

State of Delaware
Health Insurance RFP Scorecard

Draft #4 - 7/7/2016

Category	2011 Health Ins RFP - Final Scoring	Market Practice	2016 Health Ins RFP - WTW Recommendations*	
			Non-Medicare Plans	Medicare Plan Only**
Plan Administration	15%	X	15%	20%
Claim Administration				
Eligibility / Enrollment Processing				
Customer Service				
Implementation Timeline (<i>new plan designs, new networks</i>)				
Plan Design Capabilities and Services	15%	X	13%	18%
Accommodate Existing and/or Future Designs				
Medical Management				
Open Enrollment Support (<i>including communications</i>)				
Account Management (<i>dedicated team, experience and PGs</i>)				
Reporting / Measurement (<i>for value-based contracting models</i>)				
Adequate Network Access*	15%	X	20%	n/a
Adequate Network Access (<i>i.e., >90% EEs within GeoAccess standards</i>)				
Network Management				
Member Disruption				
Future Network Optimization Opportunities				
Financial Terms	35%	X	30%	35%
Administrative Fees				
Discounts (<i>inclusive of value-based contracting models</i>)				
Financial Guarantees (<i>beyond min requirements, e.g., fees at risk, ROI</i>)				
Experience and References	10%	X	10%	15%
References & Financial Ratings				
Ability to Address the State's Needs (<i>experience, proposed solutions</i>)				
Future Growth Plans within Delaware (<i>network, value-based contracting models</i>)				
Performance Guarantees	10%	X	0%	n/a
Removed as its own category - now part of minimum requirements				
Responsiveness	0%	Sometimes	2%	2%
Compliance with Bid Requirements and Responsiveness to Follow-ups				
Tools & Technology	n/a	X	5%	5%
Online Member Portal Content / Accessibility (<i>e.g., mobile, app</i>)				
Provider Cost / Transparency Tool				
Account Management Tools (<i>to be demo'ed during finalist mtg</i>)				
Integration	n/a	X	5%	5%
With Other State of Delaware Benefits / Vendors				
With Other Community Resources (<i>e.g., onsite clinics</i>)				
TOTAL	100%	n/a	100%	100%

Italics/items highlighted in blue = New categories added by WTW

*Scoring will be expanded for all plans so that each vendor will be evaluated on each type of plan included in their proposal (i.e., both current plans such as the HMO, PPO, First State Basic, Consumer-Driven Plan, Medicare Supplement, and future plans not in place today, such as a value-based care network or a Medicare Advantage plan).

**For the Medicare Supplemental plan, the 20% weighting reflected under Adequate Network Access will be redistributed in 5% increments to Plan Administration, Plan Design Capabilities and Services, Financial Terms and Experience and References.