

TPA Evaluation Guide

A Corporate Strategy Guide for Evaluating
Third-Party Administrators for
Self-Funded Health Plans



Built for employers to compare capabilities,
assess fit, and make confident administrative
partner decisions.



Strategic Evaluation



Operational Due Diligence



Confident Decision-Making

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Use this guide to evaluate strategic fit, operational capability, reporting transparency, member experience, and contractual considerations when selecting a TPA.

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How to Use This Guide

- Define your priorities.
- Compare TPAs consistently.
- Document your recommendation.

Start with Employer Goals

The right TPA depends on the strategy you are trying to support.



Strategic Objectives

- Cost control and trend management
- Improve employee experience
- Plan flexibility and design options
- Regulatory compliance
- Reporting transparency



Current Pain Points

- Service and responsiveness issues
- Poor data quality or reporting
- Claims processing delays
- Vendor friction
- Limited customization



Future Priorities

- Support growth and scaling
- Advance self-funding maturity
- Integrate point solutions
- Pharmacy strategy
- Population health outcomes



Key Questions

- What must improve?
- What capabilities are non-negotiable?
- What should the next 3 years look like?



Notes & Planning

Administrative Model & Core Capabilities

Understand how the TPA operates the plan and supports the employer.



Core Services

- Claims administration
- Eligibility management
- COBRA administration
- FSA/HRA/HSA support if applicable
- ID card issuance
- Appeals administration



Customization

- Plan design flexibility
- Carve-out capabilities
- Network options
- Accumulator handling



Implementation & Onboarding

- Implementation timeline
- Dedicated implementation team
- File testing and validation
- Employee communication support



Account Management

- Dedicated service team
- Escalation path
- Meeting and reporting cadence
- Responsiveness and issue resolution

Notes & Planning

Claims Performance & Operational Service

Evaluate execution, accuracy, and responsiveness.



Key Metrics to Request

- Financial accuracy rate
- Average claims turnaround time
- Pended claims rate
- Average call response time
- First-call resolution rate



Operational Questions

- How are issues escalated?
- How are urgent claims handled?
- How are appeals managed?
- How is provider disruption addressed?



Service Guarantees

- Reporting deadlines and frequency
- Implementation standards
- Performance guarantees
- Remedies for missed commitments



Red Flags

- Slow service or long delays
- Unclear ownership or accountability
- Recurring errors or rework
- Limited follow-through on issues



Notes & Planning

Data, Reporting & Transparency

If you cannot access the data, you cannot manage the plan.



Data Access

- Detailed claims data
- Eligibility files
- Pharmacy data
- Export capability



Reporting

- Standard dashboards
- Ad hoc reporting
- Benchmark views
- Renewal insights



Ownership & Transparency

- Who owns the data
- Sharing rights with advisors/vendors
- Reporting frequency
- Hidden limitations



Decision Support

- Trend analysis
- High-cost claimants
- Utilization patterns
- Action planning



Notes & Planning

Member Experience & Advocacy

The employee experience should carry real weight in the decision.



Member Support

- Call center quality
- Hours of operation
- Average hold times
- Issue ownership and resolution
- Multilingual support



Advocacy & Navigation

- Claims help and resolution
- Billing and payment support
- Care navigation assistance
- Support for complex cases



Digital Experience

- Member portal functionality
- Mobile app access
- Digital ID cards
- Status and claim visibility
- Communications and alerts



HR Impact

- Reduces HR burden
- Clear escalation paths
- Proactive follow-up
- Employee satisfaction



Notes & Planning

Vendor Integration & Technology

Your TPA should support the broader health plan ecosystem.



Integration Capabilities

- PBM integration
- Stop-loss integration
- Patient navigation integration
- Wellness program integration
- Direct Primary Care integration
- Point solution connectivity



Technical Requirements

- Reliable file feeds inbound and outbound
- API access or secure data exchange
- Accumulator and maximizer integration
- Timely, accurate eligibility data



Flexibility

- Open architecture and connectivity
- Willingness to work with outside vendors
- Ability to support custom setups
- Support for carve-outs and unique needs



Questions to Ask

- Who owns vendor integrations?
- How are integration issues resolved?
- What costs apply to integrations?
- What timelines are realistic?



Notes & Planning

Contracts, Compliance & Fee Review

Look beyond the sales presentation.



Contract Review

- Administrative services agreement
- Termination terms
- Run-out claims
- Data access
- Audit rights



Compliance Support

- ERISA reporting
- COBRA
- HIPAA
- Appeals support
- Documentation



Fee Transparency

- PEPM fees
- Setup charges
- Reporting fees
- Implementation fees
- Pass-through vendor fees



Final Due Diligence

- References
- Financial stability
- Service team experience
- Litigation or complaint history



Notes & Planning

TPA Scorecard & Final Recommendation

Create a disciplined comparison before making a decision.

Criteria	TPA A	TPA B	TPA C	Weight / Notes
Strategic Fit				
Core Capabilities				
Claims Performance				
Data & Reporting				
Member Experience				
Vendor Integration				
Compliance & Contract Terms				
Total Score				



Decision Summary

Leading candidate: _____

Top strengths: _____

Key risks: _____

Implementation considerations: _____

Final recommendation: _____



Notes & Planning
