

The State of Delaware

Health Data Warehouse Request for Proposals (RFP)

State Employee Benefits Committee Meeting

July 29, 2025

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Context for today's discussion

- The State of Delaware (the State) engaged Willis Towers Watson (WTW) to support a procurement for health data warehouse services for the Group Health Insurance Program's (GHIP) medical, health management, and pharmacy programs.
- The State's contract with Merative expires on June 30, 2026.
- To maximize the analytic value delivered through the current data warehouse arrangement, the SEBC will be issuing an RFP with a contract effective date of July 1, 2026.
- During the May 30, 2025 SEBC Meeting, the SEBC discussed the scope of services for the upcoming health data warehouse RFP and initial feedback from the SEBC.
- Feedback from the SEBC was incorporated into the health data warehouse RFP.
- During the June 27, 2025 SEBC Meeting, the SEBC was provided an overview of health data warehouse RFP, which included prior feedback obtained from Committee members that had been incorporated into the RFP. Additional feedback was provided and discussed at that meeting.
- Additional feedback was requested from the SEBC by July 7, 2025 in preparation for the health data warehouse RFP's vote for approval today. This feedback will be reviewed during today's discussion.

Feedback from SEBC members on the draft health data warehouse RFP

- Multiple members of the Committee raised the issue of acquiring four years of historical data from the GHIP's medical and PBM carriers. The Committee members emphasized that at least four years of data would be needed in the case that the State wanted to complete longitudinal analyses around topics like GLP-1 medications, heart disease, etc. The additional discussion around these concerns included the below:
 - Some carriers archive data after a certain amount of time and may charge a fee to retrieve archived data.
 - Carriers may prohibit the incumbent HDW vendor (Merative) from sending their data to a third party (new HDW vendor). To navigate this, the parties involved would likely need to execute non-disclosure agreements.
 - Merative would require the new HDW vendor to execute a non-disclosure agreement before sharing the data.
 - Note: data in this instance refers to the raw claim files that the carriers send to the HDW before it is normalized and aggregated into the HDW system as HDWs generally do not use data that has been aggregated.
- **WTW recommended negotiating with the current medical and PBM carriers now to commit to providing four years of history at no cost to the GHIP. This includes requesting that the carriers refrain from archiving the State's data effective immediately. The SBO agreed to make the request to refrain from archiving the State's data.**
 - The SBO reached out to Lantern, Highmark, and Aetna; all three agreed to share 4 years of claims data at no cost to the State should the SEBC select a new data warehouse vendor.
 - CVS indicated that a small cost may be incurred, however, the SBO has copies of all file feeds sent from CVS to Merative and so can likely avoid that cost.

Feedback from SEBC members on the draft health data warehouse RFP

- The SEBC raised the issue of which entity owns the data in question:
 - Some of the Committee members assert that the data is the State's data and the State should have the right to share it as they deem appropriate.
 - Other Committee members acknowledged that ownership of the data is an ongoing point of contention as carriers assert that the data contains proprietary information such as negotiated pricing with service providers or negotiated pricing for medications.
 - Some on the Committee wondered why DTI and Legal do not have a solution that addresses the issue of access to longitudinal data.
- **WTW acknowledges certain merits to both positions and recommends pursuing a resolution to the ownership question outside of the efforts around the HDW RFP.**
 - **The State's medical carriers, rather than the HDW provider, are the primary drivers around the data sharing constraints.**
 - **WTW recommends negotiating data usage parameters and fees associated with sending data to third parties as part of RFPs with the State's medical carriers and PBM.**
 - Some on the Committee recommended asserting the State's ownership of the data as part of contracting with the medical carriers and PBM – **WTW and SBO to work together to have clarity for the SEBC on who owns the State's data.**

Feedback from SEBC members on the draft health data warehouse RFP

- A Committee member suggested that Criteria Weight be adjusted so that “Financial Terms” be changed from a 20% weight to a 40% weight
- The WTW and the SBO recommend that the SEBC discuss whether to adjust the Criteria Weight

Topic	Points Awarded	Description
Financial Terms	20 points	<ul style="list-style-type: none"> Competitive financial proposal for requested services as detailed in the RFP. Offer comparable performance guarantees and fees at risk to current as outlined in Attachment 16, for vendor's performance in administering the program. Willingness to offer credits to offset the costs associated.
Experience and Qualifications	15 points	<ul style="list-style-type: none"> Extensive experience administering the requested scope of services with clients of similar size and complexity. Experience and expertise in the management of all program data types required by the State (eligibility, medical, health management, prescription drug), including the quality review protocols for the file feeds that correspond to those data types. Outstanding references that demonstrate an ability to meet the State's needs.
Tools, Technology and Analytic Resources	25 points	<ul style="list-style-type: none"> Analytic capabilities for reviewing the possible effects of plan design and program changes in medical and prescription drug benefits, trend management strategies, savings opportunities, improved claims and/or financial management of the GHIP and proposed changes in federal and state statutes. Ability to provide reporting and dashboard views of analytics including customizations based upon the State's needs. Ability to provide analytical capabilities that support overall financial management of the GHIP (for both the State and plan participants) and promote health care consumerism (either directly via a decision support tool or indirectly via a data extract file to a third-party providing such a tool). Ability to benchmark GHIP plan experience against a variety of state, national and book-of-business metrics such as cost, risk, disease prevalence, preventive care, and quality/safety (i.e., NCQA, CMS, Leapfrog Group). Provide clear understanding of the use of AI capabilities as well as a road map for the next 24 month and beyond.

Topic	Points Awarded	Description
Account Management	25 points	<ul style="list-style-type: none"> Experienced designated resources (e.g., account manager, implementation manager) to the State's account for implementation and ongoing account management. Demonstrated ability by account management personnel for ease of access, responsiveness, ability to complete projects within required timeframes, problem solving expertise and initiative in proactively suggesting data analytics that would be helpful to the SEBC. Plan for recruiting, hiring and training the dedicated analytic resource (e.g., is realistic, minimizes time between data warehouse go-live and the analytic resource's readiness to start supporting the State, outlines training expectations).
Implementation	10 points	<ul style="list-style-type: none"> Demonstrated implementation processes for a seamless transition. Ability to analyze and evaluation current reporting and analytical processes.
Responsiveness	5 points	<ul style="list-style-type: none"> Compliance with the submission requirements of the proposal including format, clarity, conformity, realistic responses, and completeness, as well as responsiveness to requests during the evaluation process.
Total Points	100 points	

Feedback from SEBC members on the draft health data warehouse RFP

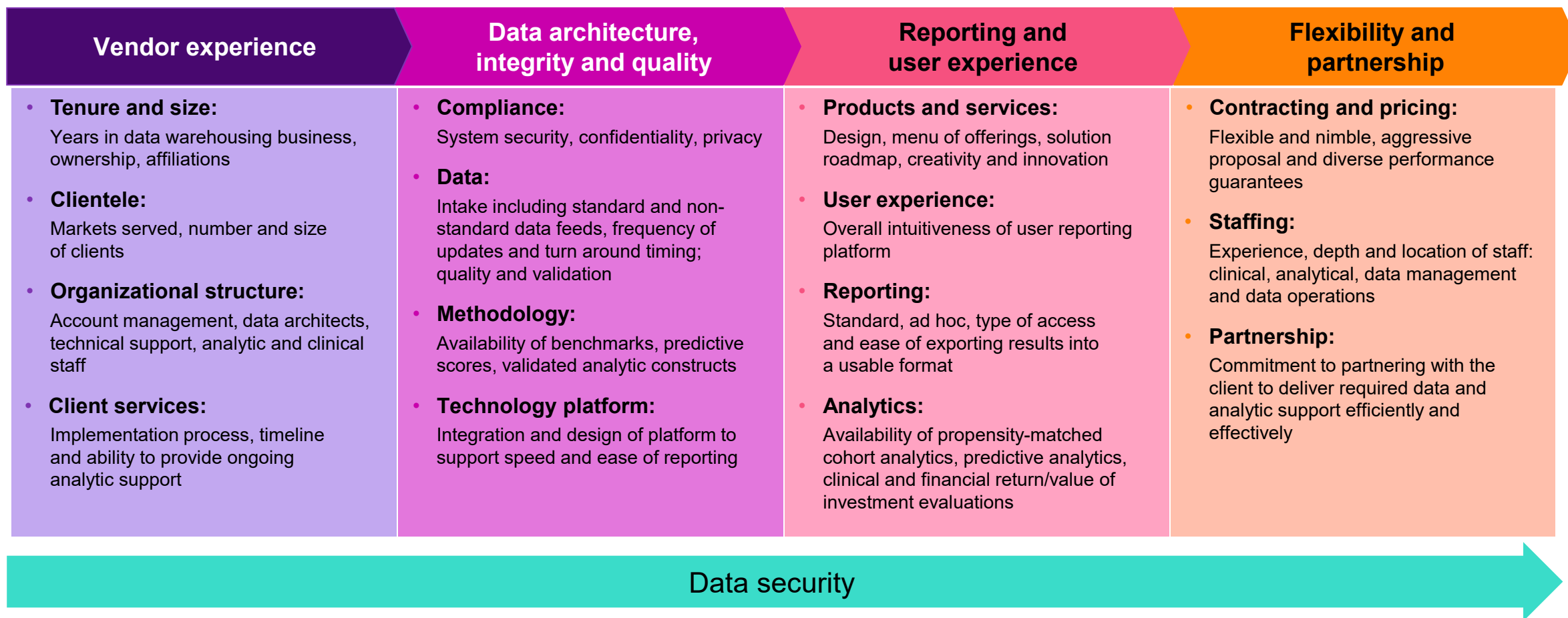
- A Committee member asked about the “Contract Use by Other Agencies”
 - How often does this occur?
This is a general GSS template clause that is rarely, if ever, used for DHR contracts.
 - If this occurs, do the same contract parameters apply as well as pricing as defined by the PRC and approved by the SEBC?
If this were to occur, the same contract clauses, including pricing, would apply. DHR could deny the use of the contract by other agencies if it is decided that it would have an impact on the work performed by the vendor on the service DHR receives.

Next steps

- SEBC to vote on approval of the final health data warehouse RFP

Appendix

Health Data Warehouse vendor selection considerations



Considerations for the next Health Data Warehouse RFP scope of services

- Understanding the ability to include clinical and care management data into the health data warehouse, which, if possible, could allow the State access to evaluating clinical outcomes associated with the State's programs
- Add a Minimum Requirement to the RFP for the ability to ingest line by line rebate data, which may be added to the PBM RFP, which will allow the State to receive and analyze the break up of rebate data by drug
- Reviewing and understanding the type of data files these vendors can ingest in addition to what is currently supported by the incumbent (for example, but not limited to, adding: EAP, Vision, etc.) and understanding if there are benefits to enhancing the type of data this vendor would get
- The Account Management Services support currently provided by the incumbent allows for quick turnaround times, flexibility, accuracy, consistency of file uploads and delivery of reports, which the State does not want to be impacted. Therefore, it's important to document the expectations of the State in this area and ensure the vendors are clear on those expectations.
- The incumbent currently maintains four years of historical data. If this RFP resulted in a new vendor, the TPAs would need to provide historical data and typically only provide up to two years. This is a concern for the State, so should look into requesting additional options from the vendors (outside of the incumbent).

High level RFP objectives

- Offer a state-of-the-art, end-to-end data warehousing and analytics solution that interfaces with the State's vendor partners to obtain raw data and troubleshoot any issues with the data files
- Support healthcare consumerism initiatives of the State
- Deliver excellent account management services that support long-term initiatives and day-to-day processes
- Provide a dedicated analytic resource to provide supplemental support on a regularly scheduled and ad hoc basis
- Produce meaningful and timely management reporting
- Offer competitive financial terms
- Provide superior program implementation support
- Maintain data security as outlined by the State's minimum requirements
- Adhere to State contracting requirements

Feedback from SEBC members on the scope of services

- The SEBC requested that a GLP-1 use case be incorporated into the RFP, which was added in the following location:
 - Section 12. Reporting and analytic services > Number 17 on Page 107 reads “17. Please describe how you would assess the impact of GLP-1 medications over time on the health status of members who have been prescribed them and whether the use of GLP-1 medications resulted in net cost savings to the plan.”
- The SEBC requested the list of vendors that were invited to participate during the last RFP in 2020, the list of vendors that submitted a bid during the last RFP in 2020, and which vendors will likely be invited to participate in this RFP, which are listed below:

Invited to participate during 2020 RFP

- IBM
- HDMS
- Deerwalk
- Springbuk

Submitted a bid during 2020 RFP

- IBM
- Milliman
- Springbuk
- Delaware Health Information Network
- Active Health dba HDMS
- United Healthcare (Optum)

Recommended invite list for 2025 RFP

- Merative (previously IBM)
- Artemis
- Springbuk
- WorkPartners

Outline of RFP questionnaire

- Organization and industry information
- Core Capabilities and Experience
- Account Management
- Service Delivery
- Implementation
- Proposed Account staffing and support
- Data integration, management and quality
- Data methodologies and enhancements
- Benchmarking capabilities
- Data sources
- Data warehouse front-end user tool(s)
- Reporting and analytic services
- Data use and sharing permissions
- Value proposition and areas of distinction
- Financial
- Technical Standards and Security Requirements (as specified by Delaware's Department of Technology and Information)
- Miscellaneous (certain legal requirements, audit rights, data privacy policies, invoicing requirements, etc.)