**Date:** Aril 30, 2024

**Title:** RFQ/RFP #20241221575

**Subject:** Questions and Answers

1. Question: Minority, Women, and Veteran Owned Business Enterprise Participation: Please clarify what the WMBE target is? Is 25% the WMBE target for bidders?

Answer: Yes, 25% is the goal.

2.Question: Exhibit G: What approved certifying agencies are acceptable for WMBE subcontractors?

Answer: We accept all certs from State Agencies as well as nationally accredited agencies. If you have a concern with a certain agency we can review the certification.

3. Question: Claims Payment and Customer Service; item n: Please confirm if Tier 1 contains only Tarrant County owned domestic facilities?

Answer: Cook Childrens is also included.

4. Question: Claims Payment Process and Customer Service; item K: If there are non-domestic providers in Tier 1, please provide a Tier 1 provider list including percent of total plan claims?

Answer: Please reprice the file as provided; McGriff will remove any Tier 1 domestic providers during our analysis.

5. Question: Respondent’s Network (Tier 2); item k: What is the domestic or tier one utilization percentage? Percent of total plan dollars and percent of total plan claims?

Answer: Domestic Tier Utilization = 36%

6. Question: Clinic Arrangements; Item A: Does the onsite clinic have its own unique TIN? Should the onsite clinic services be by UMR or will the hospital be doing that internally?

Answer: Onsite clinic is a JPS facility using Tarrant County Hospital District EIN. The Clinic is staffed by JPS employees.

7. Question: Clinic Arrangement; item a: What type of onsite interface or integration will be expected? Are there any specific pain points or requests for the possible interface or integration?

Answer: We do not need any “on-site” support. We’re looking for a partner that can accept “dummy” claims and support wellness/disease management.

All corrections, changes, additions, revisions, and/or clarifications in this Addendum #1 to the

RFP are hereby made a part of the RFQ/RFP #20241221575.

All Respondents to the RFQ/RFP shall acknowledge receipt and acceptance of this Addendum #5 by

signing in the space provided and submitting the signed Addendum #5 with the RFQ/RFP.

Proposals submitted without an executed copy of this Addendum #5 attached may be considered

informal and may be rejected.

Received, acknowledged, and conditions agreed to on this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_, 202\_, by:

Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there are questions pertaining to this addendum please contact \_\_\_\_\_\_\_\_\_\_\_\_\_ [Bid\_submissions@jpshealth.org](mailto:Bid_submissions@jpshealth.org)