

Jefferson Parish Government
SOQ 22-037
Group Medicare Advantage Plan

Response documents

This file contains the following Blue Cross and Blue Shield of Louisiana documents:

- Cover Page
- Cover Letter to Jefferson Parish Government
- Minimum Qualifications
- Scope of Services
- Attachment A General Professional Services Questionnaire
- Attachment B Insurance Requirements and Indemnification
- Attachment C Proposed Rates and Benefits
- Attachment D Carrier Questionnaire



Louisiana

August 18, 2022

Melissa Ovalle
Jefferson Parish Purchasing Department
General Government Building
200 Derbigny Street, Suite 4400
Gretna, LA 70053

RE: Jefferson Parish Government - Statements of Qualifications Requested
for Fully Insured Medicare Advantage Plans

Dear Ms. Ovalle:

We're pleased to respond to your Request for Proposal and would welcome the opportunity to become your partner supporting the health and lives of the Jefferson Parish Government members.

Power of the Cross & Shield

It's important to highlight that our success is measured by the quality of people we employ and the values we promote. Our local team, made up of more than 2,400 strong, multiplies the power and stability of the Cross & Shield throughout Louisiana and beyond.

Passive Network, Nationwide Reach

The group Medicare plan we quoted includes a passive PPO network, which offers out-of-network benefits at the same cost share as in-network benefits. This allows providers who accept Medicare and agree to bill the plan to see your members.

In addition, MA PPO members have the option to visit providers available through the Blue Cross BlueCard Medicare Advantage nationwide network.

Medical, Pharmacy + Extras

This Medicare Advantage plan offers a benefit-rich, all-in-one offering including hospitals, medical and prescription drugs along with extras like:

- **\$925 Mastercard Flex Card** to pay for out-of-pocket costs, including:
 - \$500 for hearing aids
 - \$225 for eyewear (glasses or contacts)
 - \$200 for over-the counter supplies at participating retailers or online
- **Dental** benefits including two cleanings and two exams per year
- **Vision** coverage with the freedom to choose your provider
- **\$0 Primary Care Provider** visits in office or online
- **Specialist** visits without a referral
- **Nurse support** through a 24-hour phone line and much more.

Louisiana True

Our dedicated staff will work hard to respond to your members' needs quickly and effectively. This includes our sales, service and support staff in the New Orleans and Baton Rouge areas along with our customer service, claims and other service departments in Monroe. Because we are made in Louisiana, we understand what it means to serve Louisiana. We call this *Louisiana True*.

We've made every effort to comply with all RFP specifications, and sincerely offer our pledge to work tirelessly to exceed your expectations and earn your confidence every day. Included is the electronic copy of our proposal via email.

Please contact me at (225) 295-2079 with any questions. I look forward to speaking with you soon.

Sincerely,

A handwritten signature in black ink that reads "Sheldon Faulk". The signature is written in a cursive, flowing style.

Sheldon Faulk
Senior Vice President & Chief Operations Officer
Government Business

Encl

A PROPOSAL FOR JEFFERSON PARISH GOVERNMENT
GROUP MEDICARE ADVANTAGE PLAN- SOQ NO. 22-037

MINIMUM QUALIFICATIONS

The following are mandatory requirements for all proposers that cannot be delegated to another entity and must be met by the actual entity submitting the proposal. Failure to meet any of these requirements at the time of the submission deadline will result in the disqualification of a proposal:

1. Proposer must be licensed in Louisiana and in other states once it is known that a beneficiary has moved to or received services in that state. Please provide copies of all licensing credentials from the State of Louisiana with your proposal.

Please see attached Certificate of Authority.

2. Proposer must have at least five (5) years of experience in providing the type of plans and services requested in this SOQ.

We meet the 5 year minimum requirement.

3. Proposer must offer the type of plans and services as described in this SOQ to at least three (3) similar employer groups or municipalities with similar total members as Jefferson Parish Government, and provide as references.

Lincoln Parish School Board

David Gullatt

District 3 Board Member

410 S Farmerville St

Ruston, LA 71270

318-243-2616

Gullattd2@yahoo.com

Calcasieu Parish School Board

Skylar Fontenot

Manager, Risk Management

3310 Broad Street

Lake Charles, LA 70615

337-217-4240, Ext 3001

Skylar.fontenot@cpsb.org

A PROPOSAL FOR JEFFERSON PARISH GOVERNMENT
GROUP MEDICARE ADVANTAGE PLAN- SOQ NO. 22-037

City of Baton Rouge – Parish of East Baton Rouge
Mr. Brian K. Bernard, MPA, PHR
Director of Human Resources
P. O. Box 1471
Baton Rouge, LA 70821
225-389-5307
hr@brgov.com

SCOPE OF SERVICES

General Services - Agree

Mail all plan related materials to all covered retirees to be received prior to commencement of open enrollment meetings on an annual basis. Materials will include plan summary, all-inclusive network provider list/booklet, prescription drug coverage information, material describing ancillary coverage, such as dental, vision, etc.

Will comply with all applicable Federal, State, and Local laws, rules and regulations. These laws, rules and regulations will be deemed to be included in the contract the same as though herein written in full.

The healthcare provider must mail subscriber and dependent ID cards annually prior to the first of each year after open enrollment.

Provide annual open enrollment support by providing a speaker at each retiree meeting upon request. Provide representatives to meet with retirees individually upon request for possible enrollment when the retiree reaches age 65.

Professional Services - Agree

Provide a network of physicians, hospitals and ancillary medical providers. Maintain a thorough, well documented credentialing procedure, and conduct an ongoing quality assurance program under the purview of a peer review committee.

Provide utilization management services designed to authorize care with the fewest number of hospital days and/or elective surgeries such that quality of care and patient satisfaction are not reduced. Reviews to be conducted by staff consisting of registered nurses and a panel of physician advisors including specialists.

Provide information on all programs that target treatment of chronic diseases, i.e., disease management. Discuss health assessment surveys, nurse interventions and health outcome data, different therapies used to treat different diseases and dissemination of data to network physicians.

Administrative Services - Agree

Establish, maintain, and update Master Record file(s). Prepare and print all plan documents:

- Group Policy/ Plan Document
- Summary Plan Description (SPD)
- Other documents as may be required by federal state and local laws

Furnish all standard forms to be used in connection with the administration of the plan:

- Enrollment Forms
- Claim Forms
- ID cards
- EOBs

Review, in a consultative capacity, summary plan descriptions and other similar material to be distributed to plan participants.

Consult on plan provisions, plan design, impact of local, state, or federal legislation, new medical procedures/technology, emerging benefits trends, cost containment, and other ongoing services issues.

Performance Standards - Agree

Proposer shall maintain the following performance levels, as applicable:

Eligibility Loading- Load all eligibility files into system within five (5) business days of receipt. Measurement Criteria- Elapsed time from date file received to the date upon which the file is loaded to the eligibility system.

ID Cards -mailed within ten (10) business days after final member eligibility is received, system loaded and passes a quality assurance check. Measurement Criteria - Date ID cards are mailed.

Electronic "Claim Ready Date"- Electronic Claim Ready by the effective

*A PROPOSAL FOR JEFFERSON PARISH GOVERNMENT
GROUP MEDICARE ADVANTAGE PLAN - SOQ NO. 22-037*

date or within twenty (20) business days after account structure is entered into the system, final member eligibility is received, and benefit plan design is finalized. Measurement Criteria - Date plan benefits and employee and dependent eligibility data is system loaded.

Claim Operations: Measurement Criteria- by standard claim operations reports:

Time to Pay- 90% of "non-controversial" or "clean" claims paid in ten (10) business days
Financial Accuracy- 99% of submitted charges processed correctly

Procedural Accuracy- 95% of claims processed without non-financial error
Penalties: The annual penalty for failure to maintain the performance levels above shall be:

Eligibility Loading	\$20,000
ID Cards	\$50,000
Electronic "Claims Ready Date"	\$50,000

Time to pay: \$50,000 for failure to pay 90% of claims within 10 days; Increase \$5,000 per extra day to meet 90% standard to a maximum of 15 days and maximum of \$100,000.

Financial Accuracy: \$100,000 for failure to process 99% of claims correctly; Increase \$5,000 per 25% reduction in accuracy to 98% and maximum of \$200,000

Procedural Accuracy: \$20,000 for failure to process 95% of claims without a Non- financial error; increase \$5,000 per .50% reduction in accuracy to 93% and maximum of \$40,000.

Claims Processing Services - Agree

Maintain and update eligibility file.

Administer the plans' Coordination of Benefits (COB) provision.

Review claims submitted for medical services that appear excessive and/or establish medical necessity for services rendered or expenses incurred.

Make available the services of field claim consultants and/or

professional services resources for the evaluation of complex claims.

Maintain peer review relations.

Discuss disputed charges with providers when appropriate.

Must notify JPG of any and all PPACA changes and updates that will impact JPG financially and administratively.

Maintain and store claim detail data elements for statistical analysis.

Provide online and mobile claim viewing access to participants.

New Business Installation Services - Agree

Consult on new products, alternate health care delivery system, and healthcare cost management techniques.

Participate in and/or conduct retiree meetings as requested.

Act as a liaison with administrative, technical services, and claims departments. If you are awarded the contract, you will be responsible for developing, printing and distribution of the required ID cards, claim forms, provider directories and employee booklets. Any cost for these services must be absorbed by the proposer.

Other Services - Agree

Provide a network of physicians, hospitals and other health care professionals and providers offering discounts or special fee arrangements to their normal service fee schedules.

A dedicated nationwide toll free customer service line specifically for retirees of the Parish is required.

JPG reserves the right to return to the top candidates to request a final proposal based on one or more components of the initial proposal. JPG reserves the right to negotiate certain terms and conditions relative to the contract.

General Professional Services Questionnaire Instructions

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert “N/A” or “None” if a section does not apply or if there is no information to provide.**
- Questionnaire must be signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

SOQ No. 22-032
Dental Insurance Plan

B. Firm Name & Address:

Louisiana Health Service & Indemnity Company
d/b/a Blue Cross and Blue Shield of Louisiana
and HMO Louisiana, Inc
and Southern National Life: A subsidiary of Blue Cross and Blue Shield of Louisiana.
5525 Reitze Avenue
Baton Rouge, LA 70809

C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:

Brian P. Keller
Senior Vice President and Chief Marketing Officer
225-298-1582

D. Address of principal office where Project work will be performed:

Louisiana Health Service & Indemnity Company d/b/a Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc
1340 Poydras Street, Suite 100
New Orleans, LA 70112

E. Is this submittal by a JOINT-VENTURE? Please check:

YES NO

If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.

F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.

1.

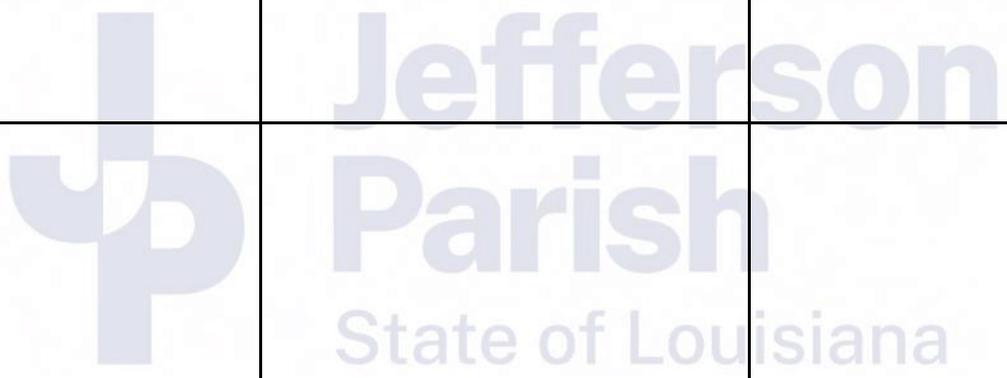
2.

General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES NO

H. List all subcontractors anticipated for this Project. Please note that **all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.**

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1. N/A		
2.		
3.		
4.		
5.		



General Professional Services Questionnaire

I. Please specify the total number of support personnel that may assist in the completion of this Project: <u>Approximately 10 for initial implementation</u>
J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.
PROFESSIONAL NO. 1
Name & Title: Korey Harvey, Vice President, Deputy General Counsel, Assistant Secretary of the Corporation
Name of Firm with which associated: BCBSLA
Description of job responsibilities: Deputy general counsel overseeing regulatory affairs, corporate governance, and member/group contracts and plans of benefits
Years' experience with this Firm: 3 ½ years at BCBSLA
Education: Degree(s)/Year/Specialization: BA; Juris Doctor
Other experience and qualifications relevant to the proposed Project: Deputy Commissioner of Insurance 2014-2018

General Professional Services Questionnaire

PROFESSIONAL NO. 2
Name & Title:
Sheldon Faulk, Senior Vice President and Chief Operating Officer, Government Business
Name of Firm with which associated:
Blue Cross and Blue Shield of Louisiana
Description of job responsibilities:
Strategy and oversight of Medicare business
Years' experience with this Firm:
25 years
Education: Degree(s)/Year/Specialization:
Bachelor of Science, University of Holy Cross in New Orleans Master of Business Administration and Juris Doctorate degrees from Loyola University, New Orleans.
Other experience and qualifications relevant to the proposed Project:
Government regulations, Medicare benefits, group coverage

General Professional Services Questionnaire

PROFESSIONAL NO. 3
Name & Title: Dan Wagner, Vice President, Medicare Advantage & Medicare Supplement Plan Sales
Name of Firm with which associated: Blue Cross and Blue Shield of Louisiana
Description of job responsibilities: Management of sales and marketing functions for Medicare product portfolio
Years' experience with this Firm: 19 years
Education: Degree(s)/Year/Specialization: Bachelor of Science from Tulane University in New Orleans Master of Arts from the University of Mississippi
Other experience and qualifications relevant to the proposed Project: Insurance sales and operations

General Professional Services Questionnaire

PROFESSIONAL NO. 4
Name & Title: Patricia Starnes, Medicare Advantage EGWP Sales Manager
Name of Firm with which associated: Blue Cross and Blue Shield of Louisiana
Description of job responsibilities: Day-to-day management and oversight of Medicare Advantage Groups
Years' experience with this Firm: 4 plus years
Education: Degree(s)/Year/Specialization: LSU Graduate School of Banking
Other experience and qualifications relevant to the proposed Project: Account management, Medicare enrollment, sales

General Professional Services Questionnaire

PROFESSIONAL NO. 5

Name & Title:

Paul Gray, Vice President, Medicare Advantage Operations and Plan Performance

Name of Firm with which associated:

Blue Cross and Blue Shield of Louisiana

Description of job responsibilities:

Medicare regulations and service delivery

Years' experience with this Firm:

17 years

Education: Degree(s)/Year/Specialization:

Bachelor of Science in accounting, Louisiana State University
Master of Business Administration, LSU

Other experience and qualifications relevant to the proposed Project:

Lean Six Sigma Green Belt, Certified Internal Auditor, Certified Information Systems Auditor, Certified Healthcare Consultant and Professional, Academy of Healthcare Management, Certified in Risk Management Assurance and Risk and Information Systems Control

General Professional Services Questionnaire

PROFESSIONAL NO. 5
Name & Title:
Wes Miller, Director, Medicare Advantage Compliance, Medicare Compliance Officer
Name of Firm with which associated:
Blue Cross and Blue Shield of Louisiana
Description of job responsibilities:
Medicare regulatory oversight and compliance
Years' experience with this Firm:
10 plus years
Education: Degree(s)/Year/Specialization:
Bachelor of Arts in Marketing, Southeastern Louisiana University
Other experience and qualifications relevant to the proposed Project:
Data analysis, management, business process improvement

General Professional Services Questionnaire

K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.

PROJECT NO. 1

Project Name, Location and Owner's contact information:	Description of Services Provided:
Lincoln Parish School Board David Gullatt District 3 Board Member 410 S Farmerville St Ruston, LA 71270 318-243-2616 Gullattd2@yahoo.com	Medicare Advantage
Length of Services Provided:	Cost of Services Provided:
Ongoing	N/A

PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
Calcasieu Parish School Board Skylar Fontenot Manager, Risk Management 3310 Broad Street Lake Charles, LA 70615 337-217-4240, Ext 3001 Skylar.fontenot@cpsb.org	Medicare Advantage
Length of Services Provided:	Cost of Services Provided:
Ongoing	N/A

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
City of Baton Rouge – Parish of East Baton Rouge Mr. Brian K. Bernard, MPA, PHR Director of Human Resources P. O. Box 1471 Baton Rouge, LA 70821 225-389-5307 hr@brgov.com	Medicare Advantage
Length of Services Provided:	Cost of Services Provided:
Ongoing	N/A

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1.N/A	N/A	N/A
2.		
3.		
4.		

M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

BCBSLA has no current or recent litigation against Jefferson Parish government.

N. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature:  Print Name: Brian P. Keller

Title: SVP & Chief Marketing Officer Date: August 18, 2022

ATTACHMENT B

**PLEASE SEE BELOW FOR BCBSLA'S REDLINE CHANGES TO THE INDEMNITY AGREEMENT.
BCBSLA WILL AGREE TO ALL INSURANCE REQUIREMENTS REQUESTED.**

INDEMNITY

To the fullest extent permitted by law, Proposer, agrees to protect, defend, indemnify and save the Parish, its agents, officials, and employees, ~~volunteers or any firm, company, organization, or individual, or their Proposers, or subcontractors with whom the Parish may be contracted harmless~~ from and against any and all claims, demands, actions, and causes of action of every kind and character including but not limited to claims based on negligence, strict liability, and absolute liability which may arise in favor of any person or persons on account of illness, disease, loss of property, services, wages, death or personal injuries resulting from acts or omissions of Proposer, its agents, employees, assigns, or subcontractors, during the operations contemplated by the contract. However, such indemnification does not extend to suits or other forms of action that may arise alleging breach of fiduciary duties by the Parish as Plan Sponsor and plan fiduciary.

This indemnity does not extend to the ~~sole~~ negligence of the Parish and the Proposer shall not be liable to the Parish for its lost profits or revenue or consequential damages except claims advanced in tort and/or claims advanced in contract due to the bad faith of Proposer. Bad faith shall mean a breach of some motive or interest of ill will on the part of the Proposer.

Further, Proposer hereby agrees to indemnify the Parish for all reasonable expenses including but not limited to all fees and charges of attorneys and other professionals and all court or other dispute resolution costs incurred by or imposed upon the Parish in connection therewith for any such loss, damage, injury or other casualty resulting from the breach of any agreement awarded pursuant to the request for proposal. Proposer further agrees to pay all reasonable expenses and attorneys' fees incurred by the Parish in establishing the right to indemnity pursuant to the provisions in this agreement."

The insurance requirements shall be as follows:

All insurance requirements shall conform to Jefferson Parish Resolution No. 113646 dated as amended.

The proposer shall not commence work under this contract until it has obtained all insurance and complied with the insurance requirements of the specifications and Resolution No. 113646.

WORKER'S COMPENSATION INSURANCE

As required by Louisiana State Statute, except Employer's Liability, Section B shall be \$1,000,000 per occurrence when Work is to be over water and involves maritime exposures to cover all employees not covered under the State Worker's Compensation Act; otherwise, this limit shall be no less than \$500,000 per occurrence.

COMMERCIAL GENERAL LIABILITY

Shall provide limits not less than the following: \$1,000,000.00 Combined Single Limit per Occurrence for bodily injury and property damage.

COMPREHENSIVE AUTOMOBILE LIABILITY

Bodily injury liability \$1,000,000.00 each person; \$1,000,000.00 each occurrence. Property Damage Liability \$1,000,000.00 each occurrence.

DEDUCTIBLES

No insurance required shall include a deductible greater than \$10,000.00. The cost of the deductible is borne by the Proposer.

PROFESSIONAL LIABILITY

Shall provide Combined Single Limit of \$1,000,000.00 per Occurrence.

UMBRELLA LIABILITY COVERAGE

An umbrella policy or excess may be used to meet minimum requirements.

SUBCONTRACTOR INSURANCE

The Proposer shall include all subcontractors as insured's under its policies or shall insure that all subcontractors satisfy the same insurance requirements stated herein for the Proposer.



Louisiana



Blue Advantage (PPO) Group Medicare Advantage Proposal for:

Jefferson Parish Government

Presented by Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross Blue Shield Association.

Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in Blue Advantage depends on contract renewal.

Proposed Schedule of Benefits

Your Covered Benefits Are:	In-Network	Out-of-Network
Medical Out-of-Pocket (OOP) Maximum	\$1,000	\$1,000
Blue Advantage Covered Benefits		
Deductible	\$0	\$0
Inpatient Hospital	\$50 Copay Days 1-10, \$0 Copay Days 11-90	\$50 Copay Days 1-10, \$0 Copay Days 11-90
Inpatient Services for Mental Health/Substance Abuse	\$50 Copay Days 1-10, \$0 Copay Days 11-90	\$50 Copay Days 1-10, \$0 Copay Days 11-90
Skilled Nursing Facility	\$0 Copay Days 1-20, \$50 Copay Days 21-100	\$0 copays 1-20 \$50 Copay Days 21-100
Home Health Care	\$0 Copay	\$0 Copay
Urgent Care	\$0 Copay	\$0 Copay
Emergency Room (including worldwide)	\$50.00 Copay	\$50.00 Copay
Outpatient Surgery	\$0 Copay	\$0 Copay
Outpatient Hospital Services	\$0 Copay	\$0 Copay
Partial Hospitalization	\$0 Copay	\$0 Copay
Blood	\$0 Copay	\$0 Copay
PCP Visits (Includes Routine Physical Exam)	\$0 Copay	\$0 Copay
Specialist Visits	\$0 Copay	\$0 Copay
Mental Health/Psychiatric and Substance Abuse (Outpatient)	\$0 Copay	\$0 Copay
Podiatry	\$0 Copay	\$0 Copay
Diagnostic Lab Tests	\$0 Copay	\$0 Copay
Radiology (diagnostic)	\$0 Copay	\$0 Copay
Radiology (therapeutic)	\$0 Copay	\$0 Copay
X-Rays	\$0 Copay	\$0 Copay
PT/OT/SP Therapy	\$0 Copay	\$0 Copay
Cardiac Rehab/CORF	\$0 Copay	\$0 Copay
Dialysis Treatment/ESRD	\$0 Copay	\$0 Copay
Part B Covered Drugs	\$0 Copay	\$0 Copay
Chemotherapy Drugs	\$0 Copay	\$0 Copay
DME & Prosthetics & Diabetes Supplies	\$0 Copay	\$0 Copay
Ambulance	\$0 Copay per trip	\$0 Copay per trip
Blue Advantage Supplemental Benefits		
Wellness	100% Coverage for Bone Mass Measurement, ALL Mammogram (screening and other), Pap Smear, Pelvic exam, Pneumonia, Flu and Hepatitis B Vaccines, ALL Colorectal (screening and other) and Prostate Cancer Screening Exams	

Preventative Care & Testing	100% coverage for additional preventatives, including Aortic Aneurysm Screening, Diabetes Screening, Glaucoma Screening and Nutrition Therapy for ESRD. Includes one-time "Welcome to Medicare" preventive visit (IPPE) & an annual wellness visit (AWV)
Vision Exam	\$0 Copay
Eyewear	\$225 Allowance
Hearing Exam	\$0 Copay per visit
Hearing Aids	\$500 allowance every year, total for both ears
Dental Care	\$0 Copay for preventive services
Fitness	\$0 Copay
Diabetes Monitoring	\$0 Copay for diabetes self-monitoring training and 0% coinsurance on covered diabetic supplies.
Diabetes Shoes/Inserts	\$0 Copay
Blue Advantage Part D Drug Coverage (5-tier Formulary)	
Rx Deductible	\$0
Preferred Retail Copay	30 days: \$3 / \$12 / \$45 / \$100 / \$100 60 days: \$6 / \$24 / \$90 / \$200 / N/A 90 days: \$0 / \$0 / \$135 / \$300 / N/A Specialty drugs limited to 30 day supply
Preferred Mail Order	30 days: \$3 / \$12 / \$45 / \$100 / \$100 60 days: \$6 / \$24 / \$90 / \$200 / N/A 90 days: \$0 / \$0 / \$135 / \$300 / N/A Specialty drugs limited to 30 day supply
Non-Preferred Retail Copay	30 days: \$10 / \$18 / \$47 / \$100 / \$100 60 days: \$20 / \$36 / \$94 / \$200 / N/A 90 days: \$30 / \$54 / \$141 / \$300 / N/A Specialty drugs limited to 30 day supply
Non-Preferred Mail Order	N/A
Gap Coverage	Full Gap Coverage for all Tiers
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay either the standard Catastrophic Coverage Stage amount or your copayment in the Initial Coverage Stage, whichever is the lower amount.</p> <ul style="list-style-type: none"> The cost for a covered drug under the standard Catastrophic Coverage Stage amount will be either coinsurance or a copayment, whichever is the larger amount: <ul style="list-style-type: none"> - either – coinsurance of 5% of the cost of the drug - or – \$4.15 for a generic drug or a drug that is treated like a generic and \$10.35 for all other drugs. If your Initial Coverage Stage copayment amount for a covered drug is less than the copayment or coinsurance amount above, you will pay your Initial Coverage copayment amount. You will not pay more than your copayment amount from the Initial Coverage Stage.
Premium	\$211.00 Per Member Per Month

Proposed benefits are based on preliminary data only. Final rates and acceptance of the Group for coverage are subject to Underwriting approval and other business factors. Final rates and coverage are not valid until accepted in writing by the Company. Do NOT cancel your current coverage until you receive this written acceptance.

Date: 08/8/2022

Qualifications and Stipulations for:

Jefferson Parish Government

THIS QUOTE IS APPLICABLE TO ALL MEDICARE ADVANTAGE ELIGIBLE RETIREES.

This Quote is issued on a qualified basis and is based on the accuracy and validity of the data submitted in the RFP. All qualifications are noted below. Please do not cancel coverage with current carrier prior to final Underwriting review and approval.

Underwriting reserves the right to rescind or amend this proposal based on all required information and/or responses to any qualifications established.

This quote assumes a minimum average Employer contribution as stated in the RFP.

All proposed rates assume that Blue Cross and Blue Shield of Louisiana will be the sole carrier to provide Medicare Advantage Health benefits to all retirees of this group who reside in our Blue Advantage (PPO) service area.

In order to implement this plan effectively, an implementation meeting must be held with Blue Cross 90 days prior to the effective date.

If the enrolled membership differs from the census by more than 10%, Blue Cross reserves the right to revise or rescind the quote.

Blue Cross requires a minimum of 10 enrolled members per standard product offering to renew an Employer Sponsored plan.

The initial first month of premium or an equivalent estimate of first month of premium must be provided before the issuance of the contract policy and must be submitted with the submission of initial enrollment applications. All premium payments are due on the first of the month for which coverage is provided. All premium notifications will be presented in a List Bill format on a monthly basis. All List Bill reconciliations must be performed by the account and adjusted accordingly with Blue Cross on a monthly basis.

Quoted rates are valid for the effective date and are based on the benefits as stated in this RFP.

This proposal assumes all members are retired and enrolled in Medicare Part A and Part B.

All quoted rates are based on the assumption that there is no secondary plan wrapping around the Employer Blue Advantage (PPO) plan and/or Part D plan.

Blue Cross follows the Centers for Medicare and Medicaid Services (CMS) rules and regulations regarding enrollment and eligibility into the Medicare Employer plans.

The rates are contingent upon each retiree residing within Blue Advantage's service area. The enrollment will be based on the retiree's primary residence as defined by CMS.

Should there be any changes in the Patient Protection and Affordable Care Act (ACA) or other federal regulations or CMS instructions or interpretation that affect Medicare Advantage (and/or Part D) products and/or reimbursements, Blue Cross reserves the right to adjust the proposed rates and/or benefits.

Federal regulations enable Social Security to charge higher Medicare Part B and Part D premiums for beneficiaries considered “higher-income” (Medicare beneficiaries with modified adjusted gross income above specific thresholds). If applicable, this amount is typically deducted from the beneficiary’s monthly Social Security payment and is not factored into the Medicare Advantage rates listed above.

The Premium includes an ACA Industry Fee imposed by the Patient Protection and Affordable Care Act.

The quoted rates do not include a possible reduction for those eligible for the CMS regulated low income subsidy.

IMPORTANT: This proposal is based upon the accuracy and validity of the data provided by the Plan Administrator or its representative who warrants that the data is accurate. Blue Cross and Blue Shield of Louisiana reserves the right to revise or rescind the quote if any material errors or omissions are found after the quote is issued.

This proposal expires on the effective date.

ATTACHMENT D

CARRIER QUESTIONNAIRE

1. Name and address of parent company.

**Louisiana Health Service & Indemnity Company
d/b/a Blue Cross and Blue Shield of Louisiana
5525 Reitz Avenue
Baton Rouge, LA 70809**

2. How long has the company been in business?

**Blue Cross and Blue Shield of Louisiana has been serving Louisianians since 1934.
HMO Louisiana, Inc. has been in business since 1996.**

3. Name and address of local office. What is the size of your local staff?

Our sales, service and support staff are located:

**Downtown New Orleans
1340 Poydras Street, Suite 100
New Orleans, LA 70112**

**Our claims, customer service and other departments are located in Monroe, La.
Currently, BCBSLA has about 2,400 employees.**

4. Provide the most recent A.M. Best or Standard & Poor's rating for your company.

Our leadership in the Louisiana health insurance market goes beyond our status as the state's oldest and largest domestic health insurer. We are financially strong and stable, with 25 consecutive 'A' ratings from Standard & Poor's for financial stability and strength.

5. How many members are being served by your company nationally and in Louisiana?

Blue Cross Licensees' have collectively 110 million members nationwide. Blue Cross and Blue Shield of Louisiana and subsidiaries serve 1.8 million members.

6. How many employers with 3,000+ employees are being served in Louisiana by you?
- Calcasieu Parish School Board has 5,200 total with 1,500 on the Employer Group Waiver Plan.
 - City of Baton Rouge has 6,207 total with 607 on EGWP.

7. Where is your customer service office located?

Our customer service office located at our corporate headquarters at:

**Blue Advantage
130 DeSiard Street, Suite 300
Monroe, LA 71201**

8. Provide three references that have similar dynamics to Jefferson Parish Government. At least one reference group should have gone through the respective enrollment process within the last two years. Include contact names, phone numbers and email addresses.

**Lincoln Parish School Board
David Gullatt
District 3 Board Member
410 S Farmerville St
Ruston, LA 71270
318-243-2616
Gullattd2@yahoo.com**

**Calcasieu Parish School Board
Skylar Fontenot
Manager, Risk Management
3310 Broad St
Lake Charles, LA. 70615
337-217-4240, ext 3001
Skylar.fontenot@cpsb.org**

**City of Baton Rouge – Parish of East Baton Rouge
Mr. Brian K. Bernard, M.P.A., P.H.R.
Director of Human Resources
P.O. Box 1471
Baton Rouge, LA 70821
225-389-5307
hr@brgov.com**

9. A provider network is a critical part of the medical plan; therefore, include provider directory with your proposal. Also, provide a GEO Access report using a standard of two (2) providers within ten (10) miles.

Electronic copies of the Blue Advantage Provider Directory and Geo Access report have been attached.

10. Describe the account management services and the team that would be responsible for handling the Parish account.

A local, dedicated Account Manager, located in our New Orleans office, will work with you to make certain your objectives and needs are being met and who is responsible for managing the administrative process for large group accounts. The account manager interfaces daily with the Human Resources staff in the group regarding reporting needs, billing and enrollment needs, eligibility issues, escalated claims issues resolution and the renewal process. Our large group account managers bring the highest level of access and accountability to our large group segment. They work closely with direct contacts in the administrative departments at our corporate office in Baton Rouge.

11. Describe the support you would provide as part of a change in vendors. Provide an implementation and communication schedule showing tasks, allocation of responsibilities and personnel.

The Implementation Support team consists of experienced and proven project management professionals committed to working together with groups and consultants to ensure a smooth and seamless transition to the platform. The Implementation Support team includes a wide variety of operations and technical backgrounds including claims, customer service, membership, billing and project management.

We recognize that each implementation is unique. Accordingly, we create a tailored plan based on a standard template refined through years of experience (sample attached), to meet the requirements of each new account and deliver a well-planned and properly executed transition. Elements of all implementations include:

- **A dedicated implementation team that works closely with the sales team**
- **An account-specific implementation plan that establishes expectations and deadlines**
- **Regular internal operational meetings to ensure issues and their resolution are communicated to all involved**
- **Conference calls as needed to ensure all essential tasks are completed timely**
- **Assistance with employee meetings as needed to educate members about plan benefits**

12. Do you agree to comply with all of the proposal assumptions and requirements as outlined in this SOQ? If not, specifically explain how your proposal deviates from this.

Agreed subject to deviations listed in our proposal.

13. Do you agree to administer the requested benefits plan as described? If not, specifically identify any variations in plan designs.

On existing plan designs, BCBSLA will agree to match member cost share (deductibles, coinsurance, copays, out-of-pocket amounts) elements of the current plan design. However, standard BCBSLA and HMO Louisiana, Inc. contract wordings, definitions, limitations, and plan administration will apply. On all new alternative plan designs, BCBSLA has provided a benefit grid illustrating benefits.

14. Please provide results from the following surveys for 2020/2021:

- a. Member Satisfaction

In 2020 and 2021, 65% of members said they were satisfied or very satisfied with our Medicare product.

- b. Provider Satisfaction

In 2020 and 2021, 77% of providers said they were satisfied or very satisfied with BCBSLA. This level of satisfaction was measured through our annual Provider Experience Study, where providers from a mix of practices and facilities in Louisiana are invited to participate in the survey.

- c. Benefits Manager Satisfaction

Satisfaction among benefits managers (or group leaders) is also measured through an annual survey. In 2021, 68% of benefits managers from employer groups said they were satisfied or high satisfied with BCBSLA. In 2020, satisfaction was 76%.

15. For which services, and to whom, do you outsource the following:

- | | |
|---------------------------|--|
| a. Mental Health | not outsourced for Medicare Advantage |
| b. Laboratory | not outsourced for Medicare Advantage |
| c. Vision | As of 2023, not outsourced for Medicare Advantage |
| d. Prescription Drug | Express Scripts |
| e. Network Management | not outsourced for Medicare Advantage |
| f. Utilization Management | not outsourced for Medicare Advantage |

16. What was your 2023 target Per Member Per Month (PMPM) medical cost for your network?

Medicare Advantage claims costs:

Medical Expenses – \$627.83

Pharmacy Expenses – \$81.69

Total Expenses – \$709.52

17. What is your administration charge as a percentage of premiums for JPG?

Administration fees will be 19.11% of overall revenue.

18. For what procedures do you offer Centers for Excellence program? Please provide a listing of locations utilized by procedure.

Blue Advantage offers a passive PPO network option. It is called an In-and-In Network. These plans are noted with the “II” in the plan name. These plans offer in-network benefits paid at the same cost share as out-of-network benefits. This allows providers who accept Medicare and agree to bill the plan to see Blue Advantage (PPO) members.

In addition, PPO members have the option to visit providers available through the Blue Cross BlueCard nationwide network, which covers 100 million Americans.

19. Is MD Anderson Cancer Center, located in Houston, TX, a network provider?

For Blue Advantage (HMO), this facility would not be in- network. For Blue Advantage (PPO), members do have an out-of-network and out-of-state coverage. To access this facility, the local provider would have to be a part of MD Anderson’s physician portal to submit a patient referral for consideration. A local provider would not automatically refer the patient unless treatment in the area was unavailable or ineffective. Also, there would be pre-authorizations, so ultimately MD Anderson would decide if they could accept the patient for appropriate treatment.

20. What disease management programs do you currently have in place?

Disease Management Programs (DMPs) are educational programs for members with chronic conditions including diabetes and chronic obstructive pulmonary disease (COPD). The purpose of the DMPs is to help members better self-manage their conditions. Once enrolled in one of the DMPs, a clinical pharmacist will contact the member to talk about their chronic condition(s). The pharmacist will also provide educational and health-reminder mailings, perform a complete medication review, and offer daily self-care tips to help better manage their conditions and set health care goals.

In addition to our case and disease management programs, we are enrolled in ESI's HealthConnect 360 program, a comprehensive clinical management model that integrates pharmacy, medical and lab data to guide member and provider outreach. The model evaluates BCBSLA's pharmacy, medical and lab data looking for health, safety and savings opportunities. Once an opportunity is identified, we leverage patient specific risk and engagement scores to trigger the most effective, personalized intervention for each member. We engage members and prescribers through various channels including phone, mail, email, text message (members only), and fax (prescribers only) and target opportunities related to medication adherence, therapy duplication, remote monitoring devices (blood pressure, blood glucose, and weight), high-risk medication use and gaps in care.

21. Describe your current Wellness Program options and results, including what programs are provided to assist in healthy living. Do you provide an onsite wellness program?

Blue Advantage encourages its members to be proactive with wellness-related care. Members are offered incentives to complete their Annual Wellness Exam with a primary care physician, and to carry out appropriate health screenings such as mammograms and colonoscopies. Driving preventative care leads to better health outcomes for Blue Advantage members.

In addition, Blue Advantage members have Silver&Fit, an exercise and healthy-aging program providing fitness and health education activities.

Silver&Fit provides our members with:

- **Fitness center membership, including many YMCA locations;**
- **Home fitness kits;**
- **Thousands of on-demand workout videos;**
- **Silver&Fit connected tool to track fitness activities and earn rewards;**
- **Access to SilverandFit.com.**

22. What unique services or support does your organization provide that you believe sets you apart from your competition?

Blue Cross and Blue Shield of Louisiana and HMO Louisiana offers:

- **Largest provider network in the country**
- **Excellent relationship with area providers**
- **Local Provider Relations Representatives**
- **Solid Networks – Bargaining power of the Cross and Shield**
- **Local Presence – Offices across the state of Louisiana with knowledgeable local sales and service staff ready to answer your questions.**

- **State of the Art Claims Processing – Excellent statistics for Claims Volume and Processing, Claims Handling Quality, Claims Turnaround Time**
- **Customer Service is #1 – We are committed to exceptional customer service. From sale to enrollment to installation to renewal and beyond, our goal is to exceed customer expectations. Our trained customer service representatives are committed to speed and accuracy in answering your questions**
- **Care Management Programs – Built in benefit provided to all members**
- **Technology Leader**
- **Strength and Stability – BCBSLA received 25 consecutive “A” ratings from Standard & Poor’s financial rating service.**
- **Strength in numbers – Nearly 1 out of 4 Louisianians are covered by Blue Cross and Blue Shield of Louisiana. 1 in 3 Americans covered by a Blue Cross plan. 102 million members in Blue System.**
- **Keeping Health Care Affordable – we are taking a leadership role in addressing health care costs.**

MEDICAL AND PRESCRIPTION DRUG PLAN

1. Describe your medical management programs and provide copies of reports that will be provided to demonstrate the return on investment associated with these programs.

Blue Advantage currently offers four health management programs: Behavioral Health Case Management, Complex Case Management, Disease Management and General Case Management. The goal of Blue Advantage’s case management programs is to promote self-management skills, improve adherence to therapy and medication compliance, and improve members’ overall quality of life. Members who are eligible for disease and case management are identified by Blue Advantage’s Health Risk Management teams and are contacted via telephone and/or letter for enrollment.

These health management programs are included in the quoted premium at no additional cost.

Specifics regarding each program are as follows:

Behavioral Health Case Management provides telephonic support to members experiencing mental health and substance use disorders. Case managers assist members in learning appropriate coping mechanisms to reduce inpatient psychiatric admissions or improve overall functioning. The program serves as adjunct services that complement traditional outpatient therapies and provides referrals and links to outpatient and inpatient treatment.

Complex Case Management (CCM) is designed to help members with comorbidities such as: hypertension (HTN), coronary artery disease (CAD), congestive heart failure (CHF) or atrial fibrillation (A-FIB) to regain optimum health or improved functionality. The program provides coordination of care and ensures applicable resources are

delivered in the most cost-effective setting for members who require extensive or ongoing services.

Disease Management Programs (DMPs) are educational programs for members with chronic conditions including diabetes and chronic obstructive pulmonary disease (COPD). The purpose of the DMPs is to help members better self-manage their conditions. Once enrolled in one of the DMPs, a clinical pharmacist will contact the member to talk about their chronic condition(s). The pharmacist will also provide educational and health-reminder mailings, perform a complete medication review, and offer daily self-care tips to help better manage their conditions and set health care goals.

General Case Management assists members who have chronic medical conditions and who without education and care coordination, are at risk for developing other conditions or complications. The program mirrors the services provided by CCM but does not require the member to have a specific medical diagnosis to participate in the program.

Blue Advantage will supply reports by request, both on a scheduled and ad hoc bases.

2. Provide a sample reporting package. Reports must be available on an interactive basis.

Please see attached examples for a Group Leader Dashboard and Enrollment/Disenrollment Reports.

3. Describe your enrollment process.

Blue Advantage's Medicare Enrollment Team will oversee the daily import of the group's eligibility files, coordination of and approval of enrollments by CMS, and then audit the data for accuracy.

Enrollments are eligible for coverage based on the effective and termination dates submitted to Blue Advantage via the group's eligibility file and as approved by CMS.

4. Will you be able to complete enrollment and eligibility prior to the effective date of the contract by way of electronic transfer of data from the current carrier? If not, please explain.

Yes.

5. Will you be able to administer all services, including processing of claims on the effective date of the contract? If not, please explain.

Yes, provided all decisions regarding benefits are made by the client in a timely matter.

6. Describe your pharmacy network.

Our Medicare Broad Performance Network contracts 62,660 pharmacies nationally with 26,042 of those pharmacies offering preferred cost-sharing; in Louisiana there are 1,143 participating pharmacies of which 495 offer preferred cost-sharing.

7. How many Prescription Drug Lists (PDL's) does your company administer?

Blue Advantage offers one Formulary.

8. If more than one PDL, what is the pricing differentials for each PDL and what is the impact on premiums and co-pays?

Not applicable.

9. Based on the top 100 drugs based on prescriptions filled, please identify which tier each drug falls under in your company's PDL.

See attached spreadsheets for Medicare Top 100.

10. Describe your mail order capabilities.

Our Pharmacy Benefit Manager (PBM), Express Scripts, provides mail order services to all members. We allow up to a 90-day supply via mail with free standard shipping included. Prescriptions can easily be ordered via phone, mail, mobile app, member website, or a fax from their physician. Automatic refill and refill reminders are also available. Pharmacists are available 24 hours day, seven days a week through a toll-free phone line to answer member questions. See below for a detailed review of the Express Scripts Mail Order Pharmacy process.

a) Prescription Receipt

The processing of a member's prescription begins with the receipt of an order at the home delivery pharmacy. Our PBM's mail-order pharmacy accepts new electronic prescriptions from prescribers and accepts prescriptions that are mailed or faxed when they are faxed directly from the prescriber's office. They accept refill prescriptions via mail, the member website or member calls to the Contact Center. Hard copies of the prescriptions are electronically imaged into their system and visible to other pharmacies in the home delivery network.

b) Prescription Entry and Protocol Review

Member name, address, and payment are captured in the system. As necessary, a pharmacy technician then enters the remaining prescription elements and performs a quality check to ensure that all data was entered correctly into the system.

c) Order Review

A registered pharmacist verifies the clinical components of the prescription and ensures that clinical data was properly entered. Again, quality checks are performed to detect and prevent prescription data errors. The pharmacist, using a split screen application, is presented with a variety of tools to help ensure the prescription is entered accurately, including easy access to prior medication history for the selected member. There are also a series of prompts carefully engineered to present the pharmacist or order entry associate with decisions to prevent potential misinterpretations from occurring. For example, there are extensive checks for medication names with similar spelling or pronunciation.

d) Clinical Review by Specialist Pharmacists

Based on the member's primary condition, certain prescription orders are electronically routed to one of the Therapeutic Resource Centers. Specialist pharmacists who are comprehensively trained in the medications used to treat one specific disease state, such as asthma, cancer, depression, diabetes, high blood pressure, high cholesterol or osteoporosis, process the prescription against their clinical and plan rules databases. This closes gaps in care by identifying potential issues that may jeopardize the member's health.

The review, which also optimizes savings, includes edits to address items such as maximum daily dosage, drug/drug interactions, drug coverage and days' supply versus plan design. If the prescription is identified as requiring further review, it is routed to the appropriate clinical verification department, such as Drug Utilization Review or Doctor Call, to resolve any outstanding issues.

e) Final Order Review

After all protocols have been reviewed and successfully resolved by the appropriate personnel, the prescription preparation process is completed. In the event the protocol processing results in changes to the prescription information, a registered pharmacist again reviews the order prior to transmitting the prescription to their dispensing pharmacies. The final order review establishes a clear audit trail of accountability for the prescription data in their mainframe system. The registered pharmacist who completes this step is recorded in their system as the pharmacist of record. When the order is locked into the system, it is routed to the appropriate dispensing pharmacy.

f) Prescription Dispensing

Following processing and review, prescription orders are electronically routed to their automated dispensing pharmacies or the manual dispensing pharmacy.

g) Dispensing

Our PBM mail order pharmacy utilizes automated dispensing, as well as manual dispensing, throughout a national network of home delivery pharmacies, to dispense more than 4.38 million prescriptions a week. Automated dispensing

technologies within the pharmacies use robotics, conveyor systems and bar-code driven technology to dispense oral solid medications as well as manufacturer's unit of use packages. Quality control checks are performed at each step of the dispensing process. The pharmacies print customized literature packages for each prescription order. To expedite the delivery process, the pharmacies pre-sort packages according to carrier and ZIP code. Their dispensing pharmacies are located in Arizona, Indiana, Missouri, New Jersey and Pennsylvania.

h) Shipping

The final step in the dispensing process is shipping. The majority of prescriptions are sent by the U.S. Postal Service. However, depending on the drug's characteristics or the member's need, our partner may use expedited shipping carriers, such as UPS.