

## **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:**

**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

<b>G. Has this JOINT-VENTURE previously worked together? Please check: YES <input type="checkbox"/> NO <input type="checkbox"/></b>		
<b>H. List all subcontractors anticipated for this Project. Please note that <u>all subcontractors must submit a fully completed copy of this questionnaire</u>, 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.</b>		
Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1. N/A		
2.		
3.		
4.		
5.		

## General Professional Services Questionnaire

<b>I. Please specify the total number of support personnel that may assist in the completion of this Project:</b> <u>Approximately 25 for initial implementation</u>
<b>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.</b>
<b>PROFESSIONAL NO. 1</b>
<b>Name &amp; Title:</b> Korey Harvey, Vice President, Deputy General Counsel, Assistant Secretary of the Corporation
<b>Name of Firm with which associated:</b> BCBSLA
<b>Description of job responsibilities:</b> Deputy general counsel overseeing regulatory affairs, corporate governance, and member/group contracts and plans of benefits
<b>Years' experience with this Firm:</b> 3 ½ years at BCBSLA
<b>Education: Degree(s)/Year/Specialization:</b> BA; Juris Doctor
<b>Other experience and qualifications relevant to the proposed Project:</b> Deputy Commissioner of Insurance 2014-2018

## General Professional Services Questionnaire

<b>PROFESSIONAL NO. 2</b>
<b>Name &amp; Title:</b>
<b>Name of Firm with which associated:</b>
<b>Description of job responsibilities:</b>
<b>Years' experience with this Firm:</b>
<b>Education: Degree(s)/Year/Specialization:</b>
<b>Other experience and qualifications relevant to the proposed Project:</b>

## General Professional Services Questionnaire

<b>PROFESSIONAL NO. 3</b>
<b>Name &amp; Title:</b>
<b>Name of Firm with which associated:</b>
<b>Description of job responsibilities:</b>
<b>Years' experience with this Firm:</b>
<b>Education: Degree(s)/Year/Specialization:</b>
<b>Other experience and qualifications relevant to the proposed Project:</b>

## General Professional Services Questionnaire

<b>PROFESSIONAL NO. 4</b>
<b>Name &amp; Title:</b>
<b>Name of Firm with which associated:</b>
<b>Description of job responsibilities:</b>
<b>Years' experience with this Firm:</b>
<b>Education: Degree(s)/Year/Specialization:</b>
<b>Other experience and qualifications relevant to the proposed Project:</b>

## General Professional Services Questionnaire

<b>PROFESSIONAL NO. 5</b>
<b>Name &amp; Title:</b>
<b>Name of Firm with which associated:</b>
<b>Description of job responsibilities:</b>
<b>Years' experience with this Firm:</b>
<b>Education: Degree(s)/Year/Specialization:</b>
<b>Other experience and qualifications relevant to the proposed Project:</b>



## 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:
<b>Caddo Parish School Board</b>  <b>Cassandra Ragster</b> <b>(318) 603-6388 -</b> <a href="mailto:cragster@caddoschools.org">cragster@caddoschools.org</a>  <b>Emily Coston</b> <b>(318) 603-6386 -</b> <a href="mailto:ejcoston@caddoschools.org">ejcoston@caddoschools.org</a>	Dental/Vision
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:
<b>Bossier Parish School Board</b>  <b>Courtney Rothenberger</b> <b>(318) 549-5012</b> <a href="mailto:courtney.rothenberger@bossierschools.org">courtney.rothenberger@bossierschools.org</a>	Dental.
Length of Services Provided:	Cost of Services Provided:
Ongoing	N/A

## General Professional Services Questionnaire

<b>PROJECT NO. 3</b>	
<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
<b>Lincoln Parish School Board</b>  <b>Juanita Duke</b> (318) 255-1430, ext. 280 - <a href="mailto:juanita.duke@lincolnschools.org">juanita.duke@lincolnschools.org</a>  <b>Christine Hanna</b> (318) 225-1430, ext. 235 no email on file	<b>Dental</b>
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>
Ongoing	N/A

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

**General Professional Services Questionnaire**

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

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

**General Professional Services Questionnaire**

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

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

**General Professional Services Questionnaire**

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

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

## 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: Brian P. Keller Print Name: Brian P. Keller

Title: SVP & Chief Marketing Officer Date: June 30, 2022