- Fertility

18. Is the University seeking a single integrated solution or best-in-class point solutions for the

requested clinical programs?

Answer: No, UAS is open to integrated or separate best-in-class solutions.

19. Confirm all services currently administered by UMR, including utilization management programs, care management programs, behavioral health, nurse advocacy, and specialty programs.

    Answer: Please see the answer to Question 16.

20. Please provide the current fees for each of these programs currently in place as well as the total ASO fees being charged by UMR.

    Answer: UAS wishes to ensure that offerors bid their most competitive pricing and advantages so current rates will not be provided.

21. What are the primary reasons for evaluating the market after approximately five years with the current administrator?

    Answer: Please refer to section 1.3.

22. Please advise how UAMS HealthNow telehealth services are currently integrated with UMR (claims feeds, reporting, reimbursement, member website, customer service, etc)

    Answer: A claims feed is shared between HealthNow and UMR.

23. Please advise the amount of dollars UAS has received back from the 80/20 medical specialty rebate program arrangement.

    Answer: This data will not be provided.

24. What percentage of current members utilize UAMS SmartCare providers today?

    Answer: Approximately 34%.

25. Is access to the UAMS SmartCare network a mandatory requirement or a scored preference within the evaluation process?

    Answer: No, it is not. It is an embedded benefit design difference for using certain UAMS providers.

26. How will network disruption be measured and scored during proposal evaluation?

    Answer: Network disruption is evaluated based on the number of highly utilized providers in or out-of-network. The scoring methodology is in the RFP.

27. Please provide the unique number of Tax ID #'s and individual providers/facilities that will be needed for the UAMS SmartCare network.

    Answer: A listing will be provided with the RFP data on 11/30/26.

28. Does the UAMS SmartCare network only have a preferred tier of richer benefits or does it also consist of a customized fee schedule for reimbursement separate from the UMR provider contract?

    Answer: Yes, in addition to a benefit design differential UAMS SmartCare has a separate fee schedule for certain services including but not limited to professional fees, emergency room and mental health services.

29. Will medical and pharmacy claims data be provided at the member level or summary level?

    Answer: Medical claims data will be provided.

30. Please confirm the experience period included.

    Answer:
    Claims repricing and Provider Reprice file 10/26 – 9/26
    Monthly medical claims and lives 10/24 – 9/26

31. Will large claimant reporting be provided, including claimant diagnosis categories and ongoing claimant status? We utilize this even though we are not bidding on stop loss currently.

    Answer: Large claims data will not be provided.

32. Will utilization reports be provided for specialty pharmacy, fertility, weight management, behavioral health, and telehealth programs?

    Answer: This data is unavailable at this time.

33. Would it be possible to go ahead and receive the claims files/experience to have enough time to provide all of the analysis (disruption, repricing, etc) that is needed?

    Answer: All RFP data will be released on 11/30/26 per the RFP timeline.

34. Please provide a member census with gender, DOB, home zip code, Benefit plan election and benefit tier election

    Answer: All RFP data will be released on 11/30/26 per the RFP timeline.

35. Would it be possible to go ahead and receive the census to have enough time to provide all of the analysis that is needed?

Answer: All RFP data will be released on 11/30/26 per the RFP timeline.