

Addendum I
RFP 31209

INTEGRATED ADMINISTRATIVE SERVICES FOR A DIRECT-TO-EMPLOYER (DTE) HEALTH NETWORK MEDICAL CLAIMS ADMINISTRATION, PHARMACY BENEFIT ADMINISTRATION (PBA), AND RELATED SERVICES

- Confirm the proposal due date/time. The RFP references Jan 28, 2026 @ 3:00 PM CT and Jan 31, 2026 @ 3:00 PM CT.

Response: January 28, 2026 is the correct due date.

- Award structure: MUHC notes the possibility of single or multiple awards—what award models are under consideration?

Response: We would consider a single award with a vendor to cover both TPA and PBM, or single awards for TPA and PBM.

- MUHC vs. Administrator Roles: The RFP describes the functional scope for the administrator; however, please clarify which activities MUHC expects to retain internally versus delegate to the administrator, particularly with respect to execution versus oversight for network contracting, sales and marketing, broker engagement, UM/PA, care management, and reporting/analytics.

Response: MUHC would consider different models as proposed by respondents. However; MUHC preference would be outsourcing these functions with collaboration and direct engagement on certain pieces (i.e. sales, care management)

- Target employer market: Please provide detail on the intended service area, target industries, employer size bands, and expected membership ramp for 2026–2027.

Response: The target market would be self-funded employers within our service area. MUHC would work with awarded respondent to set goals on membership targets.

- Definition of “June 2026 go-live”: Does this refer to employer marketing readiness, a pilot effective date, or member administration go-live?

Response: Employer marketing readiness.

- Effective date expectations: Mandatory criteria reference readiness for 1/1/2027—is this the required first member effective date?

Response: Yes

- RFP timeline: Please provide your target schedule for finalist selection, demos/site visits, contracting, and kickoff.

Response: Tentative Schedule – subject to change.

- Post RFP: 12/17/2025
- Vendor Questions Due: 12/31/2025

- Responses Due: 1/28/2026
 - Prepare/Review Responses: 2/11/2026
 - Review Mandatories & Score Desirables: 2/20/2026
 - Vendor Presentations: 03/06/2026
 - Score Financials: 3/13/2026
 - Award Decision: 03/31/2026
 - Contract Negotiations & Final Contracting: 5/30/2026
 - Begin Implementation: 6/1/2026
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- Distribution expectations: Is the administrator expected to actively sell the DTE product, or provide enablement/support while MUHC leads sales?
Response: Actively sell
 - Stop-loss scope: What stop-loss functions are expected of the administrator, and who selects the carrier(s)?
Response: MUHC expects the awarded respondent to manage stop loss needs.
 - Clinical operating model: Will MUHC run UM/CM internally (with integration), or is the administrator expected to provide UM/CM staffing and operations?
Response: MUHC seeks a respondent who can administer UM/CM in collaboration with our UM/CM resources.
 - Out-of-area coverage: What is your preferred approach for employees residing or traveling outside of the MUHC service area (e.g., wrap network, RBP, negotiated/SCA)?
Response: Historical approach has been the use of a wrap network along with SCA's as needed. We are open to alternative options and further discussion.
 - Pharmacy model: Is MUHC open to a TPA partnering with a PBM/PBA?
Response: Yes
 - Broker Distribution Strategy: Do you maintain a defined set of preferred or approved broker partners within your target markets? If so, how do you envision brokers being positioned within the distribution and go-to-market strategy for this product?
Response: No, we do not have a set of preferred/approved brokers. MUHC is open to discuss options to identify the best strategy for making inroads on covered lives. Brokers will be an important component.

- Population Health & Clinical Strategy: What population health or clinical initiatives are core to your strategy? Which of these initiatives would you expect to be foundational to the product, and how would you like an administrative partner to support or integrate them?

Response: Pir strategy would be Primary Care centric approach to population health/value-based care, using data to identify care needs that support cost effective/quality care. We would expect an Administer referral process for our out of network care to control leakage.

- Prior DTE / Product Launch Experience: Have you previously attempted to launch a Direct-to-Employer (DTE) or similar product? If so, what were the key outcomes, challenges, or lessons learned, and are there specific aspects you would want to replicate or approach differently in this iteration?

Response: Yes. The distribution component was the area that we didn't fully have in place to grow the business (sales/marketing/coordination with stop loss/PBM).

- Plan Design Framework: Would you be open to anchoring the program around a limited number of pre-configured medical and pharmacy plan designs to streamline implementation, administration, and ongoing support? Please describe any requirements or constraints you would have regarding plan variation or customization.

Response: MUHC would be open to anchoring the program. We would like to retain flexibility to go outside of the pre-configured options to meet the needs of employers, if necessary to acquire accounts.

- Appendix A: What level of response is required for Appendix A? Are bidders expected to respond to or affirm everyone "Requirement" and "Condition"?

Response: Yes each requirement or condition should be addressed.