

TPA RFP Scorecard & Question Bank

For associations evaluating a third-party administrator for a supplemental / voluntary member-benefits program

Prepared by Premier Health Solutions. Adapt freely for your organization. This is an evaluation tool, not legal or procurement advice; have counsel review your final RFP and contract.

Companion to the guide: How to Run a TPA RFP for Your Association's Benefits Program (2026)

How to use this template

- Set weights first.** Before any vendor responds, assign a weight (totaling 100%) to each criterion based on what matters most to your membership. Weighting after responses arrive lets the most persuasive proposal win instead of the best administrator.
- Gate on pass/fail.** Criteria 1 (Licensing) and 5 (Compliance & Security) are pass/fail gates. A vendor that fails either is disqualified before its other scores count.
- Score 1–5 per question,** average within each criterion, multiply by the criterion weight, and total. Use references and the live demo to confirm written scores, not replace them.
- Send the question bank.** Drop the “ask the vendor” questions directly into your RFP's requirements section.

Part A · Program scope (complete before issuing the RFP)

Membership size	
Member states (list all)	
Benefit portfolio intended (fixed indemnity, hospital indemnity, accident, critical illness, dental, vision, telehealth, Rx savings)	
Distribution model (in-house staff, association's own agents, partner agent network)	
Functions to hand off vs. keep in-house	
Reason for RFP (build / rescue / renewal)	
Target go-live date	

Part B · Weighted scorecard

#	Criterion	Weight	Vendor A	Vendor B	Vendor C
1	Licensing & regulatory standing PASS/FAIL	n/a			
2	Enrollment infrastructure	____%			
3	Billing & collections	____%			
4	Member support quality	____%			

5	Compliance & data security PASS/FAIL	n/a			
6	Reporting & analytics	____%			
7	Distribution & agent enablement	____%			
8	Pricing / total value	____%			
9	Association fit & references	____%			
	Weighted total	100%			

Part C · Question bank (drop into your RFP requirements)

1. Licensing & regulatory standing **PASS/FAIL**

- In which states are you licensed as a third-party administrator? Provide documentation.
- Confirm you are licensed in every state listed in our membership profile (Part A).
- How do you monitor and respond to regulatory change affecting supplemental and limited-benefit products?
- Have you had any regulatory actions, fines, or license suspensions in the last five years?

2. Enrollment infrastructure

- Describe your member enrollment platform. Provide a live demo.
- How does a member enroll, and how quickly do they go from enrolled to covered and able to use the plan?
- How are mid-year and new-member enrollments handled?
- Does enrollment integrate with our association management system? How does member data flow?
- What is your enrollment error rate, and how are errors corrected?

3. Billing & collections

- Exactly how are members billed (method, frequency, channels)?
- What descriptors appear on members' bank and credit-card statements?
- Do you provide a billing verification line members can call to confirm a charge is legitimate?
- How are failed or declined payments handled?
- How are member billing questions and disputes resolved, and what is the typical resolution time?

4. Member support quality

- What support channels do you offer (phone, portal, online), and what are your hours?
- Do members reach live representatives? What are your average handle and resolution times?
- Demonstrate the member self-service portal (ID cards, payments, plan documents, support requests).
- How do you measure member satisfaction, and what are your current scores?

5. Compliance & data security **PASS/FAIL**

- How do you handle HIPAA obligations for member data?
- What security certifications do you hold? Describe your data-security program.
- Describe your breach history and your breach-response procedures.
- How do you ensure compliance specific to limited-benefit and supplemental products across multiple states?

6. Reporting & analytics

- What standard reports do we receive, and how often?
- Do we get a live dashboard or periodic static reports?
- Can you report enrollment trends, utilization, retention signals, and member feedback?
- Can reporting be customized to our association's KPIs?

7. Distribution & agent enablement

- Do you provide an agent dashboard? Demonstrate it.
- How are agents onboarded, and how long does it take?
- How are commissions calculated, tracked, and paid?
- How does the agent experience connect to the member experience?

8. Pricing / total value

- Provide a complete fee schedule: per-member-per-month administration fee, setup/implementation costs, and any pass-through or ancillary charges.
- Are there minimums, volume tiers, or annual escalators?
- What is included vs. billed separately (portal, reporting, support, agent tools)?

9. Association fit & references

- Provide three references from associations or membership organizations of similar size and structure.
- Describe a problem you encountered with a client program and how you resolved it.
- Who specifically will run our account day to day? Can we meet them before signing?

Part D · Reference-call checklist (use on every reference)

- Did members complain about billing? How was it handled?
- Was enrollment smooth, or did your staff have to fill gaps?
- How responsive is the account team when something goes wrong?
- Has compliance or reporting ever been an issue?
- Knowing what you know now, would you choose this TPA again?

Part E · Final-stage checklist before signing

- Licensing verified in writing for all member states
- References called (not just collected)
- Live demo of enrollment, billing, and member portal completed
- Total cost (not headline fee) compared across finalists
- Met the operations team that will actually run the account
- Implementation timeline and data-transfer plan documented
- Contract reviewed by counsel

Premier Health Solutions is a third-party administrator based in Frisco, TX that administers supplemental and limited-benefit member-benefits programs for associations, agents, and partner organizations. PHS does not sell insurance, underwrite coverage, or make claims decisions. To scope a program or have PHS respond to your RFP: premierhslc.com/associations · premierhslc.com/contact