



# The State of Delaware

Medical Third-Party Administrator (TPA) RFP

State Employee Benefits Committee

March 23, 2026

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# Context for today's discussion

- In November and December, WTW presented the Medical TPA RFP Scope of Services and RFP overview materials to the SEBC, and the Committee provided initial feedback
- At the February 13th SEBC meeting, WTW and the SBO outlined proposed elements for the Minimum Requirements, Questionnaire, and Scoring Criteria of the Medical TPA RFP for SEBC review; the Committee offered additional feedback and follow-up questions
- During the March 9th SEBC meeting, WTW reviewed and addressed the follow-up questions raised on February 13th
- Following the March 9th meeting and leading up to today, the SEBC received the draft Medical TPA RFP, updated to incorporate all SEBC input to date, for further review
- Today, discussion will continue regarding Committee feedback on language pertaining to the Special Medicfill Supplement Plan being procured
- At the April 20<sup>th</sup> SEBC meeting, the Committee will vote on the approval of the Medical TPA RFP

# Medicfill Supplement RFP Language

## **Minimum Requirement 5**

Confirm your organization will administer a Medicare Supplement plan that **duplicates** the current Medicare Supplement plan design **without deviation** – for further details, see the Special Medicfill Medicare Supplement plan booklet available here: <https://dhr.delaware.gov/benefits/medical/documents/highmark/spec-medicfill-2026.pdf>.

If you cannot duplicate the current plan design without deviation, please explain.

# Medicfill Supplement RFP Language: Committee Feedback

- Committee feedback on this requirement has been mixed:
  - Support from some Committee members to maintain current plan design and not consider comparable alternatives
  - Requiring exact duplication of the current plan may be seen as predetermining the incumbent as the only viable bidder, significantly limiting competition
  - Mandating an identical plan design removes flexibility for alternative approaches that could deliver comparable or greater value, potentially at lower cost
  - As a result, the State may exclude qualified vendors capable of offering different but equivalent solutions, reducing competitive tension and limiting future options
  - Does not align with the recently passed HB377, which requires future Medicfill plans be comparable to the current Special Medicfill plan design, not duplicative.