

STATE OF DELAWARE
Department of Human Resources

DHR26009-MED_TPA
Medical Third-Party Administration (TPA) Services

VENDOR QUESTIONS AND ANSWERS

No.	Date Received	RFP Section/ Question/Page	Question	Response
1	5/22/2026	RFP Section: III. Required Information RFP Page Number: 12 RFP Paragraph Number: 1 & 18 <i>Text of Passage being Questioned: The following information shall be provided in each proposal in the order listed below. Failure to respond to any request for information within this proposal may result in rejection of the proposal at the sole discretion of the State.</i>	Section III. Required Information, Page 12, RFP Paragraphs 1 & 18 of the RFP indicates that Sections A and B should be provided "in the order listed." We request clarification on how the State expects respondents to structure Section B (General Evaluation Requirements) within the proposal. Specifically, is the intent that section B. General Evaluation Requirements serves as general evaluation criteria rather than separate standalone sections? If not, please confirm whether any specific content should be included under the "Responsiveness" component of Section B.	This is standard wording within the State of Delaware's procurement template. The General Evaluation Criteria is outlining what areas specifically will be used to evaluate vendors in comparison to other vendors who submit a bid for the State's Medical TPA RFP. In Section C. RFP Evaluation Process, there is a Criteria Weight table that describes how vendors will be evaluated for each. The RFP defines responsiveness as compliance with the submission requirements of the bid including format, clarity, conformity, realistic responses, and completeness.
2	5/22/2026	RFP Section: Appendix A - MINIMUM MANDATORY SUBMISSION REQUIREMENTS RFP Page Number: 206 RFP Paragraph Number: 15 <i>Text of Passage being Questioned: 15. One (1) completed and signed copy of the Questionnaire (See Attachment 22). This is done in ProposalTech.</i>	Appendix A, Page 206, Paragraph 15 mentions that the questionnaire must be signed. However, the questionnaire is completed in Proposal Tech. Please confirm the signature requirements for this requirement.	The RFP Questionnaire will be answered and submitted through Proposal Tech, there is a confirmation button for submission. This Attachment does not require a signature.
3	5/22/2026	RFP Section: III. Required Information RFP Page Number: 12 RFP Paragraph Number: 13 <i>Text of Passage being Questioned: Confirm your organization will submit all requested data to Office of Value Based Health Care Delivery (OVBHCD) annually regarding Alternative Payment Model (APM) spend. Please refer to Attachment 29 - OVBHCD template.</i>	III. Required Information, Page 12, Paragraph 13 refers to Attachment 29. Please confirm that Attachment 29 does not need to be completed or submitted with the RFP response, and that submission is only required after award.	Question #13 asks vendors to "Confirm your organization will submit all requested data to Office of Value Based Health Care Delivery (OVBHCD) annually regarding Alternative Payment Model (APM) spend. Please refer to Attachment 29 – OVBHCD template". There is no expectation that vendors complete and send this with their proposals.

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4	5/22/2026	RFP Section: IV. Professional Services RFP Administrative Information RFP Page Number: 21-22 RFP Paragraph Number: 14 <i>Text of Passage being Questioned: RFP Discrepancies, Revisions, and Omissions Tracking Chart, Attachment 10</i>	IV. Professional Services RFP Administrative Information, Page 21-22, Paragraph 14 refers to the RFP Discrepancies, Revisions, and Omissions Tracking Chart, Attachment 10. Can the State confirm whether Attachment 10 (RFP Discrepancies, Revisions, and Omissions Tracking Chart) is intended to capture any remaining discrepancies identified after the Q&A process, given its later submission timing?	Attachment 10 states: "Please see Discrepancies and Omissions, paragraph 14 in Section IV.B, for directions on the use of this form. This Attachment is only for the purpose of submitting an objection, if any, to a requirement or terms a vendor feels are not appropriate to the services requested. This form must be submitted by June 16, 2026". It is not designed to be a continuation of the Q&A process.
5	5/22/2026	RFP Section: 1. Core Capabilities and Experience RFP Page Number: 93 RFP Paragraph Number: 2 <i>Text of Passage being Questioned: For the plan(s) that the selected vendor bids on, confirm that you are able to duplicate the current plan designs and proposed alternative HSA plan design without deviation - for further details on the current plan designs, see https://dhr.delaware.gov/benefits/ and Attachment 25, Medical Plan Design - Current and Proposed Plans. If you cannot duplicate the current plan designs and proposed alternative HSA plan design without deviation, please explain in detail per deviation where the plan design is not met and for Medicare Supplement, confirm that you can do so by the effective date of the plan (1/1/2028). The following materials should be included as part of your response.</i>	Please confirm the expected enrollment for the HSA plan.	The expected enrollment for the HSA plan is not known at this time.

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6	5/22/2026	RFP Section: 1. Core Capabilities and Experience RFP Page Number: 93 RFP Paragraph Number: 2 <i>Text of Passage being Questioned: For the plan(s) that the selected vendor bids on, confirm that you are able to duplicate the current plan designs and proposed alternative HSA plan design without deviation - for further details on the current plan designs, see https://dhr.delaware.gov/benefits/ and Attachment 25, Medical Plan Design - Current and Proposed Plans. If you cannot duplicate the current plan designs and proposed alternative HSA plan design without deviation, please explain in detail per deviation where the plan design is not met and for Medicare Supplement, confirm that you can do so by the effective date of the plan (1/1/2028). The following materials should be included as part of your response.</i>	Does the State of Delaware intend to fund the HSA accounts?	Yes, it is the State's intention to fund the HSA accounts. Please note that this would require approval by the State Employee Benefits Committee (SEBC) and not the Statewide Benefits Office.
7	5/22/2026	RFP Section: 5. Financial RFP Page Number: 101 RFP Paragraph Number: 2 <i>Text of Passage being Questioned: Confirm that in your response to Attachment 15, Rate/Fee Quote includes minimum net-work discount guarantees for three (3)-year contract period and each of the two (2) one-year extensions</i>	Attachment 15 does not appear to include a designated section for detailing a proposed discount guarantee. Please confirm whether it is acceptable to include this information in the "Details (reference any additional financial attachment files)" row and provide the full discount guarantee details in a separate document.	Yes, it is acceptable to include the proposed discount guarantee information in the "Details (reference any additional financial attachment files)" row of Attachment 15 and to provide the full discount guarantee details in a separate document; however, please ensure that the specific supporting attachment is clearly referenced by name within Attachment 15 (e.g., "See Attachment X"), and that all relevant caveats, assumptions, and conditions associated with the discount guarantee are clearly documented either within Attachment 15 or in the referenced attachment to ensure clarity, consistency, and completeness for review.

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8	5/29/2026	Attachment 28- Network Provider Discounts/Second paragraph group below Data Specification heading/194 in RFP; No page # on this separate Word attachment. <i>Text of Passage being Questioned: Data Specifications Time Period</i> <i>Include all medical claims incurred 1/1/2023-12/31/2023 and paid through March 31, 2024 for the Historical Discounts. The Projected Discounts should reflect the projected discounts based on signed agreements that are in place as of July 1, 2024.</i>	On Attachment 28, the date ranges being requested for medical claims seems outdated - shouldn't the request be for 1/1/2025-12/31/2025 claims incurred and paid through March 31, 2026?	These dates were intentionally selected. WTW's standard discount evaluation process is conducted utilizing NetRPM. WTW's NetRPM contains data for the top 4 major carriers (Aetna, Cigna, BCBS and United Healthcare). Attachment 28 allows bidders to provide "self-reported" discounts and was created solely for the scenario where a bidder responded to the State's RFP that was not one of the top 4 major carriers and not in WTW's NetRPM database. Should the State not have any bidders outside the top 4 carriers (Aetna, Cigna, BCBS and United Healthcare), Attachment 28 would not be utilized. The dates that WTW indicated in Attachment 28 align with the current data included in WTW's NetRPM database, to ensure that the data being evaluated for all bidders is for the same time period. After the bid deadline has passed, WTW will follow the same process as we did for the prior State of Delaware Medical TPA RFP in 2021, releasing a similar email to all carriers that are included within WTW's NetRPM database.
9	5/29/2026	Attachment 22-Questionnaire/ 1.Core Capabilities and Experience/92 <i>Text of Passage being Questioned: 1.As an introduction, please provide your company's full name (i.e., used for financial filing), home office address and telephone number, and the address and telephone number of additional offices, if any, that would provide the services requested under this RFP; please indicate which services would be provided by the additional, non-home office. Include the name and information for the primary contact, including phone number and email address, for responding to this RFP. Include your company's website URL</i> <i>In Proposal Tech this is #3.1.1 and answer options are either Confirmed or Not Confirmed. Briefly explain (100 words).</i>	How do you want us to submit the information requested? Are you expecting us to include it as a separate attachment to #3.1.1 in Proposal Tech when we answer Confirmed? Just want to confirm if that is the expectation or if you want this information submitted in a different manner.	Vendors should confirm and provide the requested information directly in the "Details" section if they fit within the response field; if not, vendors should clearly indicate the accompanying document where the information is included, ensuring the full attachment title and file naming convention are explicitly referenced to support clear identification and review.

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10	5/29/2026	Attachment 22-Questionnaire/ 34.Virtual Care/177 <i>Text of Passage being Questioned: 9. What is the background of your physicians and extenders? What credentialing requirements do they have? In Proposal Tech this is #3.34.11.</i>	What do you mean by the term “extenders”? Please clarify.	A "physician extender" is a licensed healthcare professional, such as a Nurse Practitioner (NP) or Physician Assistant (PA), who performs clinical tasks traditionally handled by doctors.
11	5/29/2026	Attachment 22-Questionnaire/35. Alternative Payment Models/178 <i>Text of Passage being Questioned: 3. Please describe other physician extender capabilities you currently offer or are pursuing. Please include how these capabilities are integrated with your overall network strategy, are linked to ACO, PCMH or other initiatives, and the potential benefit to employers and plan participants. In Proposal Tech this is #3.35.2.</i>	What do you mean by the term “extender capabilities”? Please clarify.	“Extender capabilities” refer to an organization’s ability to deploy, integrate, and optimize non-physician clinical resources (defined in number 12 above) within care delivery models to expand access, improve efficiency, and support value-based outcomes.
12	5/29/2026	Attachment 22-Questionnaire/35. Alternative Payment Models/179 <i>12. Will employers be allowed to customize deployment of these models on a market-by-market basis? In Proposal Tech this is #3.35.11.</i>	Please clarify what you mean by customize deployment on a market-by-market basis. Are you asking if the CCMU model can be deployed plan by plan, if the CCMU model can be deployed for retirees, or for Highmark vs. Aetna? Does market-by-market refer to the carve-outs referenced in the prior question.	This question is related to alternative payment models, not care management models. Please revisit and respond accordingly.
13	5/29/2026	I. Performance Guarantees/48/2 <i>Text of Passage being questioned: The State expects exceptional client account management and participant customer service from their vendors and is interested in evaluating financial and non-financial performance guarantees. The State of Delaware reserves the right to negotiate both financial and non-financial performance guarantees. If your offer does not receive a clarifying question or any other response from the State of Delaware, it does not infer acceptance.</i>	Attachment 16-Performance Guarantees lists frequency of reporting for the various performance guarantee metrics. As part of our standard process, we reconcile our performance guarantees annually and provide a summary of the results in our year-end accountings. This is the approach we currently use when reconciling and reporting on your guarantees. Please confirm whether it is acceptable to continue this annual reconciliation and reporting schedule.	An annual reconciliation of performance guarantees and reporting results in year-end accountings is acceptable.

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14	5/29/2026	10. Member Advocacy Services/110/3 <i>Text of Passage being questioned: Describe your firm's processes, tools and training to identify and address gaps of care. Is your firm willing to offer a PG that ties fees directly to gaps in care performance? Do you have the ability to provide automated reporting on this PG? Or, would it be manual reporting?</i>	As part of our standard process, we reconcile our clinical guarantees annually and this is the approach we currently use when reconciling and reporting on your guarantees. Please confirm whether it is acceptable to continue this annual reconciliation and reporting schedule for a Gaps In Care guarantee.	Including a Gaps in Care guarantee in annual reconciliation of clinical guarantees and reporting is acceptable.
15	5/29/2026	1.Core Capabilities and Experience/93/2e <i>Text of Passage being questioned: Attachment 30, OON Cost Containment and PIP Shared Savings Fees</i>	On the first tab on Attachment 30 labeled Out-of-Network Cost Containment Program Shared Savings Fee Template rows 7, 8, 9, and 11 say Variable Fee. Can you please define variable fee and provide an example?	These costs represent fees taken as a percentage of savings generated by some activity provided by the administrator. The two main ones are out-of-network (OON) negotiations and payment integrity programs (ie: subrogation, fraud & abuse, etc). Other fees could include fees associated with out of network claims related to the No Surprises Act (NSA).
16	5/29/2026	1.Core Capabilities and Experience/93/2e <i>Text of Passage being questioned: Attachment 30, OON Cost Containment and PIP Shared Savings Fees</i>	On the second tab on Attachment 30 labeled Payment Integrity Program Shared Savings Fee Template row 17 says "Variable Fee PMPM or PEPM Cap." Can you please define variable fee and provide an example?	These costs represent fees taken as a percentage of savings generated by some activity provided by the administrator. The two main ones are out-of-network (OON) negotiations and payment integrity programs (ie: subrogation, fraud & abuse, etc). Other fees could include fees associated with out of network claims related to the No Surprises Act (NSA).
17	5/29/2026	5. Financial/101/4 <i>Text of Passage being questioned: Confirm that all charges are stated on Attachment 15, Rate/Fee Quote, including any optional services you provide that were not requested by the State of Delaware. If you include a fee in your response to any question, or state there is no fee, that information must be noted on the Rate/Fee Quote form. If a fee is not included on the form, it will be assumed there is no fee for that service, whether or not a question reminds you to include a fee on the Rate/Fee Quote form</i>	Will the State allow for vendors to add rows in Attachment 15 in order to document other programs not specifically listed?	It is highly recommended that vendors use the template as-is. There is a catch-all category for 'other fees not yet included'. The preference would be for vendors to use the 'other' category and include detailed comments.

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18	5/29/2026	III. Required Information/12/1 <i>Text of Passage being questioned: Clarify whether your organization is submitting a bid for Commercial Medical TPA services, Medicare Supplement services, or both.</i>	Please confirm if a TPA is required to quote on the Medicare Supplement services.	A TPA is not required to quote on the Medicare Supplement services.
19	5/29/2026	3. Benefit Administration/97/21 <i>Text of Passage being questioned: Confirm your ability to support the State in compliance with all requirements of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008. This includes support of both Non-Quantitative Treatment Limitations (NQTL) and Quantitative Treatment Limitations (QTL) testing requirements for internal audits (not DOL audits).</i>	Please provide your definition of support.	Provide all required NQTL and QTL documentation and operational data as requested and in the timeframe requested.
20	5/29/2026	3. Benefit Administration/98/32 <i>Text of Passage being questioned: Confirm your ability to support the State in compliance with all requirements of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008. This includes support of both Non-Quantitative Treatment Limitations (NQTL) and Quantitative Treatment Limitations (QTL) testing requirements for internal audits (not DOL audits).</i>	Please confirm if this requirement is specific to the Medicare Supplement services only.	Typically, MHPAEA does not apply to Medicare retirees.
21	5/29/2026	34. Virtual Care/176/3 <i>Text of Passage being questioned: How many clients do you currently contract with for virtual care services?</i>	Please confirm if the question is referring to the number of clients that have a virtual care solution, or the number of virtual care vendors Aetna partners with.	The question refers to the number of clients.