

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: January 17, 2024
SUBJECT: 710-24-0002 Arkansas Health Insurance Premium Payment (ARHIPP)

The following change(s) to the above referenced RFP have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening date and time
- Cancellation of bid
- Other

OTHER

- Attachment I - Remove and replace with Attachment I Revised Client History Form.
- Cost Proposal Template – remove and replace with Attachment K Revised Cost Proposal Template
- Section 1.32 of the solicitation Schedule of Events – remove and replace the Go Live Date, with the following:
On or About September 1, 2024
- Section 2.2.D – remove and replace with the following:

The Contractor shall have at least five (5) years cumulative experience working on similar insurance contracts for at least three (3) other state Medicaid programs. If the Prospective Contractor proposes to use subcontractors, the Prospective Contractor’s proposed subcontractors shall have the experience working on similar projects with other State Medicaid programs. For verification purposes, the Prospective Contractor must accurately complete and sign Attachment I – Revised Client History Form.

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Karrie Goodnight, DHS.OP.Solicitations@dhs.arkansas.gov, 501-320-3906.

Vendor Signature

Date

Company