

**Request for Proposal (RFP)
for Medical TPA**

Draft Scope of Services

November 25, 2025

Scope of Services

On behalf of the State of Delaware, the State Employee Benefits Committee (SEBC) is seeking proposals to provide Medical Third Party Administration (TPA) services for the Group Health Insurance Plan (GHIP). Enrolled in the GHIP are approximately 124,780 active and retired employees of the State of Delaware and their dependents, including approximately 6,286 employees, retirees and their dependents from non-State groups that are allowed to participate in the GHIP according to Delaware Code (e.g., municipalities, local fire departments).

There are four medical plan options for active employees and non-Medicare pensioners, and one plan option for Medicare-eligible pensioners:

- Highmark Delaware currently administers the Comprehensive PPO and First State Basic plans
- Aetna currently administers the HMO and CDH Gold plans
- The Special Medicfill Medicare Supplement plan is administered by Highmark Delaware

The State's contracts with both third-party administrators (TPAs), Aetna and Highmark, will expire on June 30, 2027 for the non-Medicare plans, and on December 31, 2027 for the Medicare Supplement plan.

The SEBC desires to contract with an organization specializing in providing non-Medicare medical insurance effective July 1, 2027 and Medicare Supplement insurance effective January 1, 2028. The organization must have prior experience directly related to the services requested in this RFP and must be able to demonstrate clearly their ability to perform the required scope of services within the timeline requested. The selected organization shall be required to provide the following services, at a minimum:

- Support the goals of the GHIP Strategic Framework;
- Offer solutions that increase GHIP spend through advanced alternative payment models;
- Offer solutions that reduce costs for targeted conditions, including diabetes, musculoskeletal conditions, and behavioral health.
- Offer solutions that limit total cost of care inflation for GHIP participants at a level commensurate with the Health Care Spending Benchmark by the end of FY2025 by focusing on specific components, which are inclusive of, but not limited to:

STATE OF DELAWARE
Department of Human Resources

- outpatient facility costs;
- inpatient facility costs; and
- pharmaceutical costs
- Offer point-of-enrollment and/or point-of-care engagement platform and/or consumerism tools along with solutions to increase GHIP member engagement in those tools;
- Offer additional support to future priorities of the SEBC as changes are made to the Strategic Framework; the Strategic Framework for FY2026 through FY 2029 is currently being developed and will be approved prior to the RFP release;
- Provide competitive financial terms and performance guarantees;
 - Competitive provider reimbursement rates and administrative fees;
 - Service level guarantees including accountability for supporting the GHIP Strategic Framework goals;
 - Offer solutions that uphold and support;
 - Investments in primary care; and
 - Affordability Targets of the Delaware Department of Insurance's Office of Value Based HealthCare Delivery
- Support GHIP's programs and plan offerings;
 - Administer current plans;
 - Support plan provisions that optimize effectiveness of GHIP benefit offerings;
 - Integrate with other programs and vendors supporting the GHIP, which is inclusive of data file feeds to those vendors (Health Data Warehouse, PBM, COE, etc.);
 - Maintain a provider network that meets current and future state goals of the GHIP;
 - Provide supplemental coverage to Medicare eligible retirees and their Medicare-eligible dependents;
 - Support introduction of an HSA qualified plan; and
 - Support other state-level health care initiatives
- Deliver on the core administrative functions of a medical TPA;
 - Provide ease of access to a member-facing secure web portal for enrollment and account information;

STATE OF DELAWARE
Department of Human Resources

- Offer state of the art administrative services including a web portal for program management;
 - Support the State with communication to all eligible employees about the medical insurance program;
 - Provide support for all program-related member communications including open enrollment, direct mailings, and other types of media;
 - Distribution of member ID cards, benefit information and education for patients and providers;
 - Provide excellent account management services to the Statewide Benefits Office (SBO), including superior implementation support and dedicated, expert, and accessible account management staff;
 - Process and pay claims in a timely manner;
 - Provide excellent customer service to participants;
 - Possess the capability to accept electronic transfer of enrollment according to the State's existing schedule;
 - Care management;
 - Care navigation support;
 - Online tools/resources;
 - Reporting;
 - Participation in the DHIN;
 - Coordination with Delaware community health resources and State agencies
- Compliant with the minimum submission requirements set forth in the RFP document
 - Have a strong reputation and historical experience in the medical insurance market;
 - Possible integration with new Enterprise Resource Planning (ERP) system: The State is conducting a separate RFP for an ERP system and it is possible that this will result in a change to the State's ERP system, which would be announced in 2026. It is anticipated that there would be a multi-year implementation process following that announcement. The State would like to understand how bidders have dealt with a system change like this with other clients as the implementation of the new ERP would occur after the initial start date of the TPA contract.
 - Have experience working with plan sponsors that are of similar size and complexity to the State; and

STATE OF DELAWARE
Department of Human Resources

- Be responsive to changes in the program and requests of the SEBC and the SBO.

DRAFT