

**RESPONSE TO QUESTIONS
DOI 26003-ACTUARIAL**

#	Section #	Paragraph #	Page #	Text of Passage	Question	Department Response
1	Section III – Required Information; A. Minimum Requirements	1	2	"Provide Delaware license(s) and/or certification(s) necessary to perform services as identified in the scope of work. Prior to the execution of a contract, the successful Vendor shall either furnish the Department with proof of State of Delaware Business Licensure or initiate the process of application where required."	In addition to the Delaware Business License, are there any individual or firm licenses, actuarial credentials, certifications, registrations, or other authorizations required to perform either (a) consulting services for the Office of Value Based Health Care Delivery or (b) review and analysis of long-term care and Medicare Supplement rates?	The Department requires that all actuarial professionals performing work under this RFP meet all statutory and regulatory obligations set forth in Title 18 of the Delaware Code and the applicable provisions of the Delaware Administrative Code.
2	Section V – Contract Terms and Conditions; Section G – General Contract Terms	4	15	"The State and its utilizing agencies, including the Department, are not the employer of temporary or contracted staff. However, the Department is concerned that it could be determined to be a Common-law Employer as defined by the ACA. Therefore, the Department seeks to utilize the 'Common-law Employer Safe Harbor Exception' under the ACA to transfer health benefit insurance requirements to the staffing company."	Vendor is proposing professional actuarial consulting services performed by Vendor's W-2 employees and will not provide temporary staffing or staff augmentation services. Can the Department confirm whether the ACA Safe Harbor Additional Fee requirement applies under this model? If so, please confirm that Vendor should identify an Additional Fee as part of its proposal.	The ACA Safe Harbor Additional Fee requirement does not apply under the terms described.
3	Section V – Contract Terms and Conditions; Section G – General	8.c.2	17	"(2) Commercial General Liability - \$1,000,000 per occurrence/\$3,000,000 per aggregate."	Vendor's Commercial General Liability policy provides \$1,000,000 per occurrence and \$2,000,000 aggregate, supplemented by an Umbrella Liability policy providing	Yes.

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	Contract Terms				\$3,000,000 per occurrence and \$3,000,000 aggregate. Would this combination satisfy the RFP's \$3,000,000 aggregate requirement?	
4	Section VII – Attachments; Appendix B – Scope of Work and Technical Requirements	2. Scope of Work; Opening paragraph (Discretionary Non-Billable Services)	38	"Discretionary Non-Billable Services which are provided to the Department on an as needed basis. Discretionary Non-Billable Services may be deemed 'Billable Services' solely at the discretion of the Department and upon written request of the Vendor."	Please provide the historical annual volume and approximate hours associated with Discretionary Non-Billable Services. Are these services expected to be allocated only to Vendors awarded related Discrete Billable Services, or may they be requested of any awarded Vendor?	The Department does not maintain historical volume or hour estimates for Discretionary Non-Billable Services. These services are requested only as needed and may be directed to any awarded Vendor.
5	Section VII – Attachments; Appendix B – Scope of Work and Technical Requirements	2. Scope of Work; Discrete Billable Services – 5th and 8th bullets	38	"Accident and Health rate filing reviews and expert opinions at public hearings/comment sessions;" and "Review and analysis of long-term care and Medicare Supplement rates."	For long-term care and Medicare Supplement services, may participation in public hearings, testimony, or other proceedings be required? If so, what has been the historical frequency of such participation by the actuarial consultant?	None to date, but may be required in the future.
6	Section VII – Attachments; Appendix B – Scope of Work and Technical Requirements	2. Scope of Work; Discrete Billable Services – 7th bullet	38	"Consulting services for the Office of Value Based Health Care Delivery;"	Please describe the anticipated scope and historical utilization of these services, including typical projects, deliverables, estimated annual hours, and frequency of requests.	OVBHCD work primarily supports rate reviews and healthcare cost trends on an as-needed basis.
7	Section VII – Attachments; Appendix B – Scope of Work and Technical Requirements	2. Scope of Work; Discrete Billable Services – 8th bullet	38	: "Review and analysis of long-term care and Medicare Supplement rates."	May a Vendor propose for Medicare Supplement only, long-term care only, or must both services be proposed together? Please also provide the historical annual filing volume for each of the past three years, separately for	The Department confirms that vendors are permitted to submit proposals for partial scopes of work. Vendors should clearly identify which portions of the scope they are proposing to perform and provide complete pricing and methodology for those components.

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					long-term care and Medicare Supplement, and the anticipated annual volume during the contract term.	The annual filing volume for each of the past three years (2023-2025) is as follows for each of the following: Long-term care: 108 Medicare Supplement: 354 The Department anticipates similar annual volumes during the contract term.
8	Section VII – Attachments; Appendix B – Scope of Work and Technical Requirements	2. Scope of Work; paragraph immediately following the Discrete Billable Services list	38	"All communications between Vendor and an insurer related to a rate filing and/or any Vendor notes regarding a filing shall be conducted through the System for Electronic Rate and Form Filing (SERFF). Except for Vendor analysis and reports related to the annual DCRB filing review, all Vendor rate analysis memos and supplements shall be submitted to the Department through SERFF."	Does this SERFF requirement apply to both long-term care and Medicare Supplement reviews, and will the Department provide Vendor personnel with the necessary SERFF access?	Yes, SERFF is used for both long-term care and Medicare Supplement filing reviews. The National Association of Insurance Commissioners (NAIC) controls SERFF access.
9	Appendix B – Scope of Work and Technical Requirements	2. Scope of Work – Discrete Billable Services	38	"Annual Delaware Compensation Rating Bureau, Inc. filing review, written analysis and expert witness testimony."	Please clarify the Department's expectations regarding the reference to "expert witness testimony." Specifically: 1. Would the selected vendor be expected to testify solely regarding analyses and recommendations prepared under this	The Department's expectations regarding any testimony depend on the specific circumstances of the matter. During the past five years, actuarial testimony has occurred 5 times related to the annual Delaware Compensation Rating Bureau (DCRB) filing.

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					engagement as a fact witness, or to provide independent expert opinions concerning the positions or work of other parties? 2. How frequently has the Department requested actuarial testimony related to Delaware Compensation Rating Bureau filings during the past five years?	
10	Appendix B – Scope of Work and Technical Requirements	2. Scope of Work – Discrete Billable Services	38	“The section describing the Discrete Billable Services, including Property & Casualty rate and rule filing reviews, Delaware Compensation Rating Bureau filing reviews, captive reviews, Accident & Health filing reviews, Life & Annuity filing reviews, consulting services for the Office of Value Based Health Care Delivery, and long-term care and Medicare Supplement reviews.”	To assist vendors in developing staffing plans and pricing, can the Department provide historical annual volumes for the following activities over the past three to five years: • Property & Casualty rate and rule filing reviews • Delaware Compensation Rating Bureau filing reviews • Captive insurance application reviews • Captive annual financial reviews • Accident & Health rate filing reviews • Life & Annuity form filing reviews • Long-Term Care and Medicare Supplement reviews	Property & Casualty rate and rule filing reviews: 3,397 (2022-Aug 2026) DCRB: 5 in the last 5 years. Captive insurance application reviews: Approximately 40 to 50. Captive annual financial reviews: Approximately 550 to 600. Accident & Health rate filing reviews: 1,003 (2022-Aug 2026) Life & Annuity form filing reviews: 2,286 (2022-Aug 2026) Long-Term Care: 533 for years 2022 through July 2026. Medicare Supplement reviews: 163 for years 2022 through July 2026. . Zero public hearings or comment sessions related to Accident & Health rate filings. Approximately 15-20 NE Zone Long-Term Care regulator meetings in the past five years. The Department does not anticipate workload changes that may materially affect the volume of services during the contract term.

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					Hearings, public comment sessions, or testimony-related activities requiring actuarial support In addition, can the Department identify any known or anticipated changes in workload that may materially affect the volume of services during the contract term?	
11	IV	B.2.	4	Vendors who previously submitted a Proposal in response to solicitation DOI26002-ACTUARIAL, which was canceled on July 27, 2026, may elect to resubmit their original Proposal under this RFP. Vendors choosing this option must still submit a Transmittal Letter and a Pricing file as separate documents in accordance with this RFP's submission requirements.	Why was the previous Solicitation No. DOI26002-ACTUARIAL canceled?	Solicitation No. DOI26002-ACTUARIAL was canceled in the best interest of the State as seen at https://mmp.delaware.gov/Bids/Details/9211.
12	IV	B.2.	4	Vendors who previously submitted a Proposal in response to solicitation DOI26002-ACTUARIAL, which was canceled on July 27, 2026, may elect to resubmit their original Proposal under this RFP. Vendors choosing this option must still submit a Transmittal Letter and a Pricing file as separate documents in accordance	If Vendors resubmit their proposal from the previous Solicitation No. DOI26002-ACTUARIAL without any changes, do a new Transmittal Letter and new forms (e.g., Attachments 2, 3, 4, 5) need to be signed so that the correct Solicitation Number and dates are shown? Or would the proposal documents and forms from the previous Solicitation suffice as-is?	A new Transmittal Letter is required. The Transmittal Letter should state that the Vendor is resubmitting its prior proposal from Solicitation DOI26002-ACTUARIAL and that the included documents remain unchanged. Updated versions of Attachments 2, 3, 4, and 5 are not required so long as the Vendor affirms in the Transmittal Letter that all previously submitted materials are identical to those being resubmitted.

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				with this RFP's submission requirements. If the Vendor wishes to make any updates or revisions to its prior Proposal, the Vendor must also include a supplemental document in Microsoft Word or PDF format clearly identifying those changes. Any supplemental document must be labeled "SUPPLEMENT." Vendors who do not wish to make changes may submit their prior Proposal without a supplement.		