



**SOQ 22-021 - Fully Insured Medical Plans**  
Jefferson Parish Government

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**SOQ No. 22-021**

**Fully Insured Medical Plans**

**Submission Deadline: May 6, 2022 at 3:30 PM**

**ATTENTION VENDORS!!!**

**Please review all pages and respond accordingly, complying with all provisions in the public notice and Jefferson Parish Code of Ordinances Section 2-926 et seq. All submissions must be received on the Purchasing Department's e-Procurement site, [www.jeffparishbids.net](http://www.jeffparishbids.net), by the SOQ submission deadline date and time. Late submissions will not be accepted.**

**Jefferson Parish Purchasing Department  
General Government Building  
200 Derbigny Street, Suite 4400  
Gretna, LA 70053  
Buyer Name: Melissa Ovalle  
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## **Statements of Qualifications Requested For Fully Insured Medical Plans**

Requested by:  
Jefferson Parish Government



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## Statement of Qualifications for Fully Insured Medical Plan

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## **PUBLIC NOTICE**

**SOQ 22-021**

### **Fully Insured Medical Plans**

**Deadline for Submissions: May 6, 2022 at 3:30 PM**

Jefferson Parish Government (referred to herein as JPG or the Parish), authorized by **Resolution No. 139360**, wishes to obtain proposals from qualified and licensed insurance carriers for the following fully insured medical plans:

- A dual option HMO Medical Plan including Pharmacy benefits for active employees, non-Medicare eligible retirees and their eligible dependents (\$500 and \$1,500 individual annual deductible with copayments preferred), and
- A PPO Medical Plan including Pharmacy benefits for non-Medicare eligible retirees and their eligible dependents living outside of the Louisiana area (\$1,000 annual deductible with copayments preferred), and
- A Medicare Advantage Plan with Nationwide coverage for all Medicare Eligible retirees. Plan must include prescription, dental, and vision benefits.

The enrollment period is approximately mid-October through mid-November 2022.

JPG consists of approximately thirty departments providing services for the citizens of Jefferson Parish. Services provided include but are not limited to water, sewage, drainage, streets, fire and supporting departments. Included in the employee benefit plans are employees of the 24<sup>th</sup> Judicial District Court, Juvenile Court, two Parish Courts, the District Attorney's Office, the Coroner's Office, the Justices of the Peace and the Constables Offices. There are approximately 3,400 benefit eligible employees and approximately 1,000 retirees.

- 1) The following combination of Plan Proposals will be accepted:
  - a. HMO,PPO, and PPO Medicare Advantage Plan
  - b. HMO and PPO only
  - c. PPO Medicare Advantage Plan Only
- 2) Preference will be given to carriers proposing for all three requested plans.
- 3) Except for the Medicare Advantage Plans, proposed medical plans should be quoted net of commissions, bonuses, overrides, and all other forms of producer direct and indirect compensation.

JPG will provide the following information upon email request to [jpalamo@jeffparish.net](mailto:jpalamo@jeffparish.net).

1. 2022 Census
2. Current plan documents
3. Claims data

The submitting individuals or firms must identify all subcontractors who would assist in providing professional services for the project. Each subcontractor shall submit a General Professional Services Questionnaire and all documents and information included in the questionnaire. (Refer to Jefferson Parish Code of Ordinances, Section 2-928)

All firms (including sub-consultants) must submit a Statement of Qualifications (General Professional Services Questionnaire) by the deadline. Please obtain the latest questionnaire form by contacting the Purchasing Department by telephone at (504) 364-2678 or via the Jefferson Parish website at [www.jeffparish.net](http://www.jeffparish.net) by clicking on "Doing Business in Jefferson Parish" under Business & Development and then clicking on "Professional Services Questionnaires". Submissions shall be submitted electronically only through Jefferson Parish's e-Procurement site, Central Bidding, at [www.jeffparishbids.net](http://www.jeffparishbids.net) or [www.centrauctionhouse.com](http://www.centrauctionhouse.com). Registration is required and free for Jefferson Parish vendors.

No SOQ submittals will be accepted after the deadline.

Affidavits are not required to be submitted with the Statement of Qualifications, but shall be submitted prior to contract approval, including any subs.

Disputes/protests relating to the decisions by the evaluation committee or by the Jefferson Parish Council shall be brought before the 24th Judicial District Court.

**Advertise: The New Orleans Advocate: April 6, 2022**

## 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.  
**UnitedHealthcare Insurance Company (UHIC) is licensed as an insurer in all states except New York, where we operate through a domestic New York insurance company. Please see the attached “UnitedHealthcare Insurance Company Certificate of Authority” that allows authority to transact business within the State of Louisiana.**
2. Proposer must have at least five (5) years of experience in providing the type of plans and services requested in this SOQ.  
**Confirmed.**
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.  
**Confirmed.**

## EVALUATION CRITERIA

1. Rates for plan chosen (financial proposals) – 25 points maximum;
2. Demonstrated experience providing quality medical and pharmacy plan benefits for large groups (3000+ members) – 15 points maximum;
3. Proposer submitted a proposal for both Group Medical and Group Medicare Advantage Plans – 10 points maximum;
4. Company’s financial strength based on A.M. Best Rating or Standard & Poor’s (a rating of B or below will receive 0 points) – 10 points maximum;
5. Demonstrated ability to provide a wellness program, outsourced COBRA administration services and an Employee Assistance Program (EAP) – 20 points maximum.
6. Schedule of Benefits – benefit comparison – 20 points maximum.

## SCOPE OF SERVICES

### General Services

Provide for full COBRA administration service for health, dental, vision and flexible spending account (FSA), including all required notifications as per the COBRA regulations, such as initial notice, final notice, late payment, early termination, legally required notifications, etc. and provide monthly payment reconciliation, notice to carriers and JPG of enrollment and terminations, etc. COBRA administration will include sending COBRA payments directly to various carriers and monthly reports to JPG identifying participants. JPG's responsibility will only be to provide a list of terminated employees weekly.

Provide a full-service Employee Assistance Program (EAP) to include at least three no cost face to face visits, unlimited telephonic consultations and referral to an in-network provider.

Provide a comprehensive Wellness Program to plan participants.

**Confirmed. Condition management is a key component of Personal Health Support. We offer condition management for heart failure, chronic obstructive pulmonary disease (COPD), coronary artery disease, diabetes and asthma.**

**To further support your members with asthma, diabetes, coronary artery disease, COPD or heart failure, we offer comprehensive outreach for an additional fee that would increase telephonic outreach to engage more of your highest risk members.**

Provide for the coordination and cost for employee health screening, under wellness coverage or other means, and for the communication of individual results and meaning.

**SimplyEngaged provides screenings for employees and covered spouses or partners. Members can choose from the following biometric screening methods:**

- Employer on-site screening event
- Physician results form
- Lab screening
- At-home kit

**On-site biometric screenings are fasting full lipid fingerstick screenings that measure:**

- Total cholesterol
- HDL
- LDL
- TC/HDL ratio
- Triglycerides
- Glucose
- Blood pressure
- BMI
- Height
- Weight

For fingerstick screenings, most results are delivered to the participant within five minutes. During on-site fingerstick screening events, screeners consult with members and refer them to the programs you have available to help them. Our screeners align each person's results with your programs and benefits, which can drive engagement to your existing framework of well-being programs.

For on-site venipuncture events, results are available on our partner's site within one to three days and on the Rally site within 10 to 14 days. Results will also be mailed to participants within 14 days.

For labs, results are available online through our partner's site within one to three days and on the Rally site within 10 to 14 days. Results will also be mailed within 14 days.



**For physician results forms, results are available on our partner's site within one to three days and on the Rally site within 10 to 14 days.**

**At-home kit results are available on our partner's site within five to seven days and on the Rally site within 10 to 14 days. Results will also be mailed within 14 to 21 days.**

**For all biometric modalities, results are automatically fed to the member's online health record.**

Compile and mail all plan related materials to all employees and covered retirees to be received prior to commencement of open enrollment 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 vision, etc. and letter to employees provided by JPG.

**Confirmed.**

Mail all plan related materials, as stated herein, to Benefit Administrator upon request for distribution to new hires.

**Confirmed.**

Complete enrollment and eligibility prior to the effective date of the contract by way of electronic transfer of data from current carrier.

**Confirmed.**

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

**Rather than automatically issue new permanent ID cards each year, we provide new ID cards when appropriate due to plan changes or customer request.**

Provide annual open enrollment support by providing a speaker at each employee and retiree meeting upon request.

**Confirmed.**

Manage claims by providing coordination of benefits, subrogation, Medicare coordination, and to challenge all disputed claims with providers, etc.

**Confirmed.**

Manage claims by offering services of utilization review, large case management, wellness, and disease management programs.

**Confirmed.**

Provide billing discrepancy reports monthly, beginning with the invoice of January 2023, within 45 days of receiving payment of a given month. If the Parish is notified beyond 60 days of the discrepancy, JPG will be allowed to make appropriate adjustments.

**Confirmed with deviations. If Jefferson Parish Government (JPG) disputes information on an invoice or an outstanding receivable amount, we provide appropriate information/explanations and work with you to resolve the dispute. The process for resolution may vary depending upon the nature of the dispute (e.g., discrepancy reports at the member level, billed versus paid reports). We will provide the information within the time frame requested and expect all parties to**

try to resolve all disputes in good faith. For customers who use list bills, our preferred eligibility-based billing method, we generally present discrepancies within 90 days assuming it is not a result of an incorrect customer eligibility submission. For customers who self-bill (non-eligibility-based invoices), we submit discrepancies within 120 days.

Jefferson Parish Government will be allowed to make billing adjustments 90 days in the past.  
**Confirmed.**

No commissions, bonuses or overrides will be paid to anyone for this account.  
**Confirmed.**

## **Professional Services**

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.

**Confirmed.**

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.

**Confirmed.**

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.

**Please see the responses below:**

### **DISEASE MANAGEMENT AND NURSE INTERVENTIONS**

**Our Condition Management programs address the most prevalent chronic diseases and related conditions to:**

- Empower members in effectively managing a chronic condition
- Improve adherence to evidence-based medicine
- Reduce unnecessary hospitalizations and health care costs
- Improve quality of life for all members

**Members report a high level of high satisfaction:**

- 95 percent overall satisfaction in our Condition Management program\*
- 86 percent believe the nurse listened and was available when they needed them\*
- 90 percent felt the service created a better, more positive health care experience\*

Source: Optum, 2016 Voice of Integrated Consumer Experience

**By supporting members in obtaining the right care, the right doctor, the right medications and the right lifestyle, our integrated condition management solutions provide the best clinical and financial outcomes for both members and employers.**

**Our experience has shown that by closing identified gaps in care, we improve individual health status and quality of life and reduce the likelihood of future gap-related costs. We engage 82 percent of identified individuals, regardless of acuity, with support based on the relative value of the opportunity. The highest value opportunities receive the attention of our most intense**

resources.

To increase member engagement and offer nurse support at home and away, we offer digital communications to complement our telephonic nurse interventions with high-risk members. Through our digital capabilities, including asynchronous chat, push notifications and member access to care plan information, high-risk members have more immediate access not only to their nurse, but also to the member's personal care plan, tracking information detailing care plan progress and educational information related to the member's condition. Our goal is to provide more meaningful member and nurse interactions that lead to significant and sustainable clinical outcomes.

### **HEALTH ASSESSMENT SURVEYS**

Our NCQA-certified, proprietary Health Survey is an engaging, visually driven health risk assessment that takes about 10 minutes to complete. Using data from the Health Survey, the Rally platform gains insights into each person's unique health status, health risks and acuity level. This, in turn, helps us identify the steps people can take to improve their health by engaging in the programs you provide.

Members can easily complete the Health Survey on the Web, mobile Web and the Rally app, with the same questions asked no matter the method. This accessibility keeps engagement high: about 94 percent of people who start the Health Survey will finish it, according to our most recent data. To sustain engagement during the survey, we use branching logic that keeps questions relevant—for example, people who indicate they use tobacco would be asked a few follow-up questions, while people who do not use tobacco would move to the next section.

Through four categories—About You, Life, Habits and Health—the Health Survey evaluates physical and mental health, relationships, smoking and tobacco use, nutrition, sleep, safety behaviors and more. We also use the VR-12 questions (an industry-standard measurement of mental and physical health) to measure the quality of life from each person's point of view and to assess risks for depression and other behavioral health challenges. Additionally, the Health Survey includes questions that help us determine members' readiness to change, from which we can tailor recommendations for activities they are more likely to complete.

At the end of the survey, the Rally platform generates a Health Profile for each person. This feature brings together health and wellness information and recommendations curated from personal data—including Health Survey responses and other available sources. To put things into perspective, each health risk factor is shown on a progress bar and accompanied by suggestions on how to become healthier. The Health Profile also houses a Health Score, which illustrates how life choices and health behaviors affect overall health. Generally speaking, a greater Health Score indicates good health, while a lower Health Score indicates greater health risk.

### **HEALTH OUTCOME DATA**

We offer population health reporting that provides easy-to-understand clinical insights; it is an effective analytic tool to help you to translate health care data into actionable information.

Our clinical reporting offers two distinct components:

- **Personal Health Support Report:** This quarterly report provides identified clinical opportunities, clinical gap closures and associated estimated monetization, member engagement rates and digital activation metrics.

- **Consolidated Savings Report:** This annual report offers savings associated with your clinical programs. We deliver this report in the third quarter of the subsequent year and require a minimum membership threshold of 2,000 members.

UnitedHealthcare also provides an annual Health Plan Performance Review that consolidates all of JPG's programs, including medical administration, care management, wellness and pharmacy, if purchased.

Upon request, the following topic-specific reports are available at no cost:

- Dashboards for specific embedded solutions such as maternity, decision support and case management
- Catastrophic case reports
- Top five most prevalent conditions among the JPG's population

Additional reporting is available for an added fee, such as third-party data feeds and further population segmentations.

#### **DISSEMINATION OF DATA**

We monitor and work to improve the performance of network physicians through our data-sharing programs. We collect large amounts of claims data, which can be of great value to health care professionals. We provide this data to our network physicians in the form of information that can help improve treatment for our members and help improve the quality and cost efficiency of their practices. We offer this information to:

- Improve quality by decreasing variation in the clinical practice of medicine
- Optimize medical costs
- Promote and expand the use of evidence-based medicine
- Encourage physicians' accountability for practice activities

We have developed internal tools that are used in determining appropriate utilization and cost indices and quality-of-care measurements. These tools are used to measure the performance of our network physicians.

Currently, through the UnitedHealth Premium program, we give each physician who has been evaluated for designation access to details of the data used for their evaluation. This includes information on what quality and cost-efficiency, compliance rates, treatment sets, and patient-level claims details. Our goal through this program is to also provide detailed information to physicians in evaluated specialties to support their efforts in continued quality improvement. We provide actionable information to physicians to support their continued quality improvement and advance the cost efficiency of their practices. We are deploying market medical directors and expert physicians to coach those physicians in need of improvement.

Data is shared in a collaborative, responsible manner to support physicians' efforts to decrease practice variation and improve the cost efficiency and quality of care without interfering in the patient-physician relationship. The information we provide is clinically relevant to a physician's practice and provides actionable opportunities for improvement.

#### **Administrative Services**

Establish, maintain, and update Master Record file(s).

Prepare and print all plan documents:

- a. Group Policy/ Plan Document

**We will initially send the group policy to our customers electronically via PDF.**

**We provide plan members and employers with access to benefit plan documents online, through our *myuhc.com* and *employereservices.com* websites.**

**We encourage our fully insured customers to take advantage of the online availability of the group policy, while partnering with us to reduce our carbon footprints and help the environment.**

- b. Policy amendments

**For fully insured arrangements, we produce amendments and riders to assure that all plan documentation is current and in compliance with any new legislation.**

- c. Certificates

**We will initially send the certificates of coverage (COCs) to our customers electronically via PDF.**

We provide plan members and employers with access to benefit plan documents online, through our *myuhc.com* and *employereservices.com* websites.

We encourage our fully insured customers to take advantage of the online availability of the COC, while partnering with us to reduce our carbon footprints and help the environment.

- d. Summary Plan Description (SPD)  
**Not applicable, members will receive the COC as described above.**
- e. Summary of Benefits and Costs (SBC)  
**Confirmed with deviations. We will continue to ask customers to distribute the summary of benefits and costs (SBC) to members. A letter outlining the times throughout the plan year the customer should supply the SBC to members and new hires is provided with the SBC.**
- f. Other documents as may be required by federal state and local laws  
**Confirmed.**

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

- a. Enrollment Forms  
**Confirmed.**
- b. Claim Forms  
**We do not require claim forms from the member for services received from a network physician or other health care professionals.**

**While many out-of-network providers will submit claims for the member, it is the member's responsibility to submit claims for out-of-network services.**

**Regardless of the format of submission, the essential information for any claim submission is:**

- Employee Social Security number (SSN)
- Customer plan number
- Employee name and address
- Employee or dependent name
- Diagnosis
- Description of services provided
- Amount charged
- Coordination of benefits (COB) information, if applicable

**Members may simply submit the bills as long as all pertinent member, physician and other health care professional information is documented in the paperwork. An actual claim form is not required**

- c. ID cards  
**Confirmed.**
- d. EOBs  
**Explanations of benefits (EOBs) are generated for finalized claims not requiring additional information. EOBs are available to view, download and print on *myuhc.com*. In accordance with our company-wide goals of providing services that are both environmentally sound and cost-efficient, online access is our primary distribution method for EOBs.**

**Subscribers may change their preference for receiving these documents as well as claims letters on the *myuhc.com* website as well. Subscribers who choose to receive their health statements online**

**receive an email whenever a new statement is posted on *myuhc.com*. There, they can view current and past health statements, explanation of benefits or current claims activity at any time.**

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

**We are happy to provide samples of non-custom communications to JPG for review and approval prior to distribution.**

**Certain communications and messages that members receive after enrollment may not be as readily available. These may include compliance communications, communications required to administer the employee's benefit plan, and confidential communications produced in accordance with a member's wellness program, care management program, clinical program or claims.**

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.

**Confirmed.**

## **Performance Standards**

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 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.

**We are unable to provide Performance Guarantees for fully insured customers.**

## **Actuarial Services**

Furnish quarterly expected paid and incurred claims estimate.

**We are happy to provide our standard underwriting renewal exhibits and will work with JPG to suggest alternative plan designs and provide general actuarial support. However, we do not provide certified actuarial services. JPG or their consultant is responsible for hiring their own actuaries.**

Determine the estimated incurred but not reported (IBNR) claim liability at the close of each quarter.

**Confirmed with deviations. The “Premium versus Claims Incurred Including IBNR” report provides a monthly perspective on claim expenses as compared to premium. Claim payments are calculated based on the month they are booked to financial accounting systems, while premium is based on the month the premium was billed. The medical loss ratio included in this report identifies the ratio of total claim payments to premium for each month, as well as for the entire 12-month period.**

Furnish claim cost calculations for changes or proposed changes in the plans.

**We can suggest alternative plan designs and provide general actuarial support as described above.**

**To help you choose the right programs for your employees, we use two proprietary analysis tools. The Motivating Health Ownership (MHO) framework identifies opportunities to improve financial return by introducing the right programs based on analysis of your data. The Health Activation Index (HAI) identifies areas within benefit programs that may not be optimally used by members and recommends solutions. Our advice is backed by our experience with more than 5 million members in consumer-driven health plans (CDHPs), more than 2 million members in rewards-based plans and the insights gained from analyzing more than 30 million health care decisions each year.**

**Managing health care costs requires a comprehensive and integrated approach addressing the full range of interrelationships with members, health professionals, hospitals and other key stakeholders. By analyzing your utilization information, we can recommend the specific programs that will give you the best results.**

## **Claims Processing Services**

Maintain and update eligibility file.

**Confirmed.**

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

**Confirmed.**

Coordinate payment of benefits with Medicare when applicable.

**Confirmed.**

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

**Confirmed. Claims that exceed our strict system guidelines are automatically flagged for high-dollar claim reviews to verify accuracy. This review enables us to correct errors before payment to prevent any negative financial or service impact. We audit all claims with dollar amounts exceeding a transaction specialist's payment authority level, which is set within our claim system based on internal security guidelines. System safeguards prevent issuance of a check without this review.**

Payment limits for transaction specialists with and without high-dollar certification include the following:

- Certified processors have the authority to process claims set to pay members up to \$10,000 for fully insured customers and up to \$15,000 for self-funded customers and set to pay provider up to \$50,000.
- The high-dollar review committee has the authority to process both member and provider claims up to \$250,000.

Make available the services of field claim consultants and/or professional services resources for the evaluation of complex claims.

**Confirmed.**

Maintain peer review relations.

**Confirmed.**

Discuss disputed charges with providers when appropriate.

**Confirmed.**

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

**Confirmed. Your strategic account executive (SAE) will update you about any significant change within the company that would impact you or your employees directly.**

Maintain and store claim detail data elements for statistical analysis.

**Confirmed with deviations. We maintain historical information online for a minimum of 15 months and can provide claim information for a period of seven years. While history purges are performed annually, certain items, such as those associated with lifetime maximums, are never purged. Purged records are loaded into our data storage system and can be accessed when needed.**

Provide online and mobile claim viewing access to participants.

**Confirmed.**

## **Statistical Services**

Summary claims reports.

**Confirmed.**



## **New Business Installation Services**

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

**Confirmed.**

Participate in and/or conduct employee meetings as requested.

**Confirmed.**

Act as a liaison with administrative, technical services, and claims departments.

**Confirmed.**

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.

**Please see the below responses:**

### **ID CARDS**

**We mail family ID cards directly to members' homes via the United States Postal Service (USPS). This service is provided for no additional cost.**

### **CLAIM FORMS**

**No claim forms or submissions are needed when members use a network physician.**

### **PROVIDER DIRECTORIES**

**Because print directories may quickly become outdated, we encourage members to access our online directory of physicians and other health care professionals for the most recent information.**

### **EMPLOYEE BOOKLETS**

**We will initially send the COCs and group policy to our customers electronically via PDF as mentioned above.**

**We provide plan members and employers with access to benefit plan documents online, through our *myuhc.com* and *employereservices.com* websites.**

Specifically, installation services include the following:

1. Receive initial eligibility data via electronic transfer and provide enrollment and eligibility data to the Parish via electronic transfer or allow direct electronic access.

**Confirmed.**

2. Prepare, submit for approval, and print employee ID cards, which will be distributed to covered employees, retirees and their eligible dependents by the effective date. ID cards will be distributed directly to the individual address that is on record.

**Confirmed with deviations for incumbent carrier. For a new account, a member's first ID card is generated as part of the implementation process. The cards are based on the data submitted by the customer on their eligibility file.**

**After implementation is complete, we maintain the customer's plan data and formatting electronically. This means we can automatically generate permanent ID cards under the following circumstances:**

- New employee enrollment in the medical plan or the addition of a new dependent
- Member or dependent name change
- Network ID change or a change in market site or network size that represents a network

**ID change**

- **Member or dependent product type change**
- **Employee number or alternate ID number change**

3. Draft, revise, and finalize the policy, Summary Benefit Cost plan documents etc.  
**Confirmed.**
4. Provide all reasonable assistance, as may be requested, during the transition period, including participation at enrollment meetings.  
**Confirmed.**
5. Load all data for claim adjudication and ongoing plan management.  
**Confirmed.**
6. It is expected that your account executive or account manager or a specific team will assist the Parish in the on-going communication and administration of the program, including plan design and cost analysis in the event of new benefits being developed, or a change in the existing benefits structure. Ongoing assistance is required in administration, claim adjudication, monthly eligibility, enrollment meeting assistance, and general assistance.  
**Confirmed.**
7. The Parish will also request assistance with issues such as establishing the level of claim projections and the estimation of an appropriate level for incurred but not reported (IBNR) claims.  
**Confirmed.**

## **Other Services**

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.

**Confirmed. Today our network consists of over 658,000 physicians and 5,711 hospitals, representing approximately eight out of every 10 available physicians and nine out of 10 hospitals nationwide. Additionally, our telehealth strategy delivers deep member access by offering web or phone-based connection to urgent care, primary care and specialty services. Our network serves members in all 50 states, including the District of Columbia.**

**This national network enables a member to receive network benefits when using a physician or provider in a network area other than the one in which the member lives. Thus, a member visiting or traveling in another area served by our national network can access the network in that second site and receive the network-level benefits.**

**We are continually strengthening our network in our efforts to provide the best coverage in all specialty areas in all markets at the best price for our customers and members. We have a specific set of development objectives for each of the markets in which we operate. We target specific hospitals and physicians that we know are either desired by our customers and members or needed to build greater depth into our network.**

**Finally, our UnitedHealth Premium designation program uses clinical practice information to assist physicians in their continuous practice improvement and to help consumers make more informed and personally appropriate choices for their medical care. Physicians must pass an**

**absolute quality threshold based on national standards to receive a designation. Only those providers meeting quality standards are then reviewed for cost efficiency. Designation information is available to all members as an integrated part of our national network at no additional fee.**

An agreement to provide eight (8) annual health fairs at which time screenings will be made available which includes: cholesterol, blood sugar, and blood pressure; booths set up with educational information on the following: exercise, nutrition, Rx, depression, and healthy cooking; health professionals available to answer questions.

**Confirmed.**

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

**The current customer service number will continue to be in place.**

Internet-based technology that will allow the Parish to perform on-line additions and terminations in real time, as well as having the ability to access reports.

**Confirmed.**

The Parish 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.

**Confirmed.**

## **SCHEDULE OF EVENTS**

Action	Target Date
Released to Insurance Carriers	04/06/2022
Proposal Submitted to JPG	05/06/2022
Successful Carrier Selected	To Be Determined
Successful Carrier Contract Ratified	To Be Determined
Effective Date	01/01/2023

Note: Jefferson Parish reserves the right to deviate from these dates.

## **LIST OF ATTACHMENTS**

The following attachments are made a part of this SOQ. Please respond completely to all as indicated.

Attachment A          General Professional Services Questionnaire

Attachment B          Insurance Requirements and Indemnification

Attachment C	Proposed Rate Form
Attachment D	Carrier Questionnaire
Attachment E	SOQ Affidavit

## **ATTACHMENT A**

### **General Professional Services Questionnaire**

The most current General Professional Services Questionnaire must be submitted. A copy of the questionnaire may be obtained by calling the Jefferson Parish Purchasing Department at (504) 364-2678 or the Jefferson Parish website at [www.jeffparish.net](http://www.jeffparish.net) by clicking on “Doing Business in Jefferson Parish” under Business & Development, and then click on “Professional Services Questionnaire”.

[General Professional Services Questionnaire 2.9.22.pdf \(azureedge.net\)](#)

**The submitting firms must identify all subcontractors who would assist in providing professional services for the project.**

**Each subcontractor must submit a General Professional Services Questionnaire and all documents and information included in the questionnaire.  
Noted.**

## ATTACHMENT B

### INDEMNITY

To the fullest extent permitted by law, Proposer, agrees to protect, defend, indemnify and save the Parish, its agents, officials, 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.

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. 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."

**All fully insured group policies are subject to regulation by the Louisiana Department of Insurance (DOI). Consequently, all group policies must be filed and approved by the DOI before they can be sold in Louisiana To accommodate the individual requirements of each prospective customer, we leave certain provisions bracketed (i.e., open) in our filed policies. However, there is no hold harmless provision in the insured contract, and it is not one of those bracketed items. Since we assume the risk under an insurance contract, we accept liability for those acts that arise out of our performance under the contract to the extent that the customer does not contribute to the problem in some way.**

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.

**We have included necessary deviations to the specific insurance coverage requirements below.**

#### 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.

**Confirmed.**

#### 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.

**Confirmed.**

#### 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.

**Confirmed.**

#### DEDUCTIBLES

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

**Deviation: We consider our deductibles to be proprietary.**

#### PROFESSIONAL LIABILITY

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

**Confirmed.**

#### UMBRELLA LIABILITY COVERAGE

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

**Confirmed.**

#### 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.

**Deviation: Subcontractors are not named as insureds under our policy. However, we require our subcontractors to maintain adequate levels of insurance and we will be responsible for services provided by our subcontractors to the same extent that we would have been, had we performed those services without the use of a subcontractor.**

## ATTACHMENT C

### Proposed Rate Form

JPG wishes to maintain the following:

#### **Composite Rate structure**

##### **Active Employees**

- Employee Only
- Employee and Spouse
- Employee and Child(ren)
- Employee and Family

##### **Retirees w/o Medicare**

- Retiree Only
- Retiree and Spouse
- Retiree and Child(ren)
- Retiree and Family
- Surviving Child Only

##### **Medicare Advantage**

- Retiree
- Dependent

#### **Rate Ratio**

<b><u>Active Employees</u></b>	<b><u>Rate Ratios</u></b>
Employee Only	1.00
Employee & Spouse	2.20
Employee & Child(ren)	1.90
Employee & Family	3.10

<b><u>Retirees w/o Medicare</u></b>	<b><u>Rate Ratios</u></b>
Retiree Only	1.45
Retiree & Spouse	3.20
Retiree & Child(ren)	2.76
Retiree & Family	4.50

Proposals should also include rates that include the Parish's retirees over age 65 who are eligible for Medicare Parts A & B and those who are not eligible. The Parish does have some retirees who are over 65 and not-eligible for Medicare.



## ATTACHMENT D

### CARRIER QUESTIONNAIRE

1. Name and address of parent company.  
**UnitedHealth Group Incorporated (UnitedHealth Group) has its registered and principal executive offices at UnitedHealth Group Center, 9900 Bren Road East, Minnetonka, Minnesota 55343.**
2. How long has the company been in business?  
**UnitedHealth Group is a Delaware corporation originally organized in Minnesota in January 1977 and reincorporated in Delaware on July 1, 2015, is the ultimate controlling entity in the insurance holding company system. It was formerly named United HealthCare Corporation.**
3. Name and address of local office. What is the size of your local staff?  
**The UnitedHealthcare local office is located at 3838 North Causeway Boulevard, Suite 2500, Metairie, LA 70003.**  
  
**UnitedHealth Group is led by 340,000 team members driven to make a difference, including nearly 1,800 people across Louisiana.**
  - **UnitedHealthcare employs more than 1,100 people**
  - **Optum employs over 600 people**  
**We are dedicated to service more than 1 million individuals throughout the state:**
  - **330,000 through individual or employer-sponsored coverage**
  - **165,000 seniors through Medicare Advantage, Part D, Medicare Supplement Plans and Retiree Services**
  - **525,000 through Medicaid and CHIP**
4. Provide the most recent A.M. Best or Standard & Poor's rating for your company.  
**We have the following ratings:**  
**A.M. Best: A+**  
**Standard & Poor's: AA-**
5. How many members are being served by your company nationally and in Louisiana?  
**We have 21,821,191 members being served by our company nationally and 287,132 members in Louisiana.**
6. How many employers with 3,000+ employees are being served in Louisiana by you?  
**We have four employers in Louisiana with 3,000+ employees.**
7. Where is your customer service office located?  
**Our customer service office is out of Salt Lake City, UT.**
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.  
**Southern Tire Mart 5400 members, Archdiocese of New Orleans 4500 members,**

**City of Jackson 3200 members.**

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.  
**Please see the attachment included with this response labeled GEO Access report.**
10. Describe the account management services and the team that would be responsible for handling the Parish account.  
**The current account management team will continue to assist JPG.**
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.  
**This is not applicable as we are the incumbent carrier.**
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.  
**Yes, we agree.**
13. Do you agree to administer the requested benefits plan as described? If not, specifically identify any variations in plan designs.  
**Yes, we agree.**
14. Please provide results from the following surveys for 2020/2021:
  - a. Member Satisfaction  
**To ensure that we are fulfilling commitments, addressing concerns and satisfying our members, we carefully monitor member satisfaction, and we take positive action in response to survey feedback. We use the following survey tools to regularly monitor member satisfaction:**
    - **United Experience Survey:** Our post-call United Experience Survey (UES) is a standard call selection for every call to member services. Callers choose to opt into the survey before being connected to an advocate. After the call is completed, the member stays on the line and participates in a brief, three-question survey. When a member submits a rating of seven or below, a UES specialist follows up with a call to ensure we close the loop and resolve the issue. We take corrective actions and work to improve processes accordingly.

**We received the following results: 2021 - 93.4 percent and 2020 - 93.5 percent.**

    - **UnitedHealthcare Claimant Satisfaction Survey:** We also conduct an annual telephonic assessment of members. Satisfaction levels are measured through the question: "Overall, how satisfied are you with the way UnitedHealthcare administers

**your medical health insurance plan?”**

**We received the following results: 2021 - 87 percent and 2020 - 89 percent.**

**b. Provider Satisfaction**

**We do not track patient satisfaction in our network programs. Satisfaction at the member level with their health care is tracked in the CAHPs survey.**

**c. Benefits Manager Satisfaction**

**To measure customer satisfaction with the dedicated client service managers (DCSMs) and account management team (AMT), we conduct customer satisfaction surveys. In 2021 and 2020, the overall DCSM satisfaction score was 9.4 out of 10.**

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

**a. Mental Health**

**This is provided internally.**

**b. Laboratory**

**We have national agreements with two of the largest national clinical laboratory service organizations in the country, Laboratory Corporation of America (LabCorp) and Quest Diagnostics, Inc. (Quest).**

**c. Vision**

**While we are not offering Vision as a part of this quote, this is an internal service.**

**d. Prescription Drug+**

**This is provided internally.**

**e. Network Management**

**This is provided internally.**

**f. Utilization Management**

**This is provided internally.**

**16. What was your 2021 target Per Member Per Month (PMPM) medical cost for your network?**

**The established MLR target is 85% of the renewal premium**

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

**The administration charge as a percentage of premiums is 12.6 percent.**

**18. What is the JPG pooling level and estimated pooling charge for 2021?**

**The JPG pooling level is \$350,000.**

**19. For what procedures do you offer Centers for Excellence program? Please**

provide a listing of locations utilized by procedure.

**Our industry-leading Centers of Excellence networks are built through quality measurement and value-driven contracting, which are distinctive in the health care industry.**

**We offer products and services that promote safe, successful and cost-effective treatment options for many complex medical conditions, such as:**

- **Bariatric surgery buy up**
- **Congenital heart disease**
- **Complex cancers buy up**
- **Fertility buy up**
- **Orthopedic Health Support buy up**
- **Organ and tissue transplantation (including a Ventricular Assist Device program)**
- **Kidney disease internal note to check w/ sales**
- **Neonatal care buy up**

**For the most up-to-date list of Centers of Excellence facilities, please visit [myoptumhealthcomplexmedical.com](http://myoptumhealthcomplexmedical.com), and click on a listed medical condition to obtain the desired information.**

20. Is MD Anderson Cancer Center, located in Houston, TX, a network provider?  
**Yes.**

21. What disease management programs do you currently have in place? **We will continue to provide the current disease management programs. This includes but is not limited to:**

**EMPLOYEE ASSISTANCE PROGRAM (EAP)**

**We use continuous quality improvement to help make sure our Employee Assistance Program (EAP) services consistently achieve our key objective of maintaining high levels of satisfaction for our customers and members. Our monthly key performance indicator (KPI) scorecards measure the transactional results of our services, as well as overall member outcomes and satisfaction as follows:**

- **KPI scorecards provide detailed results and the ability to drill down to facilitate deeper analyses of problem areas and strengths.**
- **Thorough reviews of our satisfaction survey results enable us to translate member and customer feedback into meaningful improvement opportunities.**
- **Net Promoter Score (NPS) detractor and promoter analyses help us further identify areas of opportunity.**

**A cross-functional team of leaders from operations, finance, product and growth review KPI data on a monthly basis. During these forums, the quality improvement leadership team collaborates to share best practices and successes so that we deliver optimized results and a superior member experience.**

**SIMPLY ENGAGED PLUS**

**SimplyEngaged Plus is a turnkey wellness incentive solution designed to increase participation in employers' wellness offerings and encourage members to make healthy behavior changes. With all features integrated into our online Rally consumer experience at [myuhc.com](http://myuhc.com), SimplyEngaged Plus provides convenient, user-friendly access to all members. Additionally, the program eases administrative burden by providing the tracking, reporting and fulfillment services needed to carry out a successful wellness incentive program.**

**With SimplyEngaged Plus, members can earn rewards by:**

- **Completing the Health Survey and viewing a video about the Rally digital experience**

- Participating in one of our biometric screening options (on-site screening event, at-home kit, physician result form or lab screening) and achieving targets
- Checking into a gym at least 12 times per month
- Completing Wellness Coaching, Quit for Life or Real Appeal
- Completing a virtual visit
- Being nicotine-/tobacco-free

Employers may choose reward fulfillment options, including digital gift cards, contributions to Health Savings and Health Retirement Accounts, and premium reductions. Activities are also rewarded with Rally Coins, which are virtual coins that can be used for Rally's online Auction, Marketplace, Donations and Sweepstakes features.

#### **WELLNESS COORDINATOR**

The Wellness Coordinator dedicates 100% of their time to the health and wellbeing of JPG employees.

22. 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?

We will continue to provide a UnitedHealthcare Dedicated Wellness Coordinator. A \$200,000 is being added as a Wellness Credit effective 1/1/2023.

UnitedHealthcare's member-centric well-being solution is transforming wellness delivery by putting members in charge of creating their own personal plans to live their best lives. Our comprehensive well-being solution wraps a set of integrated health and wellness tools and resources around members to help them overcome barriers, achieve goals and maintain healthy bodies and minds. We combine a full suite of interactive member-focused programs, digital engagement, real-time intelligent data analytics and scientific behavior change methodologies to outperform traditional wellness solutions. Members choose actions and engagement based on their own preferences, interests and willingness to change. As members engage with the solution, we support them with all of the programs, people and content they need to be successful.

As described below, we have embedded a variety of wellness tools and resources into our programs.

#### **ONLINE HEALTH AND WELLNESS TOOLS**

Our digital platform, Rally, inspires members to take steps that lead to better health and sustainable behavior change. The Rally platform drives positive health behaviors by engaging members in taking ownership of their health through an intuitive interface and a personalized wellness experience. Rally incorporates member data to create a personalized digital experience for each person, engaging them in care decisions and wellness programming that brings about measurable behavior change. For real-time activity tracking, the Rally platform supports a wide variety of third-party wearable devices. To reach the greatest number of people, we made the platform accessible via computers, tablets and smartphones, on the Web and through our mobile app.

Key features of the Rally platform include:

- *The NCQA-certified Health Survey*, a visually driven and engaging health assessment that uses branching logic and plain language to develop a baseline of member health
- *The Health Profile*, which provides a snapshot of overall health and houses the Health Score
- *Recommendations* developed from the data we have for each participant, from claims to

survey responses and beyond; designed to increase engagement while addressing health risks

- *Rally Coins* are a built-in digital currency that encourage and sustain engagement; redeemable through Rally's Donation, Marketplace, Auction and Sweepstakes feature
- *Missions* to help people reach and maintain healthy goals through achievable activities focused on exercise, emotional health, care, nutrition and others
- *Challenges* that draw on game mechanics to drive user engagement and physical activity through accessible, social competition
- *The Rally app*, created to support Rally platform users on the go

The Rally platform can also promote biometric screenings, behavioral health support, financial services and other prevention and care management programs (such as Real Appeal for weight management and Quit For Life for nicotine cessation). A unified digital engagement hub, the Rally platform extends the reach of individual activities and programs.

#### **HEALTHENOTES REMINDERS- MESSAGING TO PROMOTE EVIDENCE-BASED CARE**

Our HealthNotes Reminders Program includes preventive treatment reminders for mammograms, pediatric immunizations, adolescent immunizations, cervical cancer screenings, low-density lipoprotein (LDL) screenings for individuals with coronary artery disease, and comprehensive exams for individuals with diabetes.

#### **EMPLOYEE ASSISTANCE PROGRAM**

Our Employee Assistance Program (EAP) provides members with a single toll-free number that connects them with financial, legal, and counseling resources 24 hours a day, seven days a week.

#### **QUIT FOR LIFE**

Quit For Life is the nation's leading tobacco cessation program. It uses an evidence-based combination of physical, psychological and behavioral strategies to help participants take responsibility for and overcome tobacco use. Quit For Life uses an integrated mix of coaching with digital learning and support tools.

#### **REAL APPEAL**

Real Appeal is a year-long intensive lifestyle intervention program that helps participants lose weight and maintain weight loss. The goal of Real Appeal is to mitigate obesity-related issues such as pre-diabetes, diabetes and cardiovascular disease. Real Appeal combines entertaining and educational videos, live virtual coaching and online group participation for an engaging experience. Real Appeal is customized to each participant to increase the chance for success.

#### **SIMPLYENGAGED**

SimplyEngaged is a buy-up solution with a turnkey approach to wellness activities and incentives. Customers can choose how they would like rewards to be paid out – for example, members may receive gift cards, HSA contributions and premium credits, among many others. SimplyEngaged rewards members when they complete the Health Survey; participate in a biometric screening; check into a gym at least 12 days per month; complete Wellness Coaching, Quit For Life or Real Appeal; and complete a virtual visit.

#### **RESULTS**

Our wellness programs deliver results. Our weight-loss support program, Real Appeal, has helped more than 700,000 individuals lose 3 million pounds, and a 2021 study published in the Obesity Journal found the program capable of a 2:1 return on investment (ROI) for employers over three years.\* Quit For Life, our nicotine cessation program, has maintained an average 51 percent quit rate for the last 10 years and consistently reports 90 percent (or higher) participant satisfaction with the program. Our Wellness Coaching program sees consistently high program completion (73 percent in 2021) and 68 percent of participants

report achieving their goals after program completion. This level of quality is made possible by our deep experience with behavior change, consumer engagement and clinical guidelines.

**\*Disclaimer: ROI pertains to members who enrolled and attended 1+ sessions in the Real Appeal program from July 2015 to June 2016. Results may vary by population.**

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

**UnitedHealthGroup's success and growth is directly attributable to our ability to help employers solve their problems through numerous innovative products and services. Technology is the backbone of everything that we do. We focus on both improving the healthcare delivery system and on solutions for employers. Several employer products and features that set us apart are: High Performance Networks, zero dollar virtual care, and tiered benefits to drive to the lowest cost and highest quality.**

**Two of the most important programs specific to JPG are Simply Engaged Plus, an outcomes-based wellness program which includes incentives and the UnitedHealthcare Dedicated Wellness Coordinator. The Wellness Coordinator dedicates 100% of their time to the health and wellbeing of JPG employees.**

#### 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.

**Through comprehensive review of customer pharmacy utilization data, we identify robust clinical intervention programs that can improve the quality of care and health outcomes for members, while providing a cost-effective pharmacy benefit. Our consultative analysis includes:**

- **Thorough analysis of pharmacy utilization and cost**
- **Robust clinical program descriptions, recommendations and rationale**
- **Estimated cost savings**
- **Other clinical benefit recommendations**

#### **PREDICTIVE MODELING**

**We explore the cost savings and quality improvement measures that might be achieved to better serve our members. Our predictive modeling examines pharmacy claims data to provide an estimate of members who could benefit from our clinical programs, as well as estimated savings from select clinical programs.**

**Each model results in a customer-friendly report containing these important data variables: medication name, prescription count, potential cost savings (total and PMPM) and return on investment.**

2. Provide a sample reporting package. Reports must be available on an interactive basis. **Confirmed. Please see the attachment labeled "Sample Reporting Package".** Our reports set us apart from our competition by bringing forth current market trends and incorporate in-depth analytics to provide our customers with the data to make fact-based pharmacy benefit design decisions. Our reports are customized to our customers' data and depict the true reasons for trend. We incorporate our management philosophies with real proof points and savings opportunities.

**We have proposed our Standard/Select/Expanded reporting through our online Employer**

**eServices Customer Reporting tool in the medical section of our proposal. Pharmacy data is integrated into the following reports when administered in conjunction with one of our medical plans.**

3. Describe your enrollment process.  
**Our internal PBM receives eligibility in a real-time process 24 hours per day, seven days per week. Our eligibility system transfers the eligibility files in real time to the pharmacy eligibility system, and pharmacy benefits become available to members within one hour of transfer.**
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.**
6. Describe your pharmacy network.  
**Our retail network strategy offers: customer choice, member access, quality-based networks, and cost containment. We provide tailored network options allowing you to choose a well-balanced pharmacy network that offers members both convenient access and competitive discounts for brand-name and generic medications.**  
  
**Our retail network strategy provides national coverage with aggressive pricing strategies. All of our contracted retail pharmacies meet our high level of quality and safety standards. We maintain strong network pharmacy relations and rigorous credentialing and re-credentialing standards, so our networks remain consistent, current and accessible. Our robust real-time audit system captures front-line fraud, waste, and abuse detection for all of our contracted pharmacies. All of our networks include a 90-day supply component based on JPG's plan design.**  
  
**Whatever your priorities are, we can help you choose a pharmacy network strategy that:**
  - **Provides Value:** With millions of members, we negotiate discounted rates, saving money for customers and members alike.
  - **Supports Members:** Members receive a welcome kit and can also use our member portal to check medication prices, search for lower-cost alternatives and find a pharmacy.
  - **Manages Trends:** OptumRx provides a suite of network reports including GeoAccess and performance reporting so you know how well — and how often — pharmacies serve your member population.
7. How many Prescription Drug Lists (PDL's) does your company administer?  
**We have 4 different PDL's which include Traditional, Access, Advantage, and Essential PDL types.**
8. If more than one PDL, what is the pricing differentials for each PDL and what is the impact on premiums and co-pays?  
**We are proposing the Advantaged PDL option.**
9. Based on the top 100 drugs based on prescriptions filled, please identify which tier each



drug falls under in your company's PDL.

**Please see the attachment labeled "Advantage PDL Tier 3."**

10. Describe your mail order capabilities.

**OptumRx Home Delivery Pharmacy provides high-quality, technologically advanced prescription fulfillment capabilities that offer safety, savings, convenience, improved adherence and better member experiences.**

**We offer several options for members and prescribers to order new prescriptions from our Home Delivery Pharmacy. Members may submit prescriptions by mail and prescribers may initiate new orders by phone, mail, fax, or e-prescribing. Members or prescribers may submit refill orders by telephone through a customer service agent or our interactive voice response (IVR) system, our website, mail, and mobile app. We encourage members to expedite refill orders either by ordering online or calling our automated IVR system.**

**New members receive a welcome kit that includes a description of our Home Delivery Pharmacy process and a convenient order form.**

**ATTACHMENT E**  
**SOQ Affidavit**

**You may download a copy of Jefferson Parish's  
SOQ Affidavit at [www.jeffparish.net](http://www.jeffparish.net)**

**Click on Business & Development. Under "Doing Business in Jefferson Parish" Click on  
Professional Services Questionnaires. Scroll down and click on "Affidavit Form"**

**[Microsoft Word - SOQAffidavit02272014.doc \(azureedge.net\)](#)**



**SOQ 22-021 - Fully Insured Medical Plans**  
Jefferson Parish Government

Project documents obtained from [www.CentralBidding.com](http://www.CentralBidding.com)  
12-Apr-2022 04:25:09 PM

## **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 22-021

Fully Insured Medical Plans

**B. Firm Name & Address:**

UnitedHealthcare Insurance Company  
185 Asylum Street  
Hartford, Connecticut 06103-0450

**B. 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:**

Mona McLean  
Sr. Strategic Account Executive  
Phone: 504-849-1525  
Cell: 504-957-7470  
[mona\\_mclean@uhc.com](mailto:mona_mclean@uhc.com)

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

3838 N. Causeway Blvd  
Suite 2500  
Metairie, LA 70002

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

YES \_\_\_\_\_ NO ☒ X \_\_\_\_\_

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. N/A**

1. N/A

**General Professional Services Questionnaire**

2. N/A



## General Professional Services Questionnaire

<b>G. Has this JOINT-VENTURE previously worked together? Please check: YES _____ NO _____</b> N/A		
<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):
<p>Our organization will continue to leverage external third-party subcontractors to augment our operations and service offerings, when/where appropriate. We have programs in place to ensure these subcontractors meet relevant performance, operational, contractual/compliance and regulatory standards. In general, subcontractors are selected based on the strategic needs of our entire organization and dependent on the subcontractors' abilities to comply with our requirements.</p> <p>Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.</p> <p><b>1.</b></p>	<p>Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.</p>	<p>Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.</p>
<p><b>2.</b> Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.</p>	<p>Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.</p>	<p>Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.</p>
<p><b>3.</b> Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.</p>	<p>Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.</p>	<p>Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.</p>

## **General Professional Services Questionnaire**

<b>4.</b> Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.	Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.	Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.
<b>5.</b> Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.	Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.	Because of the broad spectrum of UnitedHealth Group businesses and subcontractor relationships, we are unable to provide a complete list of proposed subcontractors at this time.





## General Professional Services Questionnaire

<b>I. Please specify the total number of support personnel that may assist in the completion of this Project:</b>  _____
<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>
Mona McLean Sr. Strategic Account Executive
<b>Name of Firm with which associated:</b>
UnitedHealthcare
<b>Description of job responsibilities:</b>
Develop and monitor client financial performance, including renewal planning and negotiation Act as account management team lead, providing direction and support as required Exceed objectives for customer and broker satisfaction, persistency, and for developing new business with existing accounts
<b>Years' experience with this Firm:</b>
18 years
<b>Education: Degree(s)/Year/Specialization:</b>
Bachelor of Business Administration
<b>Other experience and qualifications relevant to the proposed Project:</b>
Licensed insurance agent, 28 years in the insurance industry

## General Professional Services Questionnaire

PROFESSIONAL NO. 2
<b>Name &amp; Title:</b> Jennifer Moore Director of Underwriting
<b>Name of Firm with which associated:</b> UnitedHealthcare
<b>Description of job responsibilities:</b> Drive pricing execution, set annual plans, goals and growth strategy to cultivate Book of Business for new and renewing commercial business
<b>Years' experience with this Firm:</b> 16
<b>Education: Degree(s)/Year/Specialization:</b> Bachelors Degree in Finance
<b>Other experience and qualifications relevant to the proposed Project:</b> 20 years in the industry

## **General Professional Services Questionnaire**

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

**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**

<b>Project Name, Location and Owner's contact information:</b>	<b>Description of Services Provided:</b>
N/A as we are providing services not goods.	
<b>Length of Services Provided:</b>	<b>Cost of Services Provided:</b>

#### **PROJECT NO. 2**

<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

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

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**

<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

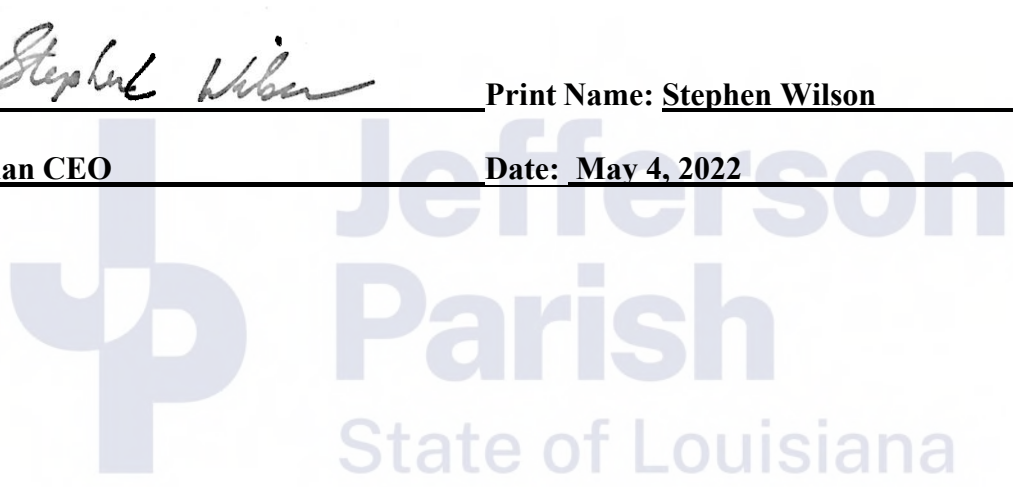
<b>L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.</b>		
<b>Parties:</b>		<b>Status/Result of Case:</b>
<b>Plaintiff:</b>	<b>Defendant:</b>	
<b>1.</b> Because of the nature of our business, we are routinely subject to lawsuits alleging various causes of action. Although the results of pending litigation are always uncertain, we do not believe the results of any such actions, currently threatened or pending, individually or in the aggregate, will have a material adverse effect on our consolidated financial position or the results of our operations. Any material litigation or legal actions are disclosed in our financial statements available on the UnitedHealth Group Incorporated (UnitedHealth Group) website: <a href="http://www.unitedhealthgroup.com">www.unitedhealthgroup.com</a> . UnitedHealth Group is our parent company.	N/A	N/A
<b>2.</b> N/A	N/A	N/A
<b>3.</b> N/A	N/A	N/A
<b>4.</b> N/A	N/A	N/A
<b>M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.</b>		

**General Professional Services Questionnaire**

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

**Signature:**  **Print Name:** Stephen Wilson

**Title:** Health Plan CEO **Date:** May 4, 2022



**Statement of Qualifications**

**AFFIDAVIT**

**STATE OF** Louisiana

**PARISH/COUNTY OF** Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Stephen Wilson  
\_\_\_\_\_, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized CEO Mid South of UnitedHealthcare (Entity),  
the party who submitted a Statement of Qualifications (SOQ) to Jefferson Parish  
Government for Healthcare Coverage (Briefly describe the services the SOQ  
will cover), to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

**(Choose A or B, if option A is indicated please include the required attachment):**

**Choice A** \_\_\_\_\_ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

**Choice B**   x   there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Affiant further said:

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A \_\_\_\_\_ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B x \_\_\_\_\_ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

Solicitation of Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A \_\_\_\_\_ Attached hereto is a list of all elected officials of the Parish of Jefferson, whether still holding office at the time of the affidavit or not, where the elected official, individually, either by **telephone or by personal contact**, solicited a campaign contribution or other monetary consideration from the Entity, including the Entity's officers, directors and owners, and employees owning twenty-five percent (25%) or more of the Entity, during the two-year period immediately preceding the date the affidavit is signed. Further, to the extent known to the Affiant, the date of any such solicitation is included on the attached list.

Choice B x \_\_\_\_\_ there are **NO** solicitations for campaign contributions which would require disclosure under Choice A of this section.

Affiant further said:

Subcontractor Disclosures

**(Choose A or B, if option A is indicated please include the required attachment):**

**Choice A** \_\_\_\_\_ Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ.

**Choice B** x \_\_\_\_\_ There are **NO** subcontractors which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

*[The remainder of this page is intentionally left blank.]*

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Stephen C Wilson

Signature of Affiant

Stephen Wilson

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 19<sup>th</sup> DAY OF APRIL, 2022.

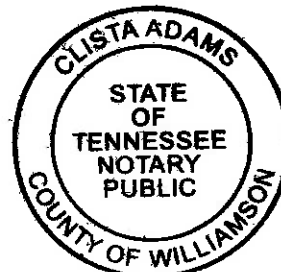
Clista Adams

Notary Public

CLISTA ADAMS

Printed Name of Notary

\_\_\_\_\_  
Notary/Bar Roll Number



My Comm Expires  
MARCH 29, 2023

My commission expires March 29, 2023