



State of Delaware
Department of Human Resources
Statewide Benefits Office

STATE EMPLOYEE BENEFITS COMMITTEE

**Request for Proposal for
Medical Third-Party Administration (TPA) Services**

RFP Release Date – April 26, 2021

**Intent to Bid Due –
Friday, April 30, 2021 by 1:00 PM ET**

**Proposals Due –
Friday, June 18, 2021 by 1:00 PM ET**

DHR2201-Med_TPA

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I. Introduction

On behalf of the State of Delaware (the State), the State Employee Benefits Committee (SEBC) is seeking proposals to provide Medical Third Party Administration (TPA) services for the Group Health Insurance Plan (GHIP). The GHIP provides medical and prescription drug benefits to approximately 129,000 active and retired employees of the State of Delaware and their dependents, including approximately 16,000 employees, retirees and their dependents from non-State groups that are allowed to participate in the GHIP according to Delaware Code¹ (e.g., municipalities, local fire departments). For complete information about the State's benefit programs, please go to www.de.gov/statewidebenefits.

Public notice has been provided in accordance with 29 Del. C. § 6981. This RFP is available in electronic form through the State of Delaware Procurement website at www.bids.delaware.gov. Paper copies of this RFP will not be available.

Vendors may bid on:

- 1) The medical plans for active employees/non-Medicare pensioners only – PPO² and HMO plan designs.**
- 2) Item #1 above plus one or both of the following options for Medicare pensioners:**
 - a. The Medicare Supplement plan offered by the State today.**
 - b. A fully-insured group Medicare Advantage plan (which is not offered by the State today) both with and without Medicare Part D prescription drug coverage. Vendors cannot bid only on a Medicare Advantage plan.**

Award(s) will be made to one vendor for all medical plans or multiple vendors for any combination of medical plans. The SEBC will award contracts with an effective date of July 1, 2022 for all medical plans except for the Medicare pensioner plan options. The SEBC will award the contract for either the Medicare Supplement plan or the Medicare Advantage plan with an effective date of January 1, 2023.

NOTE: This RFP requests that bidders respond to “other services” (e.g., HSA administration, direct primary care, care navigation) that may be in addition to or attached to the above plans and may or may not be awarded for an effective date of July 1, 2022 (for most medical plans) or January 1,

¹ See <https://delcode.delaware.gov>.

² “PPO plan designs” includes the Comprehensive PPO, First State Basic and CDH Gold plans, which all provide in- and out-of-network coverage with point-of-care cost sharing between the State and plan participants.

2023 (for the Medicare pensioner plan options). These “other services” cannot be stand-alone bids or proposals.

Important Dates (A full timeline is included in Section I.B.)

Contract Effective Date – all plans except Medicare Supplement and Medicare Advantage	July 1, 2022
Contract Effective Date – Medicare Supplement or Medicare Advantage	January 1, 2023
RFP Release Date	Monday, April 26, 2021
Intent to Bid Due³	Friday, April 30, 2021 by 1:00 p.m. ET (Local Time)
Mandatory Pre-Bid Meeting (Conference Call)⁴	Wednesday, May 5, 2021, 11:00 a.m. ET (Local Time)
Questions Due from Vendors	Friday, May 14, 2021 by 1:00 p.m. ET (Local Time)
Proposal Submissions Due	Friday, June 18, 2021 by 1:00 p.m. ET (Local Time)

A. Background and Overview

Overview of the SEBC and the GHIP

The SEBC was established by the State Employee Benefits Consolidation Act, Title 29, Chapter 96 of the Delaware Code. . The SEBC has control and management of all employee benefits. The SEBC selects all carriers or third-party administrators necessary to provide coverage to State employees, enters into contracts for the purpose of general administration of employee benefits, determines if contracts are fully insured or self-insured, and adopts rules and regulations for the general administration of the employee benefit coverage.

The SEBC is co-chaired by the Director of the Office of Management and Budget (OMB) and the Secretary of the Department of Human Resources (DHR). The Committee is comprised of the Director of the Office of Management and Budget, the Secretary of the Department of Human Resources, the Insurance Commissioner, the Chief Justice of the Supreme Court, the State Treasurer, the Controller General, the Secretary of the Department of Health and Social Services,

³ IMPORTANT: Your bid will not be accepted if the State of Delaware does not receive confirmation of an Intent to Bid. See Section II.B.1 for details.

⁴ IMPORTANT: Your bid will not be accepted if your organization does not participate in the Mandatory Pre-Bid Meeting (Conference Call). See Section II.B.5 for details.

the Lieutenant Governor, and the Executive Director of the Delaware State Education Association or their designees. The Statewide Benefits Office (SBO) is a division within the DHR that functions as the administrative arm of the SEBC responsible for the administration of all statewide benefit programs with the exception of pension and deferred compensation benefits. These programs include, but are not limited to, health with wellness and disease management programs, prescription drug, dental, vision, disability, life, flexible spending accounts, pre-tax commuter benefits, employee assistance program, third-party network of surgeons of excellence and supplemental critical illness and accident benefits. Not all members of the GHIP are eligible for participation in all of the benefit programs.

The SBO administers the GHIP, which is self-insured by the State. Eligible participants include active and retired State employees from State agencies, school districts, charter schools, Delaware State University and Delaware Technical Community College, as well as employees of non-State groups (i.e., towns, fire companies, the University of Delaware), and COBRA participants and their enrolled dependents. By statute, employee unions cannot negotiate for benefits, therefore there are no union-specific, alternative plan designs for the PPO, HMO, CDH Gold or First State Basic medical plans or the prescription drug benefit plan. Plan participants are primarily located within the State of Delaware, although a small number of participants reside in other states and countries. There are multiple employer units and non-payroll groups located in three counties throughout the State, with each exercising a high degree of independence. The plan year for the GHIP begins on July 1 and coincides with the State's fiscal year, except for Medicare pensioners enrolled in the State's Special Medicfill Medicare Supplement plan, which begins on January 1. Medicare-eligible plan participants receive secondary medical coverage through the GHIP as well as prescription drug benefits through an Employer Group Waiver Medicare Part D plan implemented in calendar year 2013.

Current State of the GHIP

Currently, the State has contracted with Highmark Delaware and Aetna to administer the medical portion of the GHIP and is in the process of transitioning pharmacy benefit management (PBM) services from Express Scripts (ESI) to CVS Caremark (CVS) (effective July 1, 2021 for active employees and non-Medicare retirees and January 1, 2022 for Medicare retirees). Because the State utilizes multiple electronic human resources programs, such as PeopleSoft, and vendor databases at separate locations in various formats to collect and store participant data, the medical TPAs serve as the medical plan enrollment systems of record and share enrollment and claims data for all medical plans with the PBM, the SurgeryPlus third-party network of surgeons of excellence, and the GHIP data warehouse vendor, IBM Watson Health. The State contracts with ASI COBRA for administration of COBRA and with ComPsych for administration of employee assistance services.

The SEBC is responsible for the design of the medical plans available to the GHIP's participants and setting premium rates that can support the projected expenses of the GHIP. The percentage of employee/retiree and State share of the premium rates is established in Delaware Code as are

the actual plan offerings available to employees and retirees⁵, as outlined in the chart below. Additional information about plan designs and premiums can be found on the SBO website:

- Highmark plan enrollees – active employees and non-Medicare pensioners: <https://dhr.delaware.gov/benefits/agencies/highmark.shtml>
- Highmark plan enrollees – Medicare pensioners: <https://dhr.delaware.gov/benefits/medicare/highmark.shtml>
- Aetna plan enrollees: <https://dhr.delaware.gov/benefits/agencies/aetna.shtml>

	Actives	Non-Medicare	Medicare Primary
Premium Cost Share Percentage Split	State / Employee	State / Retiree	State / Retiree
Highmark Comprehensive PPO	86.75% / 13.25%	86.75% / 13.25%	
Aetna HMO	93.5% / 6.5%	93.5% / 6.5%	
Aetna CDH Gold (with HRA)	95.0% / 5.0%	95.0% / 5.0%	
Highmark First State Basic	96.0% / 4.0%	96.0% / 4.0%	
Highmark Special Medicfill Supplement			100% / 0% * 95.0% / 5.0% **

*Retirees with full state share who retired before July 1, 2012.

**Retirees with full state share who retired after July 1, 2012.

Cost and utilization of the GHIP are regularly reported to the SEBC and its Financial Subcommittee; these publicly available reports include:

- **Quarterly financial and utilization reports**, such as these linked examples for [FY20 Q4](#), [FY21 Q1](#) and [FY21 Q2](#)
- **Quarterly incurred claims and site-of-care steerage reports**
- **Delaware Department of Human Resources Facts and Figures**
- **Other ad hoc analyses** such as:
 - [Selected utilization trends, July 2019-June 2020](#)
 - [COVID-19 impact as of December 2020](#)

Health management programs are provided through Highmark Delaware, Aetna and Aetna’s subcontractor, CareVio⁶. These programs address both broad-based population health focused on closing gaps in care among high risk plan participants and condition-specific health concerns such as diabetes, maternity care, and behavioral health. Additional details about these programs are available to the public on the SBO’s website (<https://dhr.delaware.gov/benefits/>), which interested

⁵ Delaware Code, Title 29, Chapter 52 Web Address: <http://delcode.delaware.gov/title29/c052/index.shtml>

⁶ CareVio is a health management program administered by a Delaware-based hospital system, Christiana Care, for Aetna HMO plan participants.

bidders are encouraged to review. The SBO also partners with other State agencies to deliver health-related programs and communications to GHIP participants, such as the State Department of Public Health educational campaigns about preventive cancer screenings, high blood pressure and diabetes prevention and management. A collection of the GHIP's health and wellness resources can be found online at <https://dhr.delaware.gov/benefits/behavioral-health/index.shtml>.

GHIP participants enrolled in a State of Delaware Aetna or Highmark Delaware non-Medicare health plan also have access to the SurgeryPlus surgeons of excellence program for elective surgical procedures. The SEBC adopted the SurgeryPlus program as a step toward promoting greater competition among facility providers in Delaware and as a way to provide plan participants with easier access to high quality providers in value-based contracts (i.e., contract based on quality of care and outcomes delivered, not fee-for-service). Plan participants can choose to use a SurgeryPlus provider as a no-cost alternative to their medical plan network providers. SurgeryPlus shares data on member utilization of this program with the medical TPAs. Additional details about the SurgeryPlus program, including the financial incentives available to members who use a SurgeryPlus provider for elective surgeries, can be found online at <https://dhr.delaware.gov/benefits/surgery-plus/index.shtml>.

The SEBC expects that the TPA(s) selected from this RFP will be an active participant in the Delaware Health Information Network (DHIN) to create a single interface for providers and patients to access health information that supports care coordination, performance reviews and patient engagement, and eliminates duplicative reporting burdens.

DHIN is a statutory (16 Del. C. Ch. 103) not-for-profit instrumentality of the State of Delaware, created to promote the design, implementation, operation and maintenance of facilities for public and private use of healthcare information in the state.

A public-private partnership, DHIN serves as the state-designated health information exchange, facilitating the sharing of clinical and financial healthcare information (as appropriate) among providers and stakeholders, including hospitals, physicians, state agencies, payers, employers and labs, with the goal of improved efficiencies in the health care delivery system.

At a glance, DHIN:

- **Covers all of Delaware:** Every acute care hospital and Federally Qualified Health Center, as well as nearly all providers who make orders, voluntarily participate with DHIN.
- **Supports regional health information exchange:** DHIN's Community Health Record stores patient data by health systems from all or parts of six states and the District of Columbia.
- **Delivers data daily:** DHIN delivers 14 million results annually, adding up to more than 150 million clinical results and reports delivered since its inception in 2007. To date, more than three million patients from all fifty states can be found in DHIN's master patient index.

In addition to its robust clinical data repository, DHIN has also been tasked with housing and managing Delaware's All Payer Claims Database (APCD). The APCD currently contains claims

records for 720,000 individuals, representing more than 60% of Delaware residents. This includes Delaware Medicare, Medicaid, the GHIP as well as some other commercial health plans. Claims data span 2013 through 2020. Additional details about the ACPD can be found at <https://dhin.org/healthcare-claims-database/>.

The SEBC expects that the TPA(s) selected from this RFP will, prior to the time in which services to the SEBC are provided under an awarded contract:

- Enter into appropriate agreements and stand ready to submit data to the Health Care Claims Database pursuant to the enabling legislation, associated DHIN regulations, and the Data Submission Guide. Information on the Delaware Health Care Claims Database is available at <https://dhin.org/healthcare-claims-database/>. All required data must be submitted in a timely fashion and pursuant to DHIN requirements, unless explicitly exempted by Delaware or federal law.
- Contract with DHIN at DHIN's prevailing per member, per month rate for all members to the suite of services provided to payers by DHIN. Such services shall include access to the Community Health Record, Event Notification Services, and Clinical Gateway. A three-party agreement with DHIN, the SEBC and the medical TPA will be required. Payment to DHIN for DHIN services shall be timed to begin concurrently with the services provided to SEBC under any awarded contract.

The SEBC expects that the tools and associated data provided by DHIN will be used by the successful TPA(s) in support of administrative efficiencies in data gathering to support HEDIS reporting, audits of providers for clinical quality purposes, and care coordination.

In addition to the foregoing requirements, and in further support of these efforts, the SEBC expects any successful TPA(s) to:

- Help to alleviate and retire, to the fullest extent possible, reporting burdens currently placed on providers and other entities or individuals contracted to deliver care, if and to the extent such reports contain information already available in DHIN.
- Leverage their contracting power with providers and other entities or individuals contracted to deliver care, to encourage and promote the use of DHIN services, including the Community Health Record, Event Notification Services, and the submission of clinical encounter data (including point of care lab test results) to DHIN for inclusion in its clinical data repositories.
 - To the extent that the successful TPA(s) owns or enters into contracts with telehealth providers, walk-in or urgent care clinics, home health services, rehabilitative services, skilled nursing and long term care facilities or other care organizations, it will require such providers to, if technologically feasible, contract with DHIN to provide clinical encounter data to the DHIN database and use DHIN services in order to improve care coordination and provide administrative simplicity with respect to audits and compliance.

- In order to further the State of Delaware’s progress towards achieving the Triple Aim Plus One, and in support of the development of value-based payment models and cost, quality, efficiency and population health studies that also further these goals, the successful TPA(s) will require that any data submitted to DHIN by its contracted care providers be permitted to be used for all purposes authorized under the DHIN governing statute, regulations, and relevant federal law.
- Promote the use of Health Check Connect, DHIN’s personal health record, as a mode of accessing all of the patient’s clinical health data from a single source.

Future State of the GHIP

The SEBC has established the GHIP Strategic Framework to articulate a mission statement and a series of goals, strategies and tactics that support the mission of the GHIP. While the mission statement has remained unchanged since the GHIP Strategic Framework was first established in December 2016, the rest of the framework was updated in February 2020 to reflect the latest strategic direction from the SEBC on what the GHIP will aim to accomplish over the next 3-5 years.

The mission statement and goals articulated in the current GHIP Strategic Framework⁷ are:

Mission Statement: Offer State of Delaware employees, retirees and their dependents adequate access to high quality healthcare that produces good outcomes at an affordable cost, promotes healthy lifestyles, and helps them be engaged consumers.

Goals:

1. Using the Alternative Payment Model (APM) Framework and FY2021 medical spend as a baseline⁸, increase GHIP spend through advanced APMs⁹ to be at least the following by the end of FY2023 (as a percent of total spend):
 - Category 3: 40%
 - Category 4: 10%
2. Reduction of GHIP diabetic cost per-member-per-month (PMPM) by 8% by the end of FY2023¹⁰ using FY2021 spend as a baseline.

⁷ Additional information about the GHIP Strategic Framework, including the current strategies and tactics, can be found online at <https://dhr.delaware.gov/benefits/sebc/documents/2020/0217-ghip-strategic-framework.pdf>.

⁸ Estimated FY21 baseline medical spend in advanced APMs: Category 3 – 17%, Category 4 – 0%. Based on GHIP-specific data provided by Highmark and Aetna.

⁹ Defined by the Health Care Learning and Action Network’s Alternative Payment Model (APM) Framework as Category 3 and Category 4 models. More information about the APM Framework can be found at <https://hcp-lan.org/apm-refresh-white-paper/>.

¹⁰ Estimated reduction in diabetic member cost for FY21 is approximately 1.5% (\$0.7m).

3. Limit total cost of care inflation for GHIP participants at a level commensurate with the Health Care Spending Benchmark¹¹ by the end of FY2023 by focusing on specific components, which are inclusive of, but not limited to:
 - Outpatient facility costs
 - Inpatient facility costs
 - Pharmaceutical costs
4. In light of the GHIP's changing demographic profile, strive for an incremental increase in unique users utilizing a specific point-of-enrollment and/or point-of-care engagement platform/consumerism tool¹² by at least 5% annually.

The GHIP medical TPAs are key partners in supporting the goals of the Strategic Framework, and the evaluation process of this RFP will focus heavily on how each bidder is positioned to support these goals. Bidders will be required to describe their proposed programs, solutions and partnerships, including readiness to implement and track record of success, that can help the SEBC and SBO achieve the goals of the GHIP Strategic Framework. Higher scoring consideration will be given to bidders that can most effectively support the SEBC and SBO in achieving those goals.

Recognizing the transformational level of change required to achieve the GHIP Strategic Framework goals, the SEBC acknowledges this change may be phased in over time and will reflect this in the bidder evaluation process. Bidders are encouraged to propose or illustrate creative delivery strategies that support the Strategic Framework goals and could be available within the terms of this agreement, even if not yet market-ready by July 1, 2022.

Additionally, bidders will be required to describe how they will demonstrate and guarantee the value of their proposed solutions, including but not limited to, the measurement, reporting, and service level agreements associated with those solutions. Where possible, this description should include bidders' history of delivering on guarantees for similar solutions provided to other plan sponsors.

Finally, the SEBC and SBO are committed to supporting other state-level health care initiatives where possible through the GHIP and expect that the GHIP medical TPA(s) will do the same. This includes supporting the work of the Delaware Department of Insurance's Office of Value Based Health Care Delivery to establish the following health care Affordability Standards¹³:

- Increase primary care investment
- Decrease unit price growth for certain services

¹¹ Currently pegged at 3.25% for CY2021.

¹² Through FY2021, this tool will continue to be administered under the purview of the SBO. Post-FY2021, selection of a specific engagement platform / consumerism tool will be at the discretion of the SEBC.

¹³ Additional information about the Affordability Standards can be found at <https://insurance.delaware.gov/wp-content/uploads/sites/15/2020/12/Delaware-Health-Care-Affordability-Standards-Report-12182020.pdf>.

- Expand Alternative Payment Model adoption

Bidders will be asked to describe how their proposed solutions will align with these Affordability Standards and other statewide health initiatives.

B. Timetable/Deadlines

The following timetable is expected to apply during this RFP process:

Event	Target (Eastern Time)
RFP Released	Monday, April 26, 2021
Intent to Bid	Due by Friday, April 30, 2021, 1:00 p.m.
Mandatory Bidder Conference Call	Wednesday, May 5, 2021, 11:00 a.m.
Questions due to SBO from Confirmed Bidders	Due by Friday, May 14, 2021, 1:00 p.m.
Responses to Questions to Confirmed Vendors	By Friday, May 28, 2021, 5:00 p.m.
Deadline for Bids	Due by Friday, June 18, 2021, 1:00 p.m.
Notification of Finalists - Invitation to Interview	End of July, 2021
Finalist Interviews ¹⁴	Monday, August 23, 2021 or Tuesday, August 24, 2021
Contract Award	Monday, November 8, 2021
Implementation	December, 2021 – April, 2022
Must have a signed contract by April 1, 2022 in order to accept file feeds to prepare for Open Enrollment	April 1, 2022
Open Enrollment	May, 2022
Contract Effective Date – all plans except Medicare Supplement and Medicare Advantage	July 1, 2022

¹⁴ The SEBC will require each of the finalists to make a presentation. Though the interviews are normally required to be in-person in Dover, Delaware (at the expense of the proposing firm), the SBO may decide to conduct them by webinar. The presentation will require a demonstration of your online member-facing and plan management self-service portal for plan sponsors.

Event	Target (Eastern Time)
Contract Effective Date – Medicare Supplement and Medicare Advantage	January 1, 2023

C. Proposal Objectives and Scope of Services

Bidding organizations must have prior experience directly related to the services requested in this RFP. The selected medical TPA(s) will be required to provide the following Scope of Services, at a minimum¹⁵:

1. Support the goals of the GHIP Strategic Framework:

- a) Offer solutions that increase GHIP spend through advanced alternative payment models¹⁶.
- b) Offer solutions that reduce GHIP diabetic cost per-member-per-month (PMPM).
- c) Offer solutions that limit total cost of care inflation for GHIP participants at a level commensurate with the Health Care Spending Benchmark¹⁷ by the end of FY2023 by focusing on specific components, which are inclusive of, but not limited to:
 - o Outpatient facility costs,
 - o Inpatient facility costs, and
 - o Pharmaceutical costs.
- d) 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.

2. Provide competitive financial terms for the requested scope of services:

- a) Offer competitive fee proposal compared to competitors.
- b) Guarantee performance of the requested scope of services (both financial and non-financial performance guarantees), including guarantees that hold the TPA accountable for helping meet the goals of the GHIP Strategic Framework.
- c) Offer credits to offset the costs associated with implementation (if applicable).
- d) Offer solutions that uphold and support the Affordability Targets of the Office of Value Based Health Care Delivery.

¹⁵ This list is meant to be comprehensive, but the detailed requirements are set forth in the Minimum Requirements and Questionnaire sections of this RFP that are available online via ProposalTech.

¹⁶ Defined by the Health Care Learning and Action Network’s Alternative Payment Model (APM) Framework as Category 3 and Category 4 models. More information about the APM Framework can be found at <https://hcp-lan.org/apm-refresh-white-paper/>.

¹⁷ Currently pegged at 3.25% for CY2021.

3. Deliver on the core administrative functions of a medical TPA:

- a) Deliver all enrollment processing and claim administration functions of a typical third-party administrator.
- b) Possess qualified and experienced personnel to provide excellent customer service to GHIP participants.
- c) Provide experienced account management personnel who are responsive to the needs and requests of the Statewide Benefits Office.
- d) Support the communication of GHIP benefits (including any changes) to participants during Open Enrollment.
- e) Provide reporting on GHIP member experience using providers contracted through alternative payment models (i.e., utilization, clinical and financial outcomes).
- f) 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.

4. Support the GHIP's programs and plan offerings:

- a) Administer the current GHIP plan designs.
 - a. For the HMO plan, the State prefers to retain the current requirement that PCP referrals are necessary in order for plan participants to obtain specialty or ancillary care. However, bidders will be required to address whether the PCP referral requirement is an optional component of their HMO products that can be activated or deactivated according to the plan sponsor's preference.
- b) Support plan provisions that optimize the effectiveness of the GHIP benefit offering.
- c) 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.
- d) Offer solutions that aid plan participants in navigating the health care system to efficiently meet their clinical needs.
- e) Integrate with other benefit programs and vendors supporting GHIP participants.
- f) 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.
- g) Provide supplemental coverage to Medicare-eligible retirees and their Medicare-eligible dependents, either in the form of a Medicare Supplement or group Medicare Advantage plan.
 - o This RFP is requesting proposals for the administration of a Medicare Supplement plan for retirees.

- If bidders have a group Medicare Advantage program that would service State retirees and be beneficial for the GHIP, please provide information on that plan (both with and without Medicare Part D prescription drug coverage) along with rates for an effective date of January 1, 2023 for evaluation purposes.
- If the State were to offer a Medicare Advantage plan, it would be as a full replacement group Medicare Advantage plan that mirrors the current Medicare Supplement plan design (i.e., passive PPO on a non-benefit differential basis that pays 100% of all Medicare services), provided that the Medicare Advantage plan provides adequate access to medical providers in all areas where retirees reside.

5. Maintain a provider network that meets the current and future state goals of the GHIP¹⁸:

- a) Support investments in access to primary care.
- b) Promote primary care integration with behavioral health care (including treatment of substance abuse), including:
 - a. Willingness to test new models of integrating Behavioral Health and Primary Care in Delaware,
 - b. Participation in the roll-out of these new models statewide, and
 - c. Demonstrated focus on provider diversity.
- c) Facilitate consumer choice of providers who deliver higher-quality care at a lower total cost of care. This may include, but not be limited to:
 - a. TPAs demonstrating commitment to transparency and quality reporting by requiring in-network facilities report key safety and quality data to publicly accessible databases like the Leapfrog Hospital Survey and the Leapfrog Ambulatory Surgery Center Survey.
 - b. TPAs enforcing accountability for doctors/hospitals to improve safety and quality practices, by taking actions such as:
 - i. Requiring that the TPA’s quality director and/or medical director meet annually with network hospital executives and their patient/quality leaders to discuss opportunities for improvement.
 - ii. Requiring that network facilities and physician organizations tie low quality/safety scores and frequency of low value care delivered to individual provider performance incentives/disincentives.
 - iii. Requiring that network hospitals abide to a “Never Events” policy for serious medical errors.

¹⁸ **It should be noted that the State makes no guarantees of volume in terms of member steerage toward any new or existing plans or programs included in any bidder’s proposal.** The State is willing to work with the selected organization(s) to develop and implement solutions that will drive steerage – e.g., communications, possibly plan design changes, etc. – even though the State will not make any guarantees of projected membership in each plan.

- c. TPAs demonstrating commitment to identifying patterns of low value care within provider networks, ensuring the plans are incorporating into provider quality policy guidelines, and communicating “Choosing Wisely” to members.
- d) Support financial rewards to providers who delivery higher-quality care and lower total cost of care.
- e) Offer a network solution that minimizes disruption and provides adequate access to providers for traditional PPO, HMO, and consumer directed plans, with “adequate access” defined by the standards outlined in the GeoAccess Appendices N-P.

6. Possess extensive experience and qualifications to provide the requested Scope of Services:

- a) Able to follow through with operational commitments, such as protection demonstrated through performance guarantees offered to the State and has outstanding references that demonstrate the ability to meet the State's needs.
- b) Have at least five (5) years’ experience as an organization administering the requested scope of services with clients of similar size and complexity.
- c) Has existing customers of similar size (number of covered employee lives), industry and experience administering the requested scope of services and offered best practice solutions for meeting the State's needs.
- d) Has experience contracting with providers to establish advanced payment models and can track and report on the clinical and financial outcomes from those models.
- e) Have outstanding references from both current and terminated customers of comparable size and complexity to the State.

7. Provide excellent account management services to the State:

- a) Designated account manager will be accessible and responsive to requests from the SEBC and SBO.
- b) Account manager will be a senior level resource with at least five (5) years’ experience providing account management services for medical TPA customers of similar size and complexity.
- c) Account manager will complete projects within required timeframes, possess problem solving expertise and proactively suggest programs and solutions aligned with the Strategic Framework that would support the ongoing benefit strategies of the SEBC and SBO, including new products and services available to the State through the TPA’s organization.
- d) Provide meaningful and timely management reporting, with the expectation that the amount of focus on metrics related to value-based contracting models will increase over time. Such metrics may include, but are not limited to quality and safety data on hospital acquired conditions (e.g., infections, falls, medica errors) for GHIP participants.

- e) Integrate with the GHIP data warehouse vendor and the DHIN according to the description provided in I.A. Background and Overview.

8. If not the incumbent, provide superior program implementation support. If the incumbent, provide superior support for implementation of any plan design changes or new medical programs:

- a) Assuming a contract award no later than November 8, 2021, medical TPA is able to successfully implement medical TPA services for a July 1, 2022 effective date for the medical plan options offered to active employees and non-Medicare pensioners, and a January 1, 2023 effective date for the medical plan offered to Medicare pensioners.
- b) Implementation manager will have successfully managed at least five (5) prior implementations which included services that are similar to the requested scope of services for the State.
- c) Lead the implementation process taking direction from the State.
- d) Conduct a pre-implementation testing process to ensure accuracy of the medical benefits administration, including claims and customer service, prior to Open Enrollment; results of this testing will be shared with the State.

9. Provide excellent customer service to participants

- a. Provide dedicated, knowledgeable, and accessible member support services.
- b. Provide a secure and multifunctional member website that allows convenient access to enrollment, plan information, and member tools (i.e., provider finder, medical procedure cost estimator).
- c. Provide GHIP participants with the tools and resources that will promote transparency in provider quality, safety and cost, including site of care steerage, and encourage participants to make informed decisions about their health. These tools should include information from nationally-recognized groups (e.g., Leapfrog Hospital Survey Results, Leapfrog Hospital Safety Grades, CMS Hospital Compare, CMS Physician Compare and Healthgrades). These tools should be practically and realistically applied to GHIP membership and implemented efficiently across the member population.
- d. Leverage the work that the State has already put into its benefits website for members to access information and education on their benefits, to support the goal of driving consumerism.
- e. Distribute member ID cards and benefit information.
- f. Support all program-related member communications including Open Enrollment, direct mailings, and other types of media.

10. Maintain data security:

- a) Computer, network, and information security is of paramount concern for the State and the Department of Technology and Information (DTI). Standard controls for data security are required.
- b) The ownership of the data remains with the State and indemnification for the State for data breaches is required.
- c) A SOC-1 report and Business Associate Agreement are also required.

11. Agree to State requirements for contracting, including but not necessarily limited to:

- a) Medical TPA must act as an independent contractor and indemnify the State.
- b) All requirements in the terms in the Legal section of the Minimum Requirements.

D. Evaluation Process

1.0 Proposal Review Committee

The Proposal Review Committee (PRC) will review all proposals submitted that meet the requirements of the RFP. The PRC shall be comprised of representatives from each of the following offices:

- Department of Human Resources
- Office of Management and Budget
- Controller General's Office
- Department of Health and Social Services
- State Insurance Commissioner's Office
- State Treasurer's Office
- Chief Justice of the Supreme Court
- Lieutenant Governor's Office
- Executive Director of the Delaware State Education Association

The SBO shall determine the firms that meet requirements pursuant to selection criteria of the RFP and procedures established in 29 Del. C. § 6981 and 6982. The PRC reserves full discretion to determine the competence and responsibility, professionally and/or financially, of vendors. Vendors are to provide in a timely manner any and all information the PRC may deem necessary to make a decision. The PRC shall interview at least one (1) of the qualified firms.

The minimum requirements are mandatory. Failure to meet any of the minimum requirements in the RFP may result in disqualification of the proposal submitted by your organization.

The SEBC will not respond to a question in the question and answer process that asks whether or not a bid would be disqualified if the vendor does not meet a specific minimum requirement. The bid must be submitted and then analyzed in its entirety.

The PRC shall make a recommendation regarding the award of contract to the SEBC who shall have final authority, in accordance with the provisions of this RFP and 29 Del.C. §6982, to award a contract to the winning firm or firms as determined by the SEBC in its sole discretion to be in the best interests of the State of Delaware. The SEBC may negotiate with one or more firms during the same period and may, at its discretion, terminate negotiations with any or all firms. The SEBC reserves the right to reject any and all proposals. Pursuant to 29 Del. C. § 6986, the SEBC may award a contract to multiple vendors if the SEBC determines that it is in the best interest of the State. However, it is the intention of the SEBC to probably award more than one contract.

2.0 Evaluation Criteria

All proposals shall be evaluated using the same criteria and scoring process. The following criteria shall be used by the PRC to evaluate proposals.

Topic	Points Awarded		Description / Examples
	Non-Medicare Plans	Medicare Plans Only	
Financial Proposal	30 points	30 points	See Section I.C. Proposal Objectives and Scope of Services for examples of criteria that may be considered in the evaluation of bidders' proposals.
Plan Administration	15 points	20 points for Medicare Supplement 15 points for Medicare Advantage	See Section I.C. Proposal Objectives and Scope of Services for examples of criteria that may be considered in the evaluation of bidders' proposals.
Program Design and Offerings	15 points	20 points for Medicare Supplement 15 points for Medicare Advantage	See Section I.C. Proposal Objectives and Scope of Services for examples of criteria that may be considered in the evaluation of bidders' proposals.

Topic	Points Awarded		Description / Examples
	Non-Medicare Plans	Medicare Plans Only	
Adequate Network Access	15 points	n/a for Medicare Supplement 15 points for Medicare Advantage	See Section I.C. Proposal Objectives and Scope of Services for examples of criteria that may be considered in the evaluation of bidders' proposals.
Experience and References	10 points	15 points for Medicare Supplement 10 points for Medicare Advantage	See Section I.C. Proposal Objectives and Scope of Services for examples of criteria that may be considered in the evaluation of bidders' proposals.
Tools and Technology	10 points	10 points	See Section I.C. Proposal Objectives and Scope of Services for examples of criteria that may be considered in the evaluation of bidders' proposals.
Responsiveness	5 points	5 points	<ul style="list-style-type: none"> • Compliance with the submission requirements of the bid including format, clarity, conformity, realistic responses, and completeness. • Responsiveness to requests during the evaluation process.
Subtotal – Core Criteria	100 points	100 points	
Value-added Services	25 points	25 points	Offers other value-added services that can optimize the effectiveness of the benefit offerings.
Grand Total	125 points	125 points	Sum of Core Criteria and Value-added Services

It is the proposing firm's sole responsibility to submit information relative to the evaluation of its proposal and the SEBC is under no obligation to solicit such information if it is not included with the proposing firm's proposal. Failure of the proposing firm to submit such information in a manner so that it is easily located and understood may have an adverse impact on the evaluation of the proposing firm's proposal.

The SEBC will use the information contained in each bidder's proposal to determine whether that bidder will be selected as a finalist and for contract preparation. The proposal the SEBC selects will be a binding document. As such, the SEBC will expect the proposing firm to honor all representations made in its proposal.

The proposals shall contain the essential information for which the award will be made. The information that is required in response to this RFP has been determined by the SEBC and the PRC to be essential in the evaluation and award process. Therefore, all instructions contained in this RFP must be met in order to qualify as a responsive contractor and to participate in the PRC's consideration for award. Proposals that do not meet or comply with the instructions of this RFP may be considered non-conforming and deemed non-responsive and subject to disqualification at the sole discretion of the PRC.

3.0 RFP Award Notification

The contract(s) shall be awarded to the vendor(s) whose proposal is determined by the SEBC to be most advantageous, taking into consideration the evaluation criteria set forth in the RFP. The SEBC is not obligated to award the contract(s) to the vendor(s) who submits the lowest bid or the vendor(s) who receives the highest total point score. Rather the contract(s) will be awarded to the vendor(s) whose proposal is determined by the SEBC to be the most advantageous. The award is subject to the appropriate State of Delaware approvals. After a final selection is made, the winning vendor(s) will be invited to enter into a contract(s) with the State; remaining vendors will be notified in writing of their selection status.

4.0 Award of Contract

The final award of a contract(s) is subject to approval by the SEBC. The SEBC has the sole right to select the winning vendor(s) for award, to reject any proposal as unsatisfactory or non-responsive, to award a contract(s) to other than the lowest priced proposal, to award multiple contracts, or not to award a contract, as a result of this RFP. Notice in writing to a vendor(s) of the acceptance of its proposal by the SEBC and the subsequent full execution of a written contract will constitute a contract and no vendor will acquire any legal or equitable rights or privileges until the occurrence of both such events.

E. Confidentiality of Documents

The State of Delaware and its constituent agencies are required to comply with the State of Delaware Freedom of Information Act, 29 Del. C. § 10001, et seq. (“FOIA”). FOIA requires that the State of Delaware’s records are public records (unless otherwise declared by FOIA or other law to be exempt from disclosure) and are subject to inspection and copying by any person upon a written request. The content of all proposals is subject to FOIA’s public disclosure obligations. However, there shall be no disclosure of any vendor’s information to a competing vendor or in fulfillment of a FOIA request during the bidding and contract development process.

Organizations are advised that when the contract has been fully executed the contents of the proposal and terms of the contract, including administrative fees, will become public record and nothing contained in the proposal or contract will be deemed to be confidential except the proprietary information. If your bid contains the phrase “confidential and proprietary” or simply the word “confidential” on each page, such status will not automatically be granted.

The State of Delaware wishes to create a business-friendly environment and procurement process. As such, the State respects the vendor community’s desire to protect its intellectual property, trade secrets, and confidential business information (collectively referred to herein as “confidential business information”). Proposals must contain sufficient information to be evaluated. If a vendor feels that they cannot submit their proposal without including confidential business information, they must adhere to the following procedure or their proposal may be deemed unresponsive, may not be recommended for selection, and any applicable protection for the vendor’s confidential business information may be lost.

In order to allow the State to assess a vendor’s confidential business information, vendors will be permitted to designate appropriate portions of their proposal as confidential business information. Fees or premiums are only considered confidential and proprietary during the bid evaluation process.

If you are providing any information you declare to be confidential or proprietary for the purpose of exclusion from the public record under 29 Del. C. ch. 100, Delaware Freedom of Information Act, you must follow the directions for submission outlined below and within Section II.C., Submission of Proposal.

The confidential business information must be submitted as one electronic pdf copy as follows:

- 1) A letter from the vendor’s legal counsel describing the information in the attached document(s) and representing in good faith that the information in each document is not “public record” as defined by 29 Del. C. § 10002. The letter must briefly state the reason(s) that the information meets the said definitions. (See Section II.C., Submission of Proposal, for detailed instructions.) For example, “Appendix C – *Disaster Recovery Plan* – is confidential and proprietary and is not public record as defined by FOIA at 29 Del. C. § 10002(d)”.
- 2) As an attachment to the letter, you must include a list of the question number and topic of the question. For example, #3.2.5, References.

A vendor's determination as to its confidential business information shall not be binding on the State. The State shall independently determine the validity of any vendor designation as set forth in this section. Any vendor submitting a proposal or using the procedures discussed herein expressly accepts the State's absolute right and duty to independently assess the legal and factual validity of any information designated as confidential business information. Accordingly, vendor(s) assume the risk that confidential business information included within a proposal may enter the public domain.

The State is not responsible for incorrect redactions or reviewing your submission to determine whether or not any information asserted as confidential and proprietary is redacted. Mistakes in redactions are the sole responsibility of the bidder.

II. Terms and Conditions

A. Proposal Response Requirements

1. **Conformity** – Your proposal must conform to the requirements set forth in this RFP. The SEBC reserves the right to deny any and all exceptions taken to the RFP requirements. By submitting a bid, each vendor shall be deemed to acknowledge that it has carefully read all sections of this RFP, including all forms, schedules, appendices, and exhibits hereto, and has fully informed itself as to all existing conditions and limitations. The failure or omission to examine any form, instrument or document shall in no way relieve vendors from any obligation in respect to this RFP.
2. **Concise and Direct** – Please provide complete answers and explain all issues in a concise, direct manner. Unnecessarily elaborate brochures or other promotional materials beyond those sufficient to present a complete and effective proposal are not desired. Please do not refer to another answer if the question appears duplicative, but respond in full to each question. If you cannot provide a direct response for some reason (e.g., your company does not collect or furnish certain information), please indicate the reason rather than providing general information that fails to answer the question. **“Will discuss” and “will consider” are not appropriate answers, nor is a reference to the current contractual terms by an incumbent.** All information requested is considered important. If you have additional information you would like to provide, include it as an exhibit to your proposal. If your organization is an incumbent, please reply with a full explanation to every question since the review committee may not be familiar with the current contract or your services.
3. **Realistic** – It is the expectation of the SEBC that vendors can fully satisfy the obligations of the proposal in the manner and timeframe defined within their proposal. Proposals must be realistic and must represent the best estimate of time, materials, and other costs including the impact of inflation and any economic or other factors that are reasonably predictable. The State of Delaware shall bear no responsibility or increased obligation for a vendor’s failure to accurately estimate the costs or resources required to meet the obligations defined in the proposal.
4. **Completeness of Proposal** – The proposal must be complete and comply with all aspects of the specifications. Any missing information could disqualify your proposal. Proposals must contain sufficient information to be evaluated and, therefore, must be complete and responsive. Unless noted to the contrary, we will assume that your proposal conforms to our specifications in every way. The SEBC reserves full discretion to determine the competence and responsibility, professionally, and/or financially, of vendors. Failure to respond to any request for information may result in rejection of the proposal at the sole discretion of the SEBC.
5. **Discrepancies, Revisions and Omissions in the RFP** – The vendor is fully responsible for the completeness and accuracy of their proposal and for examining this RFP and all

addenda. Failure to do so is at the sole risk of the vendor. **Should the vendor find discrepancies, omissions, unclear or ambiguous intent or meaning, or terms not appropriate to the services requested in the Scope of Services or Minimum Requirements** the vendor shall submit a notification via ProposalTech at least ten (10) business days before the proposal due date, therefore, no later than 1:00 p.m. ET, Friday, June 4, 2021, by submitting the *RFP Terms and Conditions Exception Tracking Chart*, Appendix C. This will allow for the issuance of any necessary addenda. It will also help prevent the opening of a defective proposal and exposure of the vendor's proposal upon which an award could not be made. All unresolved issues should be addressed in the proposal. (An example would be if a minimum requirement asked for a service that is outside of generally accepted industry standards for medical TPA services.)

If it becomes necessary to revise any part of the RFP, an addendum will be posted on the State of Delaware's website at www.bids.delaware.gov and in ProposalTech. The State of Delaware or SEBC is not bound by any statement related to this RFP made by any State of Delaware employee, contractor or its agents.

6. **Questions** – The SEBC anticipates this will be an interactive process and will make every reasonable effort to provide sufficient information for vendor responses. Vendors are invited to ask questions during the proposal process and to seek additional information, if needed. However, do not contact any member of the SEBC about this RFP. Communications made to other State of Delaware personnel or attempting to ask questions by phone or in person will not be allowed or recognized as valid and may disqualify the vendor. Vendors should only rely on written statements issued via ProposalTech. **All proposing vendors must submit their questions electronically via ProposalTech no later than Friday, May 14, 2021, by 1:00 p.m. ET.** The SBO will put all questions received and the responses into one document and post it on ProposalTech.

7. **Fee Proposal**

At its sole discretion, and as it serves the best interest of the State, the State reserves the right to negotiate for an award for any pricing basis. The State is expecting your bid response to reflect your best offer for medical TPA services as there is no guarantee that a best and final offer will be requested later in this process.

B. General Terms and Conditions

1. **Intent to Bid** – **!!!IMPORTANT!!!**
 - a. You must indicate your Intent to Bid via the Messaging function within ProposalTech by Friday, April 30, 2021, at 1:00 p.m. ET (local time).
 - b. Your bid will not be accepted if the State of Delaware does not receive your written confirmation of an Intent to Bid. Include the following information: company name, mailing and physical address, and the name, title, and email address of the primary contact along with the same information for a secondary contact.

2. **Non-Disclosure Agreement** - A signed Non-Disclosure Agreement (NDA) is required in order to receive some of the attachments and appendices noted in the Table of Contents. The NDA will be provided to you via ProposalTech after your organization is approved as a medical TPA and submits your Intent to Bid. After indicating the data destruction term and signing the NDA, scan all the pages of the NDA and send a PDF of the executed NDA to the RFP Administrator via the Messaging function within ProposalTech.
3. **No Bid** – To assist us in obtaining competitive bids and analyzing our procurement processes, if you sign into the Questionnaire within ProposalTech and choose not to bid, we ask that you let us know the reason. We would appreciate your candor. For example: objections to (specific) terms, do not feel you can be competitive, or cannot provide all the services in the Scope of Services. Please submit your decision not to bid along with the rationale via ProposalTech.
4. **Definitions** –
 - a. The following terms are used interchangeably throughout this RFP:
 - i. bidder, vendor, contractor, organization, service provider
 - ii. member (of the GHIP), participant (specifically enrolled or participating)
 - iii. retiree, pensioner
 - iv. SEBC, State of Delaware
 - v. proposal, bid, vendor’s submission
 - vi. non-payroll group, participating group
 - vii. shall, will, and/or must
 - viii. Scope of Services, Scope of Work
 - ix. fees, rates
 - x. rates, premiums
 - b. Customer Service – Services to the members/participants, not the State, SEBC or SBO personnel.
 - c. Account Management – Services provided to your client - the State, SEBC and SBO personnel.
 - d. Appendix – Form provided in the RFP that needs to be completed by the bidder.
 - e. Attachment – Informational document provided in the RFP.

f. Exhibit – Attachment requested to the vendor’s bid response. Examples would be a copy of the bidder’s business license, a resume, or sample mailings.

5. Mandatory Pre-Bid Meeting – A conference call will take place on Wednesday, May 5, 2021, at 11:00 a.m. ET (local time).

Your bid will not be accepted if your organization does not participate in the conference call. Topics will include general information and administrative requirements for bid preparation. The primary contact for the RFP should attend along with anyone who is primarily responsible for entering responses in ProposalTech. Only one person acting as the representative from your company is required to attend, but anyone on your team is welcome to participate. A roll call will be taken to confirm attendance.

Meeting minutes may be taken. If new or additional information is provided, an addendum may be released to address information provided during the mandatory pre-bid conference call. Questions regarding other topics will not be entertained and must be submitted in the Questions and Answers process.

6. Consistency of Bid Response with Finalist Interview – A summary of each vendor finalist’s bid response will be provided to the PRC in advance of the finalist interviews. In the event that you are selected as a finalist, it is imperative that you notify the State via ProposalTech of any material differences between your bid response and your finalist presentation no later than five (5) business days before the finalist meeting to ensure adequate time to notify the PRC of those changes.

7. Best and Final Offer (“BAFO”) – The State **may or may not** request improved rates or pricing as a Best and Final Offer. Therefore, you are encouraged to submit your best pricing initially in your bid response. A BAFO may be requested of finalists.

Contract Term

The term of the contract will be for three (3) years beginning July 1, 2022 and ending June 30, 2025 (FY23, FY24 and FY25), with the exception of the Medicare Supplement and Medicare Advantage plans, which will have a three (3) year contract term beginning January 1, 2023 (FY23-FY24, FY24-FY25, FY25-FY26). The vendor must guarantee financial terms through June 30, 2025 for all plans outside of the Medicare Supplement and Medicare Advantage, which must be guaranteed through December 31, 2025. The State will have the option to renew the contract for two (2) additional one-year periods: FY26 and FY27.

Contract Termination

The term of the contract between the winning organization and the State will be for three (3) years and may be renewed for two (2) additional one (1) year extensions at the discretion of the SEBC. The contract may be terminated for convenience, without penalty, by the State with 150 days written notice. The contract may be terminated for cause by the vendor with 150 days written notice to the State. In the event the winning firm materially breaches any

obligation under this Agreement, the State may terminate this Agreement upon thirty (30) days written notice.

Performance Guarantees

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 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, it does not infer acceptance.*

Future Contract Development

It is imperative that the contract drafting and finalization process be timely and accurately reflect the minimum requirements and other applicable contractual terms in the RFP. A fee will be at risk as set forth in the Performance Guarantees if this requirement is not met.

Use of Subcontractors

Subcontractors are subject to all the terms and conditions of the RFP and the companies and their services must be clearly explained in your proposal. A subcontractor is any company that is under direct contract to perform services for the State's account. An example of a business that might provide services on the State's account, but is not a subcontractor, is the United States Postal Service. Companies that provide services through the Medical TPA, including without limitation HSA administration, direct primary care, or care navigation, are considered subcontractors. If elected by the SEBC, these services will not be contracted separately. The SEBC reserves the right to approve any and all subcontractors.

Required Reporting of Fees and 2nd Tier Spend

Monthly Vendor Usage Report - One of the State's primary goals in administering all its contracts is to keep accurate records regarding actual value/usage. This information is essential in order to update the contents of a contract and to establish proper bonding levels if they are required. The integrity of future contracts revolves around the State's ability to convey accurate and realistic information to all interested parties. For benefit programs, only administrative fees that can be identified as separate from any bundled pricing and are not employee-pay-all are reported.

A complete and accurate Usage Report shall be furnished in an Excel format and submitted electronically to the State's central procurement office at the end of each fiscal year stating the monthly administrative fees on this contract. It will be posted on the contract award page of the www.bids.delaware.gov website and therefore administrative fees are not considered confidential and proprietary. *The SBO will submit this report on your behalf.*

2nd Tier Spending Report - In accordance with Executive Order 44, the State of Delaware is committed to supporting its diverse business industry and population. The successful Vendor will be required to accurately report on the participation by subcontractors who are Diversity Suppliers which includes: minority (MBE), woman (WBE), veteran owned business (VOBE), or service

disabled veteran owned business (SDVOBE) under this awarded contract. The reported data elements shall include but not be limited to: name of state contract/project, the name of the Diversity Supplier, Diversity Supplier contact information (phone, email), type of product or service provided by the Diversity Supplier and any minority, women, veteran, or service disabled veteran certifications for the subcontractor (State OSD certification, Minority Supplier Development Council, Women's Business Enterprise Council, VetBiz.gov).

Accurate 2nd Tier Reports shall be submitted to the Office of Supplier Diversity on the 15th (or next business day) of the month following each quarterly period. For consistency, quarters shall be considered to end the last day of March, June, September and December of each calendar year. Contract spend during the covered periods shall result in a report even if the contract has expired by the report due date. *You will be asked for this information and the SBO will submit this report on your behalf.* For benefit programs, only 2nd Tier Spend fees that can be identified as separate from any bundled pricing and are not employee-pay-all are reported.

Offshore Vendor Activity

An activity central to the Scope of Services cannot take place at a physical location outside of the United States. Only support activities, including those by a subcontractor, may be performed at satellite facilities such as a foreign office or division. Failure to adhere to this requirement is cause for elimination from future consideration.

Rights of the PRC

- The PRC reserves the right to:
 - Select for contract or negotiations a proposal other than that with lowest costs.
 - Reject any and all proposals received in response to this RFP.
 - Make no award or issue a new RFP.
 - Waive or modify any information, irregularity, or inconsistency in a proposal received.
 - Request modification to proposals from any or all vendors during the review and negotiation.
 - Negotiate any aspect of the proposals with any organization.
 - Negotiate with more than one organization at the same time.
 - Pursuant to 29 Del. C. § 6986, select more than one contractor/vendor to perform the applicable services.
- Right of Negotiation – Discussions and negotiations regarding price, performance guarantees, and other matters may be conducted with organizations(s) who submit proposals determined to be reasonably acceptable of being selected for award, but proposals may be accepted without such discussions. The PRC reserves the right to further clarify and/or negotiate with the proposing organizations following completion of the evaluation of proposals but prior to contract execution, if deemed necessary by the PRC and/or the SEBC. ***If any portion of a bid response does not receive a clarifying question or any other response from the State, the non-response does not infer acceptance of that***

portion of the bid response by the State. The SEBC also reserves the right to move to other proposing firms if negotiations do not lead to a final contract with the initially selected proposing firm. The PRC and/or the SEBC reserves the right to further clarify and/or negotiate with the proposing firm(s) on any matter submitted.

- Right to Consider Historical Information – The PRC and/or the SEBC reserves the right to consider historical information regarding the proposing firm, whether gained from the proposing firm’s proposal, question and answer conferences, references, or any other source during the evaluation process.
- Right to Reject, Cancel and/or Re-Bid – The PRC and/or the SEBC specifically reserve the right to reject any or all proposals received in response to the RFP, cancel the RFP in its entirety, or re-bid the services requested. The State makes no commitments, expressed or implied, that this process will result in a business transaction with any vendor.

C. Submission of Proposal

1. General Directions for Electronic Submission –

The RFP process is being conducted electronically using the Proposal Technologies Network, Inc. (ProposalTech) application. The official proposal submission process is via ProposalTech.

For any organization that may be unfamiliar with this Web-based tool, ProposalTech representatives will schedule training sessions at your convenience. In advance of the accessing the electronic Questionnaire on the ProposalTech website, you may view an online training demo of the system and its functionality. This demo takes approximately five minutes and will improve your understanding of the system’s functionality. Click on the link below to view the flash demo:

http://www.proposaltech.com/help/docs/response_training_798x599.htm

If you have any questions regarding the registration process or have technical questions specific to ProposalTech, contact ProposalTech Support at (877) 211-8316 x84.

2. Accessing the electronic Questionnaire – vendors must first take the following actions:

In order to register for the Questionnaire go to

<http://www.proposaltech.com/home/app.php/register>.

Enter your email address into the field provided. No registration code is necessary. Click “Begin Registration.” If you already have an account with ProposalTech, it will be listed on the registration page. If you do not, you will be asked to provide company information. Once your account has been confirmed, check the appropriate box for the State of Delaware Medical TPA RFP and click the “Register” button. If approved by the State as a valid medical TPA, an invitation will be emailed to you within fifteen

minutes. If you have any questions regarding the registration process, contact ProposalTech Support at 877-211-8316 x84.

The primary contact should access the website to initiate review and acceptance of the Questionnaire as noted above. Primary contacts will be responsible for establishing permission to access the Questionnaire for other individuals within their organizations. Multiple users from your organization may access the Questionnaire simultaneously.

Detailed instructions for the completion and submission of your Questionnaire responses will be found in the eRFP. ProposalTech will be available to assist you with technical aspects of utilizing the system.

If you would like to schedule a ProposalTech training session please contact ProposalTech at (877) 211-8316, choose option 4, or send an email to support@proposaltech.com.

3. **Attachments and Appendices –**

As listed in the Table of Contents, some of the attachments and appendices require a Non-Disclosure Agreement (NDA). The NDA will be provided to you after your organization is approved as a Medical TPA and submits your Intent to Bid (see Section I.B.1 for instructions on submitting your Intent to Bid).

4. **Confidential Information, Generally –**

Confidential and proprietary information identified in the attorney's letter and redacted from the vendor's proposal will be treated as confidential during the evaluation process.

5. **Directions for Confidential and Proprietary Submission, if any –**

See the **Confidentiality of Documents** section.

6. **Directions for the Redacted Electronic Copy, if applicable –**

a. Any information you deem confidential and proprietary as identified in the attorney's letter must be redacted. The State is not responsible for incorrect redactions or reviewing your submission to determine whether or not the information asserted as confidential and proprietary is redacted. Mistakes in redactions are the sole responsibility of the bidder.

b. PDF - A *complete* electronic copy of your entire redacted RFP response is needed in a PDF format; please do not submit only the pages that require redaction. ProposalTech has functionality that allows you to download a PDF copy of your entire proposal so you can redact any confidential and proprietary information. If you have any questions regarding how to download a copy of your entire proposal,

please contact ProposalTech Support at 877-211-8316 x84. You must include all the documents as directed above in the *General Directions for Electronic Copies* above. For large sections or appendices, please include a sheet that identifies the material, not pages of black redactions. For example, “Appendix C – *Disaster Recovery Plan* – is confidential and proprietary and is not public record as defined by FOIA at 29 Del. C. § 10002(d)”.

7. **Follow-Up Responses and Finalist Presentations**

- a. The same format requirements apply to follow-up responses and presentation materials. **If information in any of the follow-ups and presentation matches the type that was requested for a confidential and proprietary determination, you must upload a redacted electronic version of the document(s).**
 - b. Finalist Presentation – You will be asked for a non-redacted electronic copy that includes PDFs of any supplemental materials or handouts to be uploaded via ProposalTech.
 - c. If there is a new type of information that was not included in your original bid and you deem it confidential and proprietary, you must submit an additional required attorney’s letter and upload via ProposalTech.
8. **Proposal Submission Date** – Your complete proposal must be submitted via ProposalTech no later than **1:00 p.m. ET on Friday, June 18, 2021**. Any proposal received after this date and time shall not be considered.
9. **Proposal Opening** – To document compliance with the deadline, the proposals will be date and time stamped upon submission via ProposalTech. Proposals will be opened only in the presence of State of Delaware personnel or their designee. There will be no public opening of proposals, but a public log will be kept of the names of all vendor organizations that submitted proposals and the list will be posted on www.bids.delaware.gov. Proposals become the property of the State of Delaware at the proposal submission deadline. The contents of any proposal shall not be disclosed or made available to competing entities during the negotiation process.
10. **Officer Certification** – All vendors participating in this RFP will be required to have a company officer attest to compliance with RFP specifications and the accuracy of all responses provided. You will be required to fill out an *Officer Certification Form* and include it in your bid package.
11. **Vendor Errors/Omissions** – The SEBC will not be responsible for errors or omissions made in your proposal. You will be permitted to submit only one proposal. You may not revise submitted proposals or information after the applicable deadline.
12. **Modifications to Submitted Proposal** – Changes, amendments or modifications to proposals shall not be accepted or considered after the time and date specified as the deadline for submission of proposals.

13. **General Modifications to RFP** – The SEBC reserves the right to issue amendments or change the timelines to this RFP. All firms who registered to respond to the Questionnaire will be notified via ProposalTech of any modifications made by the SEBC to this RFP, where applicable. If it becomes necessary to revise any part of the RFP, a notification of addendum will be emailed to all vendors via ProposalTech who registered to respond and it will also be posted on the State of Delaware’s website at www.bids.delaware.gov.
14. **Proposal Clarification** – The SEBC may contact any vendor in order to clarify uncertainties or eliminate confusion concerning the contents of a proposal. Clarifications (known as “follow-ups”) will be requested in writing via ProposalTech and the vendor’s responses will become part of the proposal.
15. **References** – The SEBC may contact any customer of the vendor, whether or not included in the vendor’s reference list, and use such information in the evaluation process. Additionally, if applicable to the scope of work or services in this RFP, the State of Delaware may choose to visit existing installations of comparable systems, which may or may not include vendor personnel. If the vendor is involved in such site visits, the State of Delaware will pay travel costs only for the State of Delaware personnel for these visits. Please note that the consulting firm Willis Towers Watson will be contacting references provided by bidders in response to this RFP on the SEBC’s behalf.
16. **Time for Acceptance of Proposal** – The bidder agrees to be bound by its proposal for a period of at least 180 days, during which time the State may request clarification or corrections of the proposal for the purpose of the evaluation. The State reserves the right to ask for an extension of time if needed.
17. **Incurred Costs** – This RFP does not commit the SEBC to pay any costs incurred in the preparation of a proposal in response to this request and vendor/bidder agrees that all costs incurred in developing its proposal are the vendor/bidder's responsibility. The State shall bear no responsibility or increased obligation for a vendor’s failure to accurately estimate the costs or resources required to meet the obligations defined in the proposal.
18. **Basis of Cost Proposal** – Your proposal must be based on your estimated cost of all expenses for the services and funding arrangements requested.
19. **Certification of Independent Price Determination** – By submission of a proposal, the proposing firm certifies that the pricing guarantees or fees submitted in response to the RFP have been arrived at independently and without – for the purpose of restricting competition – any consultation, communication, or agreement with any other proposing firm or competitor relating to those premium rates or fees, the intention to submit a proposal, or the methods or factors used to calculate the fees or premium rates proposed. You will be required to submit a *Non-Collusion Statement* and include it in your bid package via ProposalTech.

20. **Improper Consideration** – Bidder shall not offer (either directly or through an intermediary) any improper consideration such as, but not limited to, cash, discounts, service, the provision of travel or entertainment, or any items of value to any officer, employee, group of employees, retirees or agent of the SEBC in an attempt to secure favorable treatment or consideration regarding the award of this proposal.
21. **Representation Regarding Contingent Fees** – If it is your business practice to engage services from any person or agency to secure or execute any of the services outlined in this RFP, any commissions and percentage, contingent, brokerage, service, or finder’s fees must be included in your proposed rates. The SEBC will not pay any separate brokerage fees for securing or executing any of the services outlined in this RFP. **Therefore, all proposed fees must be net of commissions and percentage, contingent, brokerage, service or finders’ fees.**
22. **Confidentiality** – All information you receive pursuant to this RFP is confidential and you may not use it for any other purpose other than preparation of your proposal.
23. **Solicitation of State Employees** – Until contract award, vendors shall not, directly or indirectly, solicit any employee of the State of Delaware to leave the State’s employ in order to accept employment with the vendor, its affiliates, actual or prospective contractors, or any person acting in concert with the vendor, without prior written approval of the State’s contracting officer. Solicitation of State of Delaware employees by a vendor may result in rejection of the vendor’s proposal.
- This paragraph does not prevent the employment by a vendor of a State of Delaware employee who has initiated contact with the vendor. However, State of Delaware employees may be legally prohibited from accepting employment with the contractor or subcontractor under certain circumstances. Vendors may not knowingly employ a person who cannot legally accept employment under state or federal law. If a vendor discovers that they have done so, they must terminate that employment immediately.
24. **Consultants and Legal Counsel** – The SEBC may retain consultants or legal counsel to assist in the review and evaluation of this RFP and the vendors’ responses. Bidders shall not contact the consultant or legal counsel on any matter related to this RFP unless written permission and direction is provided.
25. **Contact with State Employees** – Unless expressly requested to contact another State employee or the SBO’s consulting firm, direct contact with State of Delaware employees regarding this RFP other than the designated contact, Ms. Laurene Eheman, is expressly prohibited without prior consent. Ms. Eheman’s contact information is 302-760-7060 and via email at laurene.eheman@delaware.gov. You are authorized to contact the SEBC’s consulting firm, Willis Towers Watson, through Proposal Tech. Vendors directly contacting State of Delaware employees risk elimination of their proposal from further consideration. Exceptions exist only for organizations currently doing business with the State who require contact in the normal course of doing that business.

26. **Organizations Ineligible to Bid** – Any individual, business, organization, corporation, consortium, partnership, joint venture, or any other entity including subcontractors currently debarred or suspended is ineligible to bid. Any entity ineligible to conduct business in the State of Delaware for any reason is ineligible to respond to the RFP.
27. **Exclusions** – The PRC reserves the right to refuse to consider any proposal from a vendor who:
- a. Has been convicted for commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of the contract or subcontract;
 - b. Has been convicted under State or Federal statutes of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offense indicating a lack of business integrity or business honesty that currently and seriously affects responsibility as a State contractor;
 - c. Has been convicted or has had a civil judgment entered for a violation under State or Federal antitrust statutes;
 - d. Has violated contract provisions such as:
 - i. Knowing failure without good cause to perform in accordance with the specifications or within the time limit provided in the contract; or
 - ii. Failure to perform or unsatisfactory performance in accordance with terms of one or more contracts;
 - iii. Has violated ethical standards set out in law or regulation; and
 - iv. Any other cause listed in regulations of the State of Delaware determined to be serious and compelling as to affect responsibility as a State contractor, including suspension or debarment by another governmental entity for a cause listed in the regulations.