



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, 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
Buyer Email: MOvalle@jeffparish.net
Buyer Phone: 504-364-2687**



**Statements of Qualifications Requested
For Fully Insured Medical Plans**

Requested by:
Jefferson Parish Government



Prepared By:

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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 24th 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 jpalermo@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 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 or www.centralauctionhouse.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.
2. Proposer must have at least five (5) years of experience in providing the type of plans and services requested in this SOQ.
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.

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.

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.

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.

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

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

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

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

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

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

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.

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

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

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.

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

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

Administrative Services

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

Prepare and print all plan documents:

- a. Group Policy/ Plan Document
- b. Policy amendments
- c. Certificates
- d. Summary Plan Description (SPD)
- e. Summary of Benefits and Costs (SBC)
- g. Other documents as may be required by federal state and local laws

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

- a. Enrollment Forms
- b. Claim Forms
- c. ID cards
- d. EOBs

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

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

Performance Standards

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.

Actuarial Services

Furnish quarterly expected paid and incurred claims estimate.

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

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

Claims Processing Services

Maintain and update eligibility file.

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

Coordinate payment of benefits with Medicare when applicable.

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

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

Maintain peer review relations.

Discuss disputed charges with providers when appropriate.

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

Maintain and store claim detail data elements for statistical analysis.

Provide online and mobile claim viewing access to participants.

Statistical Services

Summary claims reports.

New Business Installation Services

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

Participate in and/or conduct employee meetings as requested.

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

If you are awarded the contract, you will be responsible for developing, printing and distribution of the required ID cards, claim forms, provider directories and employee booklets. Any cost for these services must be absorbed by the proposer.

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.
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.
3. Draft, revise, and finalize the policy, Summary Benefit Cost plan documents etc.
4. Provide all reasonable assistance, as may be requested, during the transition period, including participation at enrollment meetings.
5. Load all data for claim adjudication and ongoing plan management.
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.
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.

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.

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.

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

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.

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.

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 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.

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."

The insurance requirements shall be as follows:

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

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

WORKER'S COMPENSATION INSURANCE

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

COMMERCIAL GENERAL LIABILITY

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

COMPREHENSIVE AUTOMOBILE LIABILITY

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

DEDUCTIBLES

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

PROFESSIONAL LIABILITY

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

UMBRELLA LIABILITY COVERAGE

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

SUBCONTRACTOR INSURANCE

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

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

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

<u>Retirees w/o Medicare</u>	<u>Rate Ratios</u>
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.
2. How long has the company been in business?
3. Name and address of local office. What is the size of your local staff?
4. Provide the most recent A.M. Best or Standard & Poor's rating for your company.
5. How many members are being served by your company nationally and in Louisiana?
6. How many employers with 3,000+ employees are being served in Louisiana by you?
7. Where is your customer service office located?
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.
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.
10. Describe the account management services and the team that would be responsible for handling the Parish account.
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.
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.
13. Do you agree to administer the requested benefits plan as described? If not, specifically identify any variations in plan designs.
14. Please provide results from the following surveys for 2020/2021:
 - a. Member Satisfaction
 - b. Provider Satisfaction
 - c. Benefits Manager Satisfaction
15. For which services, and to whom, do you outsource the following:
 - a. Mental Health
 - b. Laboratory
 - c. Vision
 - d. Prescription Drug
 - e. Network Management
 - f. Utilization Management
16. What was your 2021 target Per Member Per Month (PMPM) medical cost for your network?
17. What is your administration charge as a percentage of premiums for JPG?

18. What is the JPG pooling level and estimated pooling charge for 2021?
19. For what procedures do you offer Centers for Excellence program? Please provide a listing of locations utilized by procedure.
20. Is MD Anderson Cancer Center, located in Houston, TX, a network provider?
21. What disease management programs do you currently have in place?
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?
23. What unique services or support does your organization provide that you believe sets you apart from your competition?

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.
2. Provide a sample reporting package. Reports must be available on an interactive basis.
3. Describe your enrollment process.
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.
5. Will you be able to administer all services, including processing of claims on the effective date of the contract? If not, please explain.
6. Describe your pharmacy network.
7. How many Prescription Drug Lists (PDL's) does your company administer?
8. If more than one PDL, what is the pricing differentials for each PDL and what is the impact on premiums and co-pays?
9. Based on the top 100 drugs based on prescriptions filled, please identify which tier each drug falls under in your company's PDL.
10. Describe your mail order capabilities.

ATTACHMENT E
SOQ Affidavit

You may download a copy of Jefferson Parish's
SOQ Affidavit at 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 \(azureedge.net\)](#)