



# The State of Delaware

Medical Third-Party Administrator (TPA) RFP

State Employee Benefits Committee

February 23, 2026

# Disclaimer

Willis Towers Watson has prepared this information solely in our capacity as consultants under the terms of our engagement with you with knowledge and experience in the industry and not as legal advice. This information is exclusively for the State of Delaware's State Employee Benefits Committee to use in the management, oversight and administration of your state employee group health program. It may not be suitable for use in any other context or for any other purpose and we accept no responsibility for any such use.

Willis Towers Watson is not a law firm and therefore cannot provide legal or tax advice. This document was prepared for information purposes only and it should not be considered a substitute for specific professional advice. As such, we recommend that you discuss this document with your legal counsel and other relevant professional advisers before adopting or implementing its contents. This document is based on information available to Willis Towers Watson as of the date of delivery and does not account for subsequent developments after that date.

Willis Towers Watson shares available medical and pharmacy research and the views of our health management practitioners in our capacity as a benefits consultant. We do not practice medicine or provide medical, drug, or legal advice, and encourage our clients to consult with both their legal counsel and qualified health advisors as they consider implementing various health improvement and wellness initiatives.

This material was not prepared for use by any other party and may not address their needs, concerns or objectives. This document may not be reproduced, disclosed or distributed to any other party, whether in whole or in part, other than as agreed with you in writing, except as may be required by law.

We do not assume any responsibility, or accept any duty of care or liability to any other party who may obtain a copy of this material and any reliance placed by such party on it is entirely at their own risk.

# Contents

- Context for today's discussion
- Follow-ups from February 13, 2026 SEBC Meeting
- Minimum Bid Requirements and Questionnaire
- Scoring Criteria
- Appendix

# Context for today's discussion

- In November and December, WTW presented to the SEBC the Medical TPA RFP Scope of Services and RFP overview materials
- The SEBC provided feedback
- During the February 13<sup>th</sup> SEBC meeting, WTW and the SBO provided suggestions on areas to consider including in the Minimum Requirements, Questionnaire, and Scoring Criteria of the Medical TPA RFP for the SEBC's review and input
- The SEBC provided feedback and follow-up questions
- Today, we will review the responses to those follow-up questions
- Following today, WTW and the SBO will continue drafting the Medical TPA RFP, inclusive of the SEBC's input to date, which will be provided in advance and reviewed in further detail with the SEBC during the March 23<sup>rd</sup> SEBC Meeting

# Follow-ups from February 13, 2026 SEBC Meeting

# Follow-up questions and answers

- Several SEBC members requested that wording related to the Medicare Supplement requirements for this RFP match the 2023 Medicare Supplement Plan RFP wording
  - This will be available for the SEBC's review in advance of the March 23<sup>rd</sup> SEBC meeting
- An SEBC member requested examples of the scenario where there is a retroactive termination due to member ineligibility:
  - Example 1:
    - Late notification by an employee to their HR department of a divorce. For example, an employee's divorce was finalized on August 20th but the employee did not notify their HR department of their divorce until October 13th. Pursuant to the GHIP Eligibility and Enrollment Rules, coverage for ex-spouses ends as of the date after divorce resulting in a retroactive termination request being sent to the carrier as of August 21st. Claims incurred between August 21st and October 13th for the ex-spouse would be reversed.

# Follow-up questions and answers continued

- Example 2:
  - The HR department does not enter a termination in PHRST (the State's payroll system) in a timely manner. For example, an agency terminated an employee on December 19th but did not enter the termination until February 2nd. If the terminated employee incurred claims between December 31st (coverage always ends on the last day of the month) and February 2nd, those claims would be reversed upon a retroactive termination request being sent to the carrier.
- Example 3:
  - An employee is on an unpaid leave of absence (is not receiving a state paycheck) and does not pay for their medical premiums. (These individuals have to pay via personal check by the first of each month). HR department confirms nonpayment and requests a retroactive termination of coverage as of the last day of the month in which premiums were paid.
- Example 4:
  - The HR department does not enter a termination for an overage dependent of an employee timely (by the end of the month in which the dependent turns 26). For example, dependent turns 26 on November 11th and HR Ben Rep does not enter termination until December 19th. If claims were incurred by the overage dependent from December 1st-19th, they would be reversed upon a retroactive termination request being sent to the carrier.

# Minimum Bid Requirements and Questionnaire

# *For SEBC discussion and feedback (page 1):*

## Minimum Bid Requirements and Questionnaire

### Proposed Requirement (2026 RFP): Current RFP template format - Include

Transmittal Letter as specified on page 1 of the Request for Proposal including an Applicant's experience, if any, providing similar services. The selected vendor must have at least five (5) years' experience as an organization in providing the type of services to be procured through this competitive RFP process. Please confirm that you have reviewed the Scope of Services included in this RFP and that you have provided these services for other clients. The proposing organization must provide sufficient detail to demonstrate it has experience in working with Medical Insurance programs similar in size and complexity to the State. Please provide only a broad outline here of the organization's years of experience and qualifications for the services listed in the Scope of Services.

One (1) completed Business References form – please provide references other than State of Delaware contacts – Form must be included. Your company must have proven ability to perform the services described in this RFP. Of your company's current clients, please list three (3) or more references with an excess of 40,000 eligible employees. Additionally, please provide references for three (3) terminated and/or expired clients and note the date of termination and/or expiration with the reason.

The total of six (6) references requested should include at least one (1) active and one (1) terminated reference to be procured through this competitive RFP process. If possible, at least one current reference should be a public sector client, though this is not a requirement. For each reference, indicate any involvement by staff members who will be servicing the State's account in the event of contract award. For references from clients with expired contracts, there are no timing restrictions on how recently the reference and your company terminated the contractual relationship. Please ensure ALL references provided in your response include valid contact information (e.g., name, phone number, email address, etc.) and are aware that they will be contacted during the RFP evaluation process.

# *For SEBC discussion and feedback (page 2):*

## Minimum Bid Requirements and Questionnaire

2026 RFP Considerations	WTW Recommendation
Medical TPA will allow the State to continue to carve-out pharmacy benefits to an outside best practice Pharmacy Benefits Manager (PBM) of their choice	Recommend adding as minimum requirement. Focuses requirement on the State's ability to continue to carve-out pharmacy
Medical TPA will allow the State to carve-out Care Management services should the SEBC choose	Recommend adding to questionnaire. State indicated in prior meetings this is not required, but something the State has discussed including in the contract
Medical TPA will add contractual language allowing timely and efficient audits to be conducted by the State	Recommend adding as minimum requirement. In addition, recommend adding to the questionnaire questions focused on how medical TPA will support audit and capabilities around data exchange with auditors
Medical TPA will pass through rebates on drugs through the medical plans to the State	Recommend adding to questionnaire. Generally, not a requirement but an item that is requested and negotiated during medical RFP
Medical TPA to provide information on current air ambulance coverage that is within network and if not already included, their plan for getting inclusion of these services into their network	Recommend adding to questionnaire. Generally, not a requirement but an item that is inquired upon during medical RFP evaluation
Medical TPA to provide details on how they manage a member's deductible if a member changes groups mid-plan year	Recommend adding to questionnaire. Generally, not a requirement but an item that is inquired upon during medical RFP evaluation
Medical TPA to provide details of any benefit enhancements or programs offered to support members in their cancer journeys	Recommend adding to questionnaire. Generally, not a requirement but an item that is inquired upon during medical RFP evaluation
Medical TPA will share archived data (4 years of history) with new SBO vendors (i.e., HDW) at no additional cost	Recommend adding as minimum requirement based on discussions during HDW RFP

# *For SEBC discussion and feedback (page 3):*

## Minimum Bid Requirements

2026 RFP Considerations	WTW Recommendation
Medical TPA has ability to carve out the GHIP from their BOB when implementing federal, state or vendor mandated changes that provides the GHIP with flexibility to align effective date with a July 1 plan effective date	Recommend adding to questionnaire and evaluate as part of overall scoring
Medical TPA will support MHPAEA testing requirements for both NQTL and QTL for internal audits (not DOL audits)	Recommend adding to questionnaire and evaluate as part of overall scoring as level of support could vary among medical TPAs
Medical TPA will send data to the State's COE vendor (currently Lantern), including eligibility, claims and prior authorizations	Recommend adding as minimum requirement
Medical TPA will automatically reverse claims when there is a retroactive termination due to member ineligibility	Recommend adding to questionnaire and evaluate as part of overall scoring
Medical TPA complies with all state and federal legislation and regulations	Recommend adding as minimum requirement
Medical TPA to send lab data to the State's Health Data Warehouse	Recommend adding to questionnaire and evaluate as part of overall scoring
Medical TPA to quote High-Deductible Health Plan (HDHP) with Health Savings Account (HSA) plan option	Recommend adding to RFP (questionnaire, pricing, and plan design) and evaluate as part of overall scoring

# Scoring Criteria

# For SEBC discussion and feedback (page 4):

## Draft Scoring Criteria and Weighting

Topic	Non-Medicare Plan Weighting	Medicare Plan Weighting	Description/Examples
<b>Financial Proposal</b>	40 points	40 points	<ul style="list-style-type: none"> <li>• Offer competitive financial proposal (discounts, ASO fees and other fees/shared savings)</li> <li>• Guarantee performance of the requested scope of services (both financial and non-financial performance guarantees)</li> <li>• Willingness to offer credits to offset the costs associated with communications, marketing, IT/technology, file feeds/changes, reporting and implementation (if applicable).</li> </ul>
<b>Plan Administration</b>	10 points	15 points	<ul style="list-style-type: none"> <li>• Deliver all enrollment processing and claim administration functions of a typical third-party administrator</li> <li>• Possess qualified and experienced personnel to provide excellent customer service to GHIP participants</li> <li>• Provide experienced resources (e.g., account manager, implementation manager, customer support staff) to the State's account for implementation, contract development and ongoing account management.</li> <li>• Support the communication of GHIP benefits (including any changes) to participants during Open Enrollment</li> <li>• Possess the ability to execute a comprehensive implementation project plan (communications, file transitions, testing, etc.) to ensure a smooth transition to new TPA or (for incumbent) to support implementation of new communications or benefits if awarded a new contract</li> </ul>
<b>Network</b>	20 points	n/a points	Extensive medical provider (PCP, OBGyn, Pediatricians, all other specialists, acute care hospitals) network provided.
<b>Tools and Technology</b>	5 points	10 points	<ul style="list-style-type: none"> <li>• Excellent member-facing on-line tools</li> <li>• Availability and superior functionality of plan sponsor-facing online self-service account management tools.</li> </ul>

# For SEBC discussion and feedback (page 5):

## Draft Scoring Criteria and Weighting

Topic	Non-Medicare Plan Weighting	Medicare Plan Weighting	Description/Examples
<b>Program Design and Offerings</b>	10 points	15 points	<ul style="list-style-type: none"> <li>• Administer the current GHIP plan designs, including supplemental coverage to Medicare-eligible retirees and their Medicare-eligible dependents</li> <li>• Administer proposed HDHP (High-Deductible Health Plan) with HSA (Health Savings Account) plan</li> <li>• Deliver comprehensive care management programs, including condition-specific programs (e.g., diabetes musculoskeletal, behavioral health, maternity, fertility and family building support) that align with the Strategic Framework as well as top cost drivers for the GHIP; programs should be effective at engaging members through various modalities and steering them to the most effective care at the right time with the right providers.</li> <li>• Offer solutions that aid plan participants in navigating the health care system to efficiently meet their clinical needs.</li> <li>• Integrate with other benefit programs and vendors supporting GHIP participants.</li> <li>• Partner with other community health resources (e.g., in partnership with the Delaware Department of Health and Social Services, the Department of Public Health) to coordinate care for GHIP participants.</li> </ul>
<b>Experience and References</b>	10 points	15 points	<ul style="list-style-type: none"> <li>• Have at least five (5) years' experience as an organization administering the requested scope of services with clients of similar size (number of covered employee lives) and complexity.</li> <li>• Has extensive experience administering the requested scope of services with public sector clients</li> <li>• Experienced designated resources (e.g., account manager, implementation manager, customer support staff) to the State's account for implementation, contract development and ongoing account management.</li> <li>• Have outstanding references from both current and terminated customers of comparable size and complexity to the State.</li> </ul>
<b>Responsiveness</b>	5 points	5 points	<ul style="list-style-type: none"> <li>• Compliance with the submission requirements of the bid including format, clarity, conformity, realistic responses, and completeness.</li> <li>• Responsiveness to requests during the evaluation process.</li> </ul>

# Appendix

# Medical TPA RFP Process

- Subject to approval of the SEBC at the April SEBC meeting, Medical TPA RFP will be released on May 13, 2026
- Minimum requirements are reviewed first and any bidders not meeting minimum requirements will not move forward in the evaluation process
- Bidders passing minimum requirements will move forward to interview, evaluation and scoring of their full proposal response

Event	Target (Local ET Time) <i>(timeline is subject to change)</i>
RFP Released	Wednesday, May 13, 2026
Intent to Submit Proposal Deadline	Wednesday, May 27, 2026, 11:00 a.m.
Mandatory Pre-Proposal Meeting (Conference Call)	Friday, May 29, 2026, 11:00 a.m.
Questions due to SBO from Confirmed Vendors	Monday, June 1, 2026, 9:00 a.m.
Responses to Questions to Confirmed Vendors	Monday, June 15, 2026
Deadline for Receipt of Proposal	Tuesday, June 30, 2026, 1:00 p.m.
Notification of Finalists – Invitation to Interview	Monday, July 27, 2026
Finalist Interviews	Wednesday, September 9, 2026 and Thursday, September 10, 2026
Recommendation of Finalist(s) to SEBC	Tuesday, November 24, 2026