

Parkland Community Health Plan Request for Proposals (“RFP”)	
THIRD PARTY ADMINISTRATION (TPA) SERVICES	
Issue Date: 12/9/2025	Proposal Due Date: 01/20/2026, 5pm CST
Proposals received after the due date and time will not be considered	
Contract Type: Third Party Administrator Services Anticipated Contract Term: 4/1/2026 -3/31/2029 Anticipated Contract Effective Date: 4/1/2026 Deadline for Written Questions: 1/7/2026 PCHP Response to Questions: 1/13/2026 Finalist Interviews: 2/2/2026 -2/6/2026 Expected Contract Award: 2/9/2026 with contract negotiations to follow	Proposal Submission Instructions: Contact Information All correspondence and questions regarding this RFP must be directed in writing to: <ul style="list-style-type: none"> • Name: Sergio Chapa • Title: Procurement Analyst • Parkland Community Health Plan • Email: Sergio.Chapa@phhs.org
Presentation(s) may be required for finalists as part of the evaluation.	A.) By Due Date and Time: Email one (1) RFP Response and one (1) Excel Rate Sheet (Exhibit A) to Sergio.Chapa@phhs.org
Responses to EACH VOLUME AND SUB-SECTION must be answered in the “Shaded Text Box” provided directly following each section requiring information unless otherwise instructed.	B.) Each page of the proposal must be numbered. C.) Page Limit: 45 pages, with same (preset) margins, and 10-point font or larger.

1 SPECIAL INSTRUCTIONS

- A. Proposals should be submitted in accordance with the Instructions set forth in this RFP. Health Plan Leadership will evaluate proposals in accordance with the evaluation criteria in Section 5 & 6 and may issue one or more contracts as a result of this RFP.
- B. **Questions** may be submitted via email until **01/07/2026 at 5:00 PM CST** to Sergio.Chapa@phhs.org.
- C. **All communication regarding this solicitation must be directed to Sergio Chapa (Sergio.Chapa@phhs.org). Direct communication about this RFP with any other Health Plan employee or its representative will be grounds for disqualification.**
- D. **Executive Summary:** A high-level overview of the TPA’s proposed solution, highlighting key differentiators, understanding of PCHP’s needs, and commitment to the partnership.

No oral commitment, response, answer, or direction from other Health Plan personnel is binding unless also furnished in writing to all prospective Offerors by the Health Plan’s Representative in the form of an amendment to this Solicitation, or as an official response to questions submitted by Offeror(s).

2 BRIEF DESCRIPTION OF PROJECT

Parkland Community Health Plan (PCHP) is seeking a proposal for full-scope Third-Party Administrator (TPA) services for a Marketplace line of business. The TPA will be responsible for executing the administrative, operational, financial, and claims functions detailed in the Scope of Work to support PCHP.

PCHP, a wholly owned subsidiary of Parkland Health (PH) and licensed as an HMO since 1996, contracts with Texas Health & Human services for Medicaid and CHIP services in the Dallas Service Area. PCHP plans to add a Marketplace line of business in Dallas County starting with Plan Year 2027 (January 1, 2027). The initial scope will be focused on eligible, uninsured patients currently receiving services under PH’s charity program. PCHP seeks a Third-Party Administrator (TPA) with experience managing ACA/Marketplace.

Membership estimates:

PY2027	2,500-3000
PY2029	5,500-7,500
PY2031	14,000-17,000

The below signed, hereby agrees that their organization will submit this RFP, only communicate with the designated PCHP contracting representative about this RFP and will furnish and deliver the services subject to the terms and conditions specified herein.

Signature	Company Name		Contact Telephone Number
Printed Name:	Date:	Email:	
Title:			

3 INSTRUCTIONS TO OFFERORS

The following instructions will establish the format and content of proposals:

- A. Proposal Cover Sheet:** The FRONT PAGE of this RFP shall be completed, signed, and submitted as the cover sheet ("the Cover Sheet") for Offeror's proposals. The Cover Sheet shall not count towards the page limit.
- B. Authorized Official and Submission of Proposal:** The proposal must be signed by a leader with signature authority and must stipulate that it is predicated upon all the terms and conditions of this RFP. You must provide responses to each requirement as to whether you can comply, and if you cannot comply you must explain why not.
- C.** The proposal and other information related to how the Offeror intends to conduct the scope of work of this solicitation shall be submitted pursuant to the instructions of this RFP.
- D. Related Documents:** The following documents are released as part of this solicitation package:
 - 1. **Exhibit A: Vendor Rate Sheet** – Please fill out.
 - 2. **Exhibit B: HHSC Addendum** – Additional terms and conditions required by the HHSC for this type of contract. Will be added as a contract exhibit.
- E. Qualifications & Terms & Conditions:** Offeror's Services must meet all of Health Plan's Qualifications as set forth in Section 5, Pass / Fail Evaluation, the Statement of Work, and the Rate Sheet (Exhibit A). Section 5 shall be completed and submitted with the Cover Sheet and shall not count towards the page limit.
- F. The file name must follow the convention: PCHP_TPA_RFP_Proposal_[VendorName].**
- G. Contract:** Health Plan has the option to award multiple contracts based on submitted proposals.
- H. Pricing and Potential Award Without Discussions:** Offeror should offer its best pricing in its initial proposal and such pricing should be valid for One Hundred Eighty (180) days. Health Plan reserves the right to award without discussions if it is determined that the initial prices are fair and reasonable and that discussions to clarify requirements are not necessary.
- I. References:** Offerors shall provide references as set forth in the RFP. It is Offeror's responsibility to ensure the reference's point of contact agrees to respond to Health Plan's specific questions regarding Offeror's experience and performance. References shall be capable of answering questions concerning Offeror's ability to deliver product and services relative to this RFP. Use of Health Plan personnel as references will NOT be counted towards the minimum reference requirements.
- J. HUB Representations and Certifications:** Offerors are encouraged to identify if they are a 51% or more minority, woman, or service disabled veteran owned business and certified as "Historically Underutilized Business" or "HUB". If so, please attach a copy of your certification with your proposal, as applicable. Additionally, offerors are encouraged to work with HUBs when subcontracting opportunities arise.
- K. Health Plan Background:** Parkland Community Health Plan was started in 1999 by Parkland Health as a managed care organization to provide services for Texas STAR Medicaid and Children's Health Insurance Program (CHIP) recipients.

Our service area covers Dallas, Collin, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties, where members can seek care at more than 6,000 doctors and specialists and over 40 hospitals and urgent care centers. Learn more at parklandhealthplan.com.

4 SELECTION PROCEDURES

- A.** This is a best value procurement where the Health Plan is permitted to make tradeoffs between cost or price and non-price factors and to consider award to other than the lowest priced Offeror or other than the highest technically rated Offeror. Proposals may be evaluated by an evaluation committee. After evaluating proposals, the evaluation committee may make the best value determination. The Health Plan reserves the right to award multiple contracts or reject all proposals and cancel this Solicitation at any time. In addition to evaluating the information provided in each proposal, the Health Plan may reasonably consider information received from other sources including but not limited to consulting firms, benchmarking firms, or any other outside entity.
- B.** The pricing submitted with each Offeror's proposal will be evaluated for cost reasonableness. Submitted prices will be evaluated to determine price reasonableness and unreasonably high or low prices may result in removal from the

competitive range without further evaluation or consideration of contract award. Proposals may also be rejected for including prices beyond the Health Plan’s budget for the subject of this solicitation. Health Plan is a political subdivision of the State of Texas agency and is therefore exempt from taxes. Do not include taxes in your proposal pricing.

- C. Health Plan reserves the right to award a contract without discussions. Health Plan may select finalists for presentations in February 2026.
- D. **Awards.** The Health Plan reserves the right to make a single award, multiple awards, or no award at all to the RFP. In addition, this RFP may be amended as necessary to meet the needs of Health Plan or canceled by Health Plan at any time for any reason or no reason.

Notice of Award or Non-award shall be the made via email to the consultant’s contact(s) on file.

5 PASS/FAIL EVALUATION

The following are required Offeror qualifications and will be evaluated on a pass/fail basis. Please indicate "yes" or "no" by responding to the following chart:

PASS OR FAIL	YES / NO
1 Vendor must have and be able to demonstrate Experience and Expertise in Texas Medicaid and Managed Care Operations	
2 Vendor must have and be able to demonstrate experience in the Marketplace (ACA)	
3 All work performed under the agreement must be performed onshore as outlined in the current version of the Uniform Managed Care Contract; Section 4.11 Prohibition Against Performance Outside the United States	
4 Must comply with and agree to include a Business Associate Agreement	

****If Offeror answers "No" to any of the above qualifications, Offeror may be deemed to have not met the minimum qualifications and may not be considered for Evaluation.****

6 EVALUATION CRITERIA AND RELATIVE WEIGHT

Evaluation factors are listed below and are assigned the indicated percentage weights which represent the overall importance for consideration.

Evaluation scores will be based on the following point system: One (1) point for each percentage weight as assigned below.

Technical & Operation Solution	Qualifications and Experience	Scope of Work	Pricing
20% (20 points)	25% (25 points)	40% (40 points)	15% (15 points)

7 PROPOSAL FORMAT

Please submit proposal(s) in accordance with the following instructions:

- Responses to EACH VOLUME AND SUB-SECTION must be answered in the “Shaded Text Box” provided directly following each section requiring information unless otherwise instructed. The text box will automatically expand with your text entries.
- **Rate Sheet may be submitted in a separate document. Pricing will be weighted to indicate importance to other categories but will not be scored.**
- All Volumes of this RFP MUST be completely addressed.
- Completed RFP and all applicable Exhibits with corresponding responses should be emailed to Sergio Chapa (Sergio.Chapa@phhs.org).
- **DO NOT INCLUDE** any separate marketing materials or similar information.
- **ONLY** responses in the Shaded Text Box will be considered unless otherwise instructed. (Exhibit A and Cover sheet excluded).

- Provide a dedicated section for each of the 15 subsections in Section 2, detailing how the TPA will specifically perform each required function. Responses should include temporary and permanent staffing plans, training plans, workflow diagrams, performance tracking, reporting, and improvement. Include sample Key Performance Indicators (KPIs) and propose 3 service level agreements to measure operational effectiveness. Describe Respondent's subcontractors or vendor partners responsible for performing any part of the scope of work.

8 PROPOSAL INFORMATION

Proposals must address all points detailed in the SOW and must be structured according to the following mandatory sections:

A. Technical & Operational Solution - (20 points)

1. Corporate Structure

- a. Company history, location, organizational chart, and financial stability data.

Describe:

2. Technical & Operational Solution

- b. Experience administering similar commercial health plans (e.g., Marketplace) with the parent organization being a safety-net health system with a sponsored plan arrangement.

Describe:

- c. Case studies demonstrating successful implementation, ongoing operations, and performance improvement for comparable clients.

Describe:

- d. Experience implementing similar projects in a similar timeframe.

Describe:

- e. Factors, expertise, etc. that differentiate respondent from competitors.

Describe:

- f. Resumes of the proposed dedicated Account Management and leadership team.

Describe

- g. Detailed description of the core administrative platform (system) that will be used.

Describe:

- h. A workflow diagram detailing the end-to-end claims processing methodology, including EDI, edits, and payment.

Describe:

- i. Plan for data security, HIPAA compliance, business continuity, and disaster recovery.

Describe:

- j. Detailed staffing plan for all Call Center Operations.

Describe:

- k. Description of quality assurance (QA) processes for configuration and claims.

Describe:

- l. Implementation project plan with tasks, critical events, timelines, and responsible parties to meet requirements for Plan Year 2027.

Describe:

B. Qualifications & Experience – (25 points)

1. Provide three (3) references that best represent the Offeror's past performance of specific services relative to this RFP within the last three (3) to five (5) years. Offerors should provide references in narrative form and address each of the sections below. All points of contact should be verified by the Offeror prior to submission as part of Offeror's proposal. Points of contact shall be knowledgeable of past performance from a contractual, managerial, technical perspective.

<p>Reference No. 1:</p> <ul style="list-style-type: none">a. Company Name b. Project Name c. Contact Information (Name, Address, Telephone #, Email) d. Description
<p>Reference No. 2:</p> <ul style="list-style-type: none">a. Company Name b. Project Name c. Contact Information (Name, Address, Telephone #, Email) d. Description
<p>Reference No. 3:</p> <ul style="list-style-type: none">a. Company Name b. Project Name c. Contact Information (Name, Address, Telephone #, Email) d. Description

2. Describe in full detail at least one (1) "lessons learned" from each of the following Third Party Administrator projects that are similar to the services required in this RFP.

<p>Lesson No. 1:</p> <ul style="list-style-type: none">a. Customer Name and/or Descriptionb. Issuesc. Solutionsd. Other Information
<p>Lesson No. 2:</p> <ul style="list-style-type: none">a. Customer Name and/or Descriptionb. Issuesc. Solutionsd. Other Information
<p>Lesson No. 3:</p> <ul style="list-style-type: none">a. Customer Name and/or Descriptionb. Issuesc. Solutionsd. Other Information

C. Scope of Work – (40 points)

For **EACH** section and subsection, describe in detail how your company will meet and **OR** exceed the indicated items:

Responses should include temporary and permanent staffing plans, training plans, workflow diagrams, performance tracking, reporting, and improvement. Include sample Key Performance Indicators (KPIs) and propose 3 service level agreements to measure operational effectiveness. Describe Respondent’s subcontractors or vendor partners responsible for performing any part of the scope of work.

SOW 1: Third Party Administration

- A. The TPA will be responsible for administering the following core functions:
PCHP will entertain proposals for portions of the scope of work. Respondents should indicate components of the scope of work for which they are bidding and outline the level of expertise for each.

- a. Financial Operations & Accounting

Describe:

b. Actuarial Services including Rate Setting & Risk Adjustment

Describe:

c. Claims Processing & Administration

Describe:

d. Provider Network & Administration

Describe:

e. Clinical Management (Utilization Management, Disease Management, Service Coordination)

Describe:

f. Quality Management

Describe:

g. Compliance

Describe:

h. Enrollment & Eligibility

Describe:

i. Reporting

Describe:

j. Mail, Print & Fulfillment

Describe:

k. Call Center (Member & Provider)

Describe:

l. Collateral Development & Management

Describe:

m. Cost Containment including Fraud, Waste & Abuse

Describe:

n. Information Technology & Support

Describe:

o. Benefit Administration

Describe:

**Scope of work excludes:
Pharmacy Administration**

D. Pricing – (15 Points)

a. Provide a clear, all-inclusive pricing model (e.g., per-member-per-month (PMPM), transaction fee, or hybrid) that covers the entire scope of services for each of the 14 sections. All ancillary charges must be explicitly stated. Please also note any volume discounts; delineate implementation, operations, maintenance and other costs; and specify minimum contract length requirements.

Exhibit A -RATE SHEET FOLLOWS

Exhibit A: RATE SHEET

Vendor Information

Vendor Name: _____

Primary Contact: _____

Pricing Model Proposed:

PMPM Per-Transaction Hybrid Other: _____

SECTION A — PRICING BY SCOPE AREA (14 SECTIONS)

Section No.	Scope Area	Pricing Model	All-Inclusive Rate	Assumptions & Notes
1	Claims Administration & Adjudication			
2	Encounter Processing & Reporting			
3	Provider Data Management & Directory Support			
4	Prior Authorizations / UM Workflows			
5	Member Services / Call Center Operations			
6	Appeals & Grievances			
7	Eligibility, Enrollment, and File Management			
8	Financial Management & Reporting			
9	Care Management / Case Management Support			
10	Compliance & Regulatory Reporting			

11	Technology Platform / System Access			
12	Data Integration, Interfaces & Interoperability			
13	Quality Management Support & Performance Reporting			
14	Implementation, Training & Transition Services			

SECTION B — IMPLEMENTATION COSTS

Cost Element	Description / Deliverables	Proposed Cost	Assumptions
Project Management			
System Configuration & Setup			
Data Migration / Conversion			
Integration / API Development			
Testing & UAT Support			
Training (PCHP & Provider)			
Go-Live Support			
Other (Specify)			