



STATE OF NEBRASKA

RFP 6102 Z1

ORIGINAL

COST PROPOSAL

Administrative Support Services
for the State of Nebraska
Employee Health Care Benefit Plans



COST Proposal for RFP 6102 Z1

Administrative Support Services for the State of Nebraska Employee Health Care Benefits Plans

Self-Funded Medical and Pharmacy Administration

Effective July 1, 2020

Submitted To:

State of Nebraska Purchasing Bureau
1526 K Street, Suite 130
Lincoln, NE 68508

ORIGINAL

Proposal Section

Description

COST PROPOSAL

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C





COST PROPOSAL RFP 6102 Z1

VII. COST PROPOSAL REQUIREMENTS

This section describes the requirements to be addressed by bidders in preparing the State's Cost Proposal. The bidder must use the State's Cost Proposal.

THE STATE'S COST PROPOSAL AND ANY OTHER COST DOCUMENT SUBMITTED WITH THE PROPOSAL SHALL NOT BE CONSIDERED CONFIDENTIAL OR PROPRIETARY AND IS CONSIDERED A PUBLIC RECORD IN THE STATE OF NEBRASKA AND WILL BE POSTED TO A PUBLIC WEBSITE.

A. COST PROPOSAL

This summary shall present the total fixed price to perform all of the requirements of the RFP. The bidder must include details in the State's Cost Sheet supporting any and all costs.

The State reserves the right to review all aspects of cost for reasonableness and to request clarification of any proposal where the cost component shows significant and unsupported deviation from industry standards or in areas where detailed pricing is required.

BCBSNE has responded to the State's Cost Proposal requirements as noted within the following pages.

Supporting documentation has been provided within Cost Proposal *EXHIBITS A – F*, with references to our *proprietary* response.

Printed worksheets are included within this binder, and a *proprietary* repriced version of the medical claim data file (Cost Proposal Exhibit C) and Specialty Pharmacy Fee Schedules (Cost Proposal Exhibit E) have been sent to Lorraine.Epperly@nebraska.gov via secured email due to file size and unprintable format.

B. PRICES

Prices quoted shall be net, including transportation and delivery charges fully prepaid by the bidder, F.O.B. destination named in the RFP. No additional charges will be allowed for packing, packages, or partial delivery costs. When an arithmetic error has been made in the extended total, the unit price will govern.

BCBSNE agrees with the above requirement.

MEDICAL RESPONSES

**RFP NUMBER #6102 Z1
COST PROPOSAL
MEDICAL COST PROPOSAL INSTRUCTIONS**

**The State of Nebraska's Medical And Rx Administrator
Medical Cost Proposal Instructions**

Detailed Claims and Eligibility data is provided for your assessment and analysis in preparing your response to this RFP. The claims files include service codes, diagnostic data, and other clinical detail. Monthly enrollments and paid claims data is included to provide historic paid claims levels.

Use the tabs in this spreadsheet for reference and specific instructions in providing proposed Administrative Fees and information regarding your book of business (discounts, membership, etc.) for the membership covered in the program.

Prices submitted on the cost proposal form shall remain fixed for the initial three (3) years of the contract. Any request for a price increase subsequent to the initial three (3) years of the contract shall not exceed three and a half percent (3.5 %) of the previous Contract period. Increases will be cumulative across the remaining periods of the contract. Requests for an increase must be submitted in writing to the State Purchasing Bureau a minimum of six (6) months prior to the end of the current contract period. Documentation may be required by the State to support the price increase.

Additionally, the State requires a "repriced claim" file as part of your submission.

Please return the detailed medical claim files with the following additional fields appended to the original file:

Allowed Charge
Discount Off Of Allowed
Scheduled Payment Amount (if applicable)
Included In capitated payments (if applicable)
Any other reimbursement methodologies - provide sufficient detail to evaluate
Network Provider Indicator

NOTE: If capitation exists in your network, provide enough detail to sufficiently evaluate the effect on the State's costs, including services, payments and provider types included. Include description as separate attachment with your response.

**RFP NUMBER # 6102 Z1
 COST PROPOSAL
 MEDICAL ADMINISTRATIVE SERVICES ONLY (ASO) FEE SCHEDULE**

The State of Nebraska's Medical And Rx Administrator - Medical Administration Fees

BIDDER NAME: BLUE CROSS AND BLUE SHIELD OF NEBRASKA

Bidder shall provide the Administrative Services Only (ASO) fees below for each of the three plan designs currently in place. The fees must be based on a "per employee per month" (PEPM) composite basis. Fees on any other basis, (i.e., as a percentage of claims, on a per claim basis or a combination) will NOT be considered. The ASO Fees are to be guaranteed for the three (3) year contract period, July 1, 2020 thru June 30, 2023, with the option to renew for four (4) additional one (1) year periods as mutually agreed upon by all parties. Any ancillary service relating to the administration of the health plan not specifically identified in bidder's proposal is assumed to be included in the ASO fee. IF THE FEE STRUCTURE IS DIFFERENT BY PLAN, COMPLETE THIS SCHEDULE FOR EACH PLAN AND LABEL EACH SCHEDULE ACCORDINGLY.

SELF-FUNDED MEDICAL ADMINISTRATION COSTS	Initial Period			Optional Year One	Optional Year Two	Optional Year Three	Optional Year Four
	7/1/20 - 6/30/21	7/1/21 - 6/30/22	7/1/22 - 6/30/23	7/1/23 - 6/30/24	7/1/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27
Estimated Number of Medical Plan Employees	12,845	12,845	12,845	12,845	12,845	12,845	12,845
Medical ASO Fees to include, but not limited to:							
Plan ASO Fees							
Network Access Fees							
Provider Network Fees							
Out of Network Access Fees							
Subrogation							
Claims Processing and Adjudication							
Internal / External Audits							
Dependent eligibility verification							
Coordination of Benefits							
Customer Service							
Benefit Booklet/SPD (initial and updates)							
Provider Directories							
ID Cards							
Postage/Envelope Costs							
Toll-free Member Services Line							
Interactive Website							
Electronic Eligibility Transmittal and Receipt of Updates and Monthly Reconciliation							
Reporting							
Standard Reporting - Monthly, Quarterly, Annual							
Ad-hoc Reporting							
Annual Accounting of Funds Received vs Claims Paid							
Subrogation							
Start-Up							
Annual Enrollment Session							
Enrollment Communications							
Additional Programs							
Behavioral Health							
Case Management							
Pre-Admission Certification							
Wellness Programming							
Utilization Review							
Per Employee Per Month ASO Fees	\$ 33.36	\$ 33.36	\$ 33.36	n/a	n/a	n/a	n/a
Total Monthly ASO Fees	\$ 428,509.20	\$ 428,509.20	\$ 428,509.20	#VALUE!	#VALUE!	#VALUE!	#VALUE!
Total Annual ASO Fees	\$ 5,142,110.40	\$ 5,142,110.40	\$ 5,142,110.40	#VALUE!	#VALUE!	#VALUE!	#VALUE!
Guarantees & Credits							
Enrollment Change Tolerance (+/- XX%)	10%	10%	10%	n/a	n/a	n/a	n/a
Implementation Credit (\$)	\$ 250,000.00						
Annual Communications/Wellness Credit (\$)	\$ 100,000.00	\$ 100,000.00	\$ 60,000.00	n/a	n/a	n/a	n/a

Note:
 The Basic Fee is a per employee per month (PEPM) fee for all services and deliverables required under the terms of this Contract and which are not specifically and separately identified elsewhere in the table. Such services include but are not limited to claims administration, network access fees, underwriting, standard report production and delivery, claims data extracts, member communication materials, claims fiduciary liability, administration of post-contract run out claims, routine and non-routine production and delivery of ID cards, large case management, etc.

**RFP NUMBER 6102 Z1
COST PROPOSAL
ADMINISTRATIVE SERVICES ONLY (ASO) RUNOUT FEE SCHEDULE**

**The State of Nebraska's Medical And Rx Administrator
Medical Administration Runout Fee Schedule**

BIDDER NAME: BLUE CROSS AND BLUE SHIELD OF NEBRASKA

Provide the Administrative Services Only (ASO) runout fees below for each of the plan designs currently in place. The fees must be based on a "per employee per month" (PEPM) composite basis. Fees on any other basis, i.e., as a percentage of claims, on a per claim basis or a combination will not be considered. The ASO runout fees are to be based on a runout period of 6 months. **IF YOUR FEE STRUCTURE IS DIFFERENT BY PLAN, COMPLETE THIS SCHEDULE FOR EACH PLAN AND LABEL EACH SCHEDULE ACCORDINGLY.**

PER EMPLOYEE PER MONTH (PEPM) (Composite)	RUNOUT YEAR 1	RUNOUT YEAR 2	RUNOUT YEAR 3
Medical ASO Fees to include, but not limited to:			
Plan Administration Fees			
Provider Network Fees			
Out of Network Access Fees			
Subrogation			
Claims Processing and Adjudication			
Internal / External Audits			
Coordination of Benefits			
Customer Service			
Benefit Booklet/SPD (initial and updates)			
Provider Directories			
ID Cards			
Postage / Envelopes			
Additional Programs			
Behavioral Health			
Case Management			
Pre-Admission Certification			
Utilization Review			
TOTAL	\$ 33.36	\$ 33.36	\$ 33.36
Other:			
Pharmacy Administration (See Tab 3B)	\$ 2.00	\$ 2.00	\$ 2.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

The runout fees above will be a one-time charge. The fee will be multiplied by the total subscriber enrollment in each of the three months immediately prior to termination. We will allow a total of up to 12 months of runout administration if the State chooses to expand its runout period.

**RFP NUMBER #6102 Z1
COST PROPOSAL
CLAIMS REPRICING**

The State of Nebraska's Medical And Rx Administrator
Medical Claims Repricing

BIDDER NAME: [BLUE CROSS AND BLUE SHIELD OF NEBRASKA](#)

SEE PROPRIETARY RESPONSE

Reprice claims from the file provided by Segal. The repricing must be based on the submitted/billed charges provided in the file, and 2019 network provider contractual fee arrangements. The claims repricing amounts must be based on actual data and should not include any assumptions regarding projected discounts or expected increases in billed charges.

In the grid, below, provide the sum of all repriced claims by in-network and out-of-network based on the submitted/billed charges.

If proposing multiple networks, complete the Claims Repricing Analysis exhibit separately for each network. Bidder must also include an explanation summarizing how the claims were repriced, noting any and all assumptions made.

Repricing of Medical Claims Data Network BLUE (Broad PPO)		
	PPO or POS Network	
	Billed Amount *	Repriced Amount **
IN-NETWORK	See Proprietary Response	See Proprietary Response
OUT-OF-NETWORK		
Grand Total From Data File		
Grand Total Repriced		

Repricing of Medical Claims Data Premier Select BlueChoice (Regional Network)		
	PPO or POS Network	
	Billed Amount *	Repriced Amount **
IN-NETWORK	See Proprietary Response	See Proprietary Response
OUT-OF-NETWORK		
Grand Total From Data File		
Grand Total Repriced		

Repricing of Medical Claims Data Blueprint Health (Regional Network)		
	PPO or POS Network	
	Billed Amount *	Repriced Amount **
IN-NETWORK	See Proprietary Response	See Proprietary Response
OUT-OF-NETWORK		
Grand Total From Data File		
Grand Total Repriced		

*Billed Amount reflects Submitted/Billed Charges as shown on the Claims Repricing data file.

**Repriced Amount reflects charges based on application of your 2019 provider-specific discounts.

RFP NUMBER #6102 Z1
 COST PROPOSAL
 PROVIDER DISCOUNTS

The State of Nebraska's Medical And Rx Administrator
 Provider Discounts

BIDDER NAME: BLUE CROSS AND BLUE SHIELD OF NEBRASKA

SEE PROPRIETARY RESPONSE

Provide the average discounts off Eligible Charges for Physician and Hospital Inpatient and Outpatient for the following locations commensurate with the repricing file provided in 4A - Medical Repricing.

Network BLUE (Broad Statewide PPO Network)

3 Digit	Average Discount off Eligible Charges		
Zip Code	Inpatient Hospital	Outpatient Hospital	Physician
693			
692			
691			
690			
689			
688			
687			
686			
685			
684			
683			
681			
680			
	See Proprietary Response		
3 Digit	Average Discount off Eligible Charges		
Zip Code	Inpatient Hospital	Outpatient Hospital	Physician
515			
511			

Note: Provide separate table for each proposed network, PPO or POS.

Premier Select BlueChoice (Regional Network)

3 Digit	Average Discount off Eligible Charges		
Zip Code	Inpatient Hospital	Outpatient Hospital	Physician
693			
692			
691			
690			
689			
688			
687			
686			
685			
684			
683			
681			
680			
	See Proprietary Response		
3 Digit	Average Discount off Eligible Charges		
Zip Code	Inpatient Hospital	Outpatient Hospital	Physician
515			
511			

Blueprint Health (Regional Network)

3 Digit	Average Discount off Eligible Charges		
Zip Code	Inpatient Hospital	Outpatient Hospital	Physician
683			
692			
691			
690			
689			
688			
687			
686			
685			
684			
683			
681			
680			
	See Proprietary Response		
3 Digit	Average Discount off Eligible Charges		
Zip Code	Inpatient Hospital	Outpatient Hospital	Physician
515			
511			

**RFP NUMBER #6102 Z1
COST PROPOSAL
GUARANTEE OF PROVIDER DISCOUNTS**

The State of Nebraska's Medical And Rx Administrator
Network Provider Discount Guarantee

SEE PROPRIETARY RESPONSE

BIDDER NAME: BLUE CROSS AND BLUE SHIELD OF NEBRASKA - Guarantee below is applied on our broad PPO network, Network BLUE (Includes out-of-state discounts through the BlueCard® PPO, as well)

The State of Nebraska (the State) seeks the most favorable discounts from providers in the proposed provider network. It is also a requirement of the State, upon completion of each plan year, to have the selected network provide an analysis of actual discounted savings, which were realized over the course of the plan year, and use this analysis to compare the results to the expected discounts. The State shall receive fixed discounts throughout the initial contract period in addition to the optional periods. If further discounts are achieved, those discounts shall be passed on to the State. Discounts less than the fixed discounts in the initial contract shall not be allowed

1. Indicate the level of discounts that will be guaranteed from year to year over the contract term. For example, if Inpatient facility discounts are 40% for 7/1/20 - 6/30/21 and it is guaranteed they will increase to 41% in 7/1/21 - 6/30/22, enter "40%" in the cell in the Inpatient facility row under the 7/1/20 - 6/30/21 column and "41%" under the 7/1/21 - 6/30/22 column.

Network BLUE (Broad PPO Network)

Service Category	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	Optional Year 7/1/23- 6/30/24	Optional Year 7/1/24- 6/30/25	Optional Year 7/1/25- 6/30/26	Optional Year 7/1/26- 6/30/27
Guaranteed Overall Inpatient Facility Discounts	See Proprietary Response			n/a	n/a	n/a	n/a
Guaranteed Overall Outpatient Facility Discounts				n/a	n/a	n/a	n/a
Guaranteed Overall Professional Discounts				n/a	n/a	n/a	n/a

PremierSelect BlueChoice (Regional Network)

Service Category	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	Optional Year 7/1/23- 6/30/24	Optional Year 7/1/24- 6/30/25	Optional Year 7/1/25- 6/30/26	Optional Year 7/1/26- 6/30/27
Guaranteed Overall Inpatient Facility Discounts	See Proprietary Response			n/a	n/a	n/a	n/a
Guaranteed Overall Outpatient Facility Discounts				n/a	n/a	n/a	n/a
Guaranteed Overall Professional Discounts				n/a	n/a	n/a	n/a

Blueprint Health (Regional Network)

Service Category	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	Optional Year 7/1/23- 6/30/24	Optional Year 7/1/24- 6/30/25	Optional Year 7/1/25- 6/30/26	Optional Year 7/1/26- 6/30/27
Guaranteed Overall Inpatient Facility Discounts	See Proprietary Response			n/a	n/a	n/a	n/a
Guaranteed Overall Outpatient Facility Discounts				n/a	n/a	n/a	n/a
Guaranteed Overall Professional Discounts				n/a	n/a	n/a	n/a

2. Using the table below, for the network being proposed, indicate the portion of Administrative fees (as a percentage) to be paid back to the State if the discount guarantees listed above are not achieved. The schedule must provide a percentage of ASO fees at risk for not achieving guaranteed discount levels.

Service Category	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	Optional Year 7/1/23- 6/30/24	Optional Year 7/1/24- 6/30/25	Optional Year 7/1/25- 6/30/26	Optional Year 7/1/26- 6/30/27
Percentage of Administrative Fees at Risk for Inpatient Facility Discount Guarantees*				n/a	n/a	n/a	n/a
Percentage of Administrative Fees at Risk for Outpatient Facility Discount Guarantees*				n/a	n/a	n/a	n/a
Percentage of Administrative Fees at Risk for Professional Discount Guarantees*				n/a	n/a	n/a	n/a

* paid during the respective plan year

**RFP NUMBER #6102 Z1
COST PROPOSAL
PHARMACY COST WORKSHEET INSTRUCTIONS**

**The State of Nebraska Rx Administrator
Pharmacy Cost Proposal Instructions**

Pricing must be on a pass-through basis such that the amount billed to the State for retail claims is equal to the amount reimbursed to retail pharmacies and with 100% of all rebate revenue being passed through to the State.

Pricing shall be based on your Broadest Network.

AWP must be sourced from Medi-Span unless another national provider source is explicitly stated in the cost proposal.

All generic drugs, including single-source and brand drugs that function as "house generics" must be classified as generic drugs for pricing purposes.

Bidders are required to complete all financial exhibits as instructed. All administrative fees are required on a per-employee-per-month basis.

All services covered under the fee should be listed.

The State shall receive fixed discounts throughout the initial contract period in addition to the optional periods. If further discounts are achieved, those discounts shall be passed on to the State. Discounts less than the fixed discounts in the initial contract shall not be allowed.

The State of Nebraska Rx Administrator
 Rx Pricing, Transparent (Broadest Network)

BIDDER NAME BLUE CROSS AND BLUE SHIELD OF NEBRASKA

SEE PROPRIETARY RESPONSE

Instructions: Complete every cell on this worksheet. For retail, propose pricing for broadest retail network. Pricing offer must be on a post-AWP rollback basis. Provide cost based on the current plan design. In addition to the aggregate discount guarantees indicated below submit a complete list of specialty drugs, their therapeutic category and discount from AWP.

RETAIL Broadest Network							
Number of Pharmacies Nationwide	65,000+						
Bidder must use ingredient Cost Adjudication Formula: Lowest of pharmacy's U&C price, MAC (where applicable), or discounted AWP							
	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
Minimum AWP Discount Guarantees							
Brand Drugs	See Proprietary Response						
Generic Drugs (must include all single-source and "house" generics.)							
Maximum Dispensing Fee per Paid Claim							
All Claims - Brand Drugs	See Proprietary Response						
All Claims - Generic Drugs							
Compounds							
Ingredient cost adjudication formula							
RETAIL 90 Network Broadest Network							
Number of Pharmacies Nationwide	65,000+						
Bidder must use ingredient Cost Adjudication Formula: Lowest of pharmacy's U&C price, MAC (where applicable), or discounted AWP							
	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
Minimum AWP Discount Guarantees							
Brand Drugs	See Proprietary Response						
Generic Drugs (must include all single-source and "house" generics.)							
Maximum Dispensing Fee per Paid Claim							
All Claims							
Compounds							
Ingredient cost adjudication formula							

MAIL ORDER (EXCLUDING SPECIALTY)							
Bidder must use Ingredient Cost Adjudication Formula: Lower of MAC (where applicable) or discounted AWP							
	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
Minimum AWP Discount Guarantees							
Brand Drugs	See Proprietary Response						
Generic Drugs (must include all single-source and "house" generics.)							
Maximum Dispensing Fee per Paid Claim							
All Claims							
Compounds							
Ingredient cost adjudication formula							
SPECIALTY DRUGS (AT SPECIALTY PHARMACY)							
Bidder must use Ingredient Cost Adjudication Formula: Lowest of pharmacy's U&C price, MAC (where applicable), or discounted AWP							
	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
Minimum Brand AWP Discount Guarantee							
All Brands	See Proprietary Response						
All Biosimilars							
All Generics							
Maximum Dispensing Fee per Paid Claim							
All Claims							
SPECIALTY DRUGS (AT RETAIL PHARMACIES)							
Bidder must use Ingredient Cost Adjudication Formula: Lowest of pharmacy's U&C price, MAC (where applicable), or discounted AWP							
	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
Minimum Brand AWP Discount Guarantee							
All Brands	See Proprietary Response						
All Biosimilars							
All Generics							
Maximum Dispensing Fee per Paid Claim							
All Claims							
CREDITS							
Implementation Allowance							
Annual Audit Allowance							
Annual Program Allowance							

Minimum rebates should be quoted on a per brand claim basis	GUARANTEED REBATES						
	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
Percent Rebate Share All Claims	See Proprietary Response						
Retail Brand							
Retail 90 Brand							
Mail Order Brand							
Specialty Brand (Specialty Pharmacy)							
Specialty Brand (Retail Pharmacy)							
Specialty Biosimilar (Specialty Pharmacy)							
Specialty Biosimilar (Retail Pharmacy)							
Specialty Biosimilar (Retail Pharmacy)							

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 COST PROPOSAL
 PRICING TRANSPARENT

The State of Nebraska Rx Administrator
 Rx Pricing, Transparent (Broad Network)

BIDDER NAME BLUE CROSS AND BLUE SHIELD OF NEBRASKA

Instructions: Complete every cell on this worksheet. For retail, propose pricing for broadest retail network. Pricing offer must be on a post-AWP rollback basis. Provide cost based on the current plan design. In addition to the aggregate discount guarantees indicated below submit a complete list of specialty drugs, their therapeutic category and discount from AWP.

RETAIL Broad Network							
Number of Pharmacies Nationwide	55,000+						
Bidder must use ingredient Cost Adjudication Formula: Lowest of pharmacy's U&C price, MAC (where applicable), or discounted AWP							
	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
Minimum AWP Discount Guarantees							
Brand Drugs	See Proprietary Response						
Generic Drugs (must include all single-source and "house" generics.)							
Maximum Dispensing Fee per Paid Claim							
All Claims - Brand Drugs	See Proprietary Response						
All Claims - Generic Drugs							
Compounds							
Ingredient cost adjudication formula							
RETAIL 90 Network Broad Network							
Number of Pharmacies Nationwide	45,000+						
Bidder must use Ingredient Cost Adjudication Formula: Lowest of pharmacy's U&C price, MAC (where applicable), or discounted AWP							
	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
Minimum AWP Discount Guarantees							
Brand Drugs	See Proprietary Response						
Generic Drugs (must include all single-source and "house" generics.)							
Maximum Dispensing Fee per Paid Claim							
All Claims							
Compounds							
Ingredient cost adjudication formula							

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 COST PROPOSAL
 PRICING TRANSPARENT

MAIL ORDER (EXCLUDING SPECIALTY)							
Bidder must use ingredient Cost Adjudication Formula: Lower of MAC (where applicable) or discounted AWP							
	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
Minimum AWP Discount Guarantees							
Brand Drugs	See Proprietary Response						
Generic Drugs (must include all single-source and "house" generics.)							
Maximum Dispensing Fee per Paid Claim							
All Claims							
Compounds							
Ingredient cost adjudication formula							
SPECIALTY DRUGS (AT SPECIALTY PHARMACY)							
Bidder must use ingredient Cost Adjudication Formula: Lowest of pharmacy's U&C price, MAC (where applicable), or discounted AWP							
	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
Minimum Brand AWP Discount Guarantee							
All Brands	See Proprietary Response						
All Biosimilars							
All Generics							
Maximum Dispensing Fee per Paid Claim							
All Claims							
SPECIALTY DRUGS (AT RETAIL PHARMACIES)							
Bidder must use ingredient Cost Adjudication Formula: Lowest of pharmacy's U&C price, MAC (where applicable), or discounted AWP							
	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
Minimum Brand AWP Discount Guarantee							
All Brands	See Proprietary Response						
All Biosimilars							
All Generics							
Maximum Dispensing Fee per Paid Claim							
All Claims							
CREDITS							
Implementation Allowance							
Annual Audit Allowance							
Annual Program Allowance							

RFP NUMBER #6102 Z1
 COST PROPOSAL
 PRICING TRANSPARENT

Minimum rebates should be quoted on a per brand claim basis	GUARANTEED REBATES						
	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
Percent Rebate Share All Claims	See Proprietary Response						
Retail Brand							
Retail 90 Brand							
Mail Order Brand							
Specialty Brand (Specialty Pharmacy)							
Specialty Brand (Retail Pharmacy)							
Specialty Biosimilar (Specialty Pharmacy)							
Specialty Biosimilar (Retail Pharmacy)							

**RFP NUMBER #6102 Z1
COST PROPOSAL
PHARMACY ASO FEES**

The State of Nebraska Rx Administrator
Required Pharmacy Administrative Services Only (ASO) Fees

Bidder Name: BLUE CROSS AND BLUE SHIELD OF NEBRASKA

Pharmacy ASO Fees to include, but not limited to:	Initial Period			Optional Year One	Optional Year Two	Optional Year Three	Optional Year Four
	7/1/20 - 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	7/1/23 - 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
Toll Free Phone Lines							
Monthly Data Feeds to State/Designee(s)							
Prospective /Concurrent DUR							
Standard Reports							
Ad Hoc Reports							
COB Program							
Annual EOB Statements							
Retro Termination Letters							
Drug Notification Letters							
Formulary and Rebate Administration							
Enrollment Packet Mailing							
ID Card Production and Distribution							
Manual Claim Processing							
1st Level Appeals							
2nd Level Appeals							
Urgent Appeals							
E-Prescribing							
Vaccine Services							
Audit Recoveries							
Retro DUR							
Prior Authorization							
Quantity Level Limits							
Dose Optimization							
Medication Management							
Per Employee per Month ASO Fees							
Total Monthly ASO Fees	\$2	\$2	\$2	TBD with not increase more than 3.5%	TBD with not increase more than 3.5%	TBD with not increase more than 3.5%	TBD with not increase more than 3.5%
Total Annual ASO Fees	\$24	\$24	\$24	#VALUE!	#VALUE!	#VALUE!	#VALUE!
List All Other clinical programs or services and associated fees (if any):	Optional Programs GuidedHealth: \$0.25 PEPM; Specialty Copay Solutions: \$120 per transaction	Optional Programs GuidedHealth: \$0.25 PEPM; Specialty Copay Solutions: \$120 per transaction	Optional Programs GuidedHealth: \$0.25 PEPM; Specialty Copay Solutions: \$120 per transaction	TBD will not increase more than 3.5%	TBD will not increase more than 3.5%	TBD will not increase more than 3.5%	TBD will not increase more than 3.5%

Fields above are locked. The Total Annual ASO Fees formulas are not accurate. Comments for years 4-7 on the Total Monthly Fee line are "TBD with max 3.5% inc."

COST PROPOSAL EXHIBIT A
Programs *Included* in Proposed Administrative Pricing
PROGRAMS INCLUDED AT NO ADDITIONAL CHARGE

INCLUDED PROGRAM / SERVICE	Included in ASO Fee	Additional Services/Buy-Up
OPERATIONAL SERVICES		
ACCOUNT TEAM, NETWORK, ADMINISTRATIVE SERVICES and COMMUNICATIONS		
Dedicated Account Management Team Client Manager, Implementation Service Manager, Client Service Manager, Client Relationship Consultant, Membership Auditor/Supervisor, Supervisor of Operations	X	
Networks <ul style="list-style-type: none"> • Network Access / National reciprocity through BlueCard® 	X	
<ul style="list-style-type: none"> • Online directory for most current network, including access to Blue Distinction® Centers for Bariatric Surgery, Cancer Care, Cardiac Care, Cellular Immunotherapy – CAR-T, Fertility Care, Gene Therapy, Knee & Hip Replacement, Maternity, Spine Surgery, Substance Use Treatment and Recovery, and Transplants 	X	
<ul style="list-style-type: none"> • Blue Cross Blue Shield Global Core® - global network in over 200 countries 	X	
<ul style="list-style-type: none"> • Select Networks - Fee will only apply to contracts utilizing the Select Network service 	X	
Claim Service Program: Non-Contracted Providers We engage a third party to negotiate and/or price claims submitted by non-participating (OON) providers.	X	
Communications <ul style="list-style-type: none"> • Standard ID or custom ID card with logo, color or black (one per member) 	X	
<ul style="list-style-type: none"> • Health Reimbursement Debit Card: Non-customized card included at no additional cost. 	X	
<ul style="list-style-type: none"> • Standard electronic open enrollment / communication materials 	X	
<ul style="list-style-type: none"> • Consumer Communications Toolkit - online resource for customers to help their employees become more involved, be more informed and make smart healthcare choices. Customers can choose from seven menu topics to find tools, including promotional materials, fliers, postcards, emails, newsletters and more. 	X	

COST PROPOSAL EXHIBIT A

Programs *Included* in Proposed Administrative Pricing

INCLUDED PROGRAM / SERVICE	Included in ASO Fee	Additional Services/Buy-Up
<ul style="list-style-type: none"> • Electronic benefit booklet (also available for members online), includes member postcard • Electronic Summary of Benefits (SBCs) 	X	
Open Enrollment Meetings (locations with 100 or more employees) <ul style="list-style-type: none"> • Without air travel • With air travel 	X	
Administrative Services <ul style="list-style-type: none"> • Annual renewal package, admin fee determination and claims projections 	X	
<ul style="list-style-type: none"> • External Audit - 1,000+ contracts are permitted to audit 200 claims per product and clients with less than 1,000 contracts are permitted to audit 100 claims per product. <i>We apply a surcharge of \$50/claim for additional claims.</i> 	X	
Web/Digital Services Member Self Service Portal and Mobile Web - evaluate health cost and quality-of-care data, find providers, track claims/spending, manage health spending accounts, wellness/decision support services, access to ID card.	X	
Employer Self Service Portal – view/manage enrollment, access benefits, view claims, access reports, pay bills	X	
Health Wire Mobile Messaging - Secure mobile messaging platform that provides members with information reminders and cost-savings communications that make it easier for them to engage with valuable content at critical moments.	X	
CUSTOMER SERVICE/CLAIMS PROCESSING		
Customer Service – Standard Unit <ul style="list-style-type: none"> • Toll-free customer service line • Toll-free group administrator customer service line • Toll free line for open enrollment • Translator assistance • Integrated Voice Response 	X	

COST PROPOSAL EXHIBIT A

Programs *Included* in Proposed Administrative Pricing

INCLUDED PROGRAM / SERVICE	Included in ASO Fee	Additional Services/Buy-Up
Premium Customer Service Models		
Well360 Concierge Service Model The Concierge will use every call as an opportunity to engage and educate members. They provide support in choosing the most cost-effective site of care, guidance on using on line tools, a welcome call to review benefit design and programs, and help with coverage and claims questions.	X	
Claims Processing <ul style="list-style-type: none"> • Foreign claim translation and processing • Internal appeals according to DOL claims rule 	X X	
Recoveries COB Recoveries, Subrogation Services, Accident/Injury Recoveries (<i>Excludes Auto & Workers Comp</i>), Other Recoveries including but not limited to hospital audits (IP/OP), Other OP claims, credit balance recoveries, and SNF, DME, Home Infusion, Home Health Audits.	X	
Fraud, Waste and Abuse Investigation health care fraud, waste and abuse cases (i.e., intentional submission of false or misleading information for purpose of payment, overutilization of medical services or misuse of resources, inconsistent practices inconsistent with sound medical, business or fiscal practices).		
Pre-Pay High Dollar Review: All claims greater than \$50K are reviewed pre-payment by nurse reviewers/clinical coders for proper processing and payment. This pre pay review may include validation of itemized bills and cut backs to outlier payments.	X	
REPORTING/DATA FEEDS		
Analytics Navigator Standard Reporting <ul style="list-style-type: none"> • Compass Report (Performance Dashboard) • Atlas Report (Presentation Style with Narrative Text) • Vantage Report – Top Level Q&A Reporting on Key Metrics 	X X X	
Non-Standard and Ad hoc Reporting Reports designed according to customer’s specified parameters	X	
SS00 Reporting Provide data for client to file form 5500	X	

COST PROPOSAL EXHIBIT A

Programs *Included* in Proposed Administrative Pricing

INCLUDED PROGRAM / SERVICE	Included in ASO Fee	Additional Services/Buy-Up
WELL360: HEALTH, WELLNESS AND PREMIUM SOLUTIONS		
HEALTH MANAGEMENT		
Well360 Core Health Management Model		
<ul style="list-style-type: none"> • Utilization Management – Pre-certification, Pre-determination, Concurrent Review, Discharge Planning & Retrospective Review 	X	
<ul style="list-style-type: none"> • 24/7 Nurse Line/Decision Support/Disease Management <ul style="list-style-type: none"> ➢ Multi-disciplinary team to holistically manage our members ➢ High cost claim management ➢ Personal support and access to extensive educational resources ➢ Precision identification and stratification 	X	
<ul style="list-style-type: none"> • Case Management – Complex and Specialty 	X	
<ul style="list-style-type: none"> • Behavioral Health - Utilization Management, Outreach and Intensive Case Management, Depression Management Program 	X	
<ul style="list-style-type: none"> • Maternity Education and Support Program -Proactive outreach and case management for high-risk pregnancies, enrollment packet which includes educational materials. 	X	
WELLNESS AND PREVENTION		
<ul style="list-style-type: none"> • Sharecare <i>RealAge</i> Health Risk Assessment Digital/Online Application 	X	
<ul style="list-style-type: none"> • Sharecare Digital Platform <ul style="list-style-type: none"> • Green Days Trackers • Health Profile • AskMD Symptom Checker Tool • Personalized Content • Reporting 	X	
<ul style="list-style-type: none"> • Core Coaching Services <ul style="list-style-type: none"> • Inbound and Referrals into Wellness Coaching (weight management, nutrition, stress, exercise, etc.) • How to Be Tobacco Free (Telephonic and self-study tobacco cessation options) • Drop 10 in 10 (Telephonic and Self-Study options) • Time to Sleep Well (Telephonic and Self-Study options) • Daily Steps to Less Stress (Telephonic and Self-Study options) • Aim for Change (Telephonic and Self-Study options) 	X	

COST PROPOSAL EXHIBIT A

Programs *Included* in Proposed Administrative Pricing

<i>INCLUDED</i> PROGRAM / SERVICE	Included in ASO Fee	Additional Services/Buy-Up
Diabetes Prevention Program – RetroFit <i>(Added to the standard preventive schedule.)</i>	X	
Wellness Discount Program (Blue365) Online value program for medical members with savings on non-covered wellness products/services.	X	
<i>NOTE: Some products and services may be subject to sales tax. Product orders may take up to 10 business days to deliver. Rush shipping fees equal to the greater of \$25 or 10% of the product order will be charged if requiring shipping in less than 10 business days. Prices reflect standard model – additional fees may apply for customization.</i>		
Telemedicine with AmWell or Doctor on Demand Access to secured telemedicine portal to resolve routine medical issues with board-certified physicians via phone or video consultation.	X	

COST PROPOSAL EXHIBIT A

Other Programs Requiring an Additional Charge

OTHER PROGRAMS REQUIRING AN ADDITIONAL CHARGE

BUY-UP PROGRAM / SERVICE	Included in ASO Fee	Additional Services/Buy-Up
OPERATIONAL SERVICES		
ACCOUNT TEAM, NETWORK, ADMINISTRATIVE SERVICES and COMMUNICATIONS		
Networks <ul style="list-style-type: none"> • GeoBlueSM - Global specialty health services, technology and insurance provider, Medical Concierge identifies, accesses and pays for quality health care anywhere in the world 		Quoted per client
Claims Service Program: Participating Providers Claims submitted by a non-network participating provider will be paid at the BCBS licensee allowance and the member will be held harmless.		Up to 40% of difference between billed charges and the BC/BS licensee allowance.
Communications <ul style="list-style-type: none"> • Health Reimbursement Debit Card: Non-customized card included at no additional cost. 		Customized debit card \$15,000 initial template and \$2,500 for subsequent clients using same template.
<ul style="list-style-type: none"> • Printed Benefit Booklets (bulk mailing) • Printed Benefit Booklets (print and mail to individual members) • Printed SBCs/Mailing of SBCs 		\$5.50 booklet \$7.15 booklet Quoted per account
Administrative Services <ul style="list-style-type: none"> • Retiree Drug Subsidy Administration 		Quoted per account
Web/Digital Services Customized Web site <ul style="list-style-type: none"> • Standard: Client-specific landing page with selection of up to three standard modules • Custom: Client-specific landing page with selection of up to three standard modules plus up to two client-specific modules • Annual maintenance fee • Ad hoc changes 		\$20,000 \$30,000 \$4,000/yr/standard site \$8,000/yr/custom site \$200 hour
Single Sign-on - standard industry format		\$15,000

COST PROPOSAL EXHIBIT A

Other Programs Requiring an Additional Charge

BUY-UP PROGRAM / SERVICE	Included in ASO Fee	Additional Services/Buy-Up
CUSTOMER SERVICE/CLAIMS PROCESSING		
<i>Premium Customer Service Models</i>		
Claims Processing <ul style="list-style-type: none"> External Appeals – Health Care Reform required by PPACA Claim Reprocessing Fee 		\$1,000 per case \$25/claim
Claims Fiduciary We handle appeals and final determination.		\$1.00 PCPM
REPORTING/DATA FEEDS		
Analytics Navigator – Pilot Reports Interactive, drillable health data intelligence cubes available at the stated PEPM rate based on group size		\$1.00 PCPM
Stop Loss Carve Out Fee Reports provided for Outside Stop Loss carrier		\$2.00 PCPM
Data Aggregator Services <ul style="list-style-type: none"> Historical data feed from prior carrier data Aggregate reporting of data from multiple carriers 		\$25,000 \$0.10 PCPM
Data Feeds - Inbound/Outbound file in standard format		
Set Up (One Time Charge)		
<ul style="list-style-type: none"> Single feed Complex data feed (new client or vendor) Basic data feed (existing vendor) 		<ul style="list-style-type: none"> 5,000 per feed \$5,000 per feed \$3,500 per feed
Recurring Data Fees/Files		
<ul style="list-style-type: none"> Automated feed Manual feed Additional distribution of feed 		<ul style="list-style-type: none"> No Charge \$3,000 per run \$1,000 per feed
HCR TMOOP Mental Health Feeds		
<ul style="list-style-type: none"> Existing Mental Health Vendor New Mental Health Vendor <i>*Mid-year set up requires an additional \$3,000 charge</i>		Set-Up / Maintenance <ul style="list-style-type: none"> \$8,250 / \$3,750 Actual Cost / \$3,750
Carve-Out PBM Drug Feeds		
<i>Includes:</i>		
<ul style="list-style-type: none"> HCR TMOOP Pharmacy Feeds Integration for Care Management 		\$2.00 PCPM

COST PROPOSAL EXHIBIT A

Other Programs Requiring an Additional Charge

BUY-UP PROGRAM / SERVICE	Included in ASO Fee	Additional Services/Buy-Up
Spending Account File Feeds to Outside Vendor <ul style="list-style-type: none"> Established vendor New Vendor 		<ul style="list-style-type: none"> \$3,000 set up fee \$5,000 set up fee
WELL360: HEALTH, WELLNESS AND PREMIUM SOLUTIONS		
HEALTH MANAGEMENT		
Well360 Focus Health Management Model A multi-channel clinical care solution expands interventions and engagements across the care continuum to focus on emerging risk, prevalent conditions and leading cost drivers. Members are also provided with treatment decision support and virtual second medical opinion resources via our best in class partnerships to ensure they are receiving the most appropriate care in the most appropriate setting. May provide client-specific ROI for financial and operational performance measures.		\$3.50 PCPM (Includes "RealAge Test" Rewards)
Well360 Focus Health Management Model – Bundled with Well360 Rewards <i>(Includes savings of 50% off Rewards packages)</i>		\$4.25 PCPM for Preconfigured Rewards; \$4.75 PCPM for Custom Rewards
Well360 Focus – Bundled with Well360 Lifestyle Combines the Well360 Focus model with multi-channel solutions that target preventive care, wellness/lifestyle coaching, tobacco cessation and diabetes prevention. Telephonic and digital wellness coaches offer targeted outreach for lifestyle risk, and programs for weight, nutrition, stress, sleep, fitness, tobacco cessation, and lifestyle improvement.		\$5.00 PCPM
Well360 Connect Model Integrated team of service representatives and clinicians provide a "one-stop shop" for employees and their dependents. Customer Care Advocates maximize each service encounter by going beyond assisting with customer service related issues to proactively engage members to improve care outcomes. They collaborate with Clinical Care Advocates who manage members' needs across the care continuum. The Team also assists with finding providers, scheduling appointments, transferring medical records, and much more.		\$6.00 PCPM (Includes "RealAge Test" Rewards)
Well360 Connect Model – Bundled with Well360 Rewards <i>(Includes savings of 50% off Rewards packages.)</i>		\$6.75 PCPM for Preconfigured Rewards; \$7.25 PCPM for Custom Rewards

COST PROPOSAL EXHIBIT A

Other Programs Requiring an Additional Charge

BUY-UP PROGRAM / SERVICE	Included in ASO Fee	Additional Services/Buy-Up
<p>Connected Health Diabetes Solution (Livongo) Through our connected health diabetes partner, this program combines a cellular-enabled blood glucose meter with real-time support from a Certified Diabetes Educator who is on call 24/7/365 for live interventions during acute events.</p>		<p>\$67 Per Participant Per Month (1,000-member minimum)</p>
<p>Second Medical Opinion – Best Doctors This program provides access to world-renowned medical specialists for virtual expert reviews for members dealing with rare or complex conditions.</p>		<p>\$1.30 PCPM</p>
<p>WELLNESS AND PREVENTION</p>		
<p>Well360 Standalone Rewards Packages Preconfigured and custom points-based incentive packages that focus on specified activities or outcomes metrics. <i>50% off discount applies for each additional Rewards program purchased for the same population; discount applies to the lesser value.</i></p>		<p>\$0.50 PCPM for “RealAge Test” Rewards \$1.50 PCPM for Preconfigured Rewards \$2.50 PCPM for Custom Rewards</p>
<p>Associate Membership Available with Well360 Rewards and Well360 Lifestyle programs; enables employees without BCBSNE medical coverage to access Sharecare platform, RealAge Test and 24/7 nurseline. <i>-Fee applies only to employees waiving medical enrollment who are participating in the Health Promotion Programs.</i></p>		<p>\$0.75 PCPM</p>
<p>Sharecare Challenges Digital health and wellness challenges</p>		<p>\$0.50 PCPM</p>
<p>Well360 Lifestyle Multi-channel solutions target preventive care, wellness/lifestyle coaching, tobacco cessation and diabetes prevention. Telephonic and digital wellness coaches offer targeted outreach for lifestyle risk, and programs for weight, nutrition, stress, sleep, fitness, tobacco cessation, and lifestyle improvement.</p>		<p>\$2.50 PCPM (Includes “RealAge Test” Rewards) Associate Members \$3.25 PCPM</p>

COST PROPOSAL EXHIBIT A

Other Programs Requiring an Additional Charge

BUY-UP PROGRAM / SERVICE	Included in ASO Fee	Additional Services/Buy-Up
<p>Well360 Lifestyle -- Bundled with Well360 Rewards (Includes savings of 50% off Rewards packages.)</p>		<p>\$3.25 PCPM Preconfigured Rewards \$3.75 PCPM Custom Rewards</p> <p>Associate Members \$4.00 PCPM Preconfigured Rewards \$4.50 PCPM Custom Rewards</p>
<p><i>NOTE: Some products and services may be subject to sales tax. Product orders may take up to 10 business days to deliver. Rush shipping fees equal to the greater of \$25 or 10% of the product order will be charged if requiring shipping in less than 10 business days. Prices reflect standard model – additional fees may apply for customization.</i></p>		
<p>BIOMETRIC SCREENING PACKAGES</p>		
<p>Catapult Preventive Screenings National Preventive Healthcare Practice that provides preventive checkups to the worksite. Licensed nurses perform diagnostic blood work via finger stick, and a board certified Nurse Practitioner discusses the results privately with the employee via video technology. Employees leave the checkup with their results and actionable items to improve their health including referrals to disease management, wellness and employer programs. Results are shared with the employee's Primary Care Provider (PCP). If a participant does not have a PCP, Catapult will assist the member with finding a high quality in-network provider.</p>		<p>A \$180 claims cost applies</p>
<ul style="list-style-type: none"> • Required lead time for any screening request is a minimum of 12 weeks. • Any onsite screening requires a minimum of 30 participants per clinic and preregistration is required. • Additional fees may apply for non-standard clinic hours (outside of 7 am-7 pm), less participation than estimated, etc. 		
<p>Biometric Screening Package 1 Recommended for: Standalone Screening, Healthy Activities, Healthy Options, Healthy Points or Healthy Measures Screenings</p>		
<p>Onsite Screenings (fingerstick blood draw)</p> <ul style="list-style-type: none"> • Full Lipid panel including LDL/HDL Cholesterol, Total Cholesterol, Triglycerides and Glucose • Blood Pressure • Brief consult with examiner and What's Your Number brochure 		<p>\$57/Participant</p>

COST PROPOSAL EXHIBIT A

Other Programs Requiring an Additional Charge

BUY-UP PROGRAM / SERVICE	Included in ASO Fee	Additional Services/Buy-Up
Offsite Option: Physician Derived Results (PDR)		\$17/Participant
Offsite Option: Lab Voucher (Venipuncture)		\$57/Participant
Biometric Screening Package 2		
Recommended for: Healthy Values or Outcomes based screenings		
Onsite Screenings		
<ul style="list-style-type: none"> Full Lipid panel including LDL/HDL Cholesterol, Total Cholesterol, Triglycerides and Glucose Blood Pressure 		\$57/Participant Fingerstick Blood Draw
Onsite Screenings (continued)		
<ul style="list-style-type: none"> Brief consult with examiner (lipid/glucose consult not available with venipuncture)and What's Your Number brochure 		\$64/Participant Venipuncture Blood Draw
Offsite Option: Physician Derived Results (PDR)		\$17/Participant
Offsite Option: Lab Voucher – Venipuncture		\$75/ Participant
Full lipid/glucose/HT/WT/Waist Circumference		
Screening Add on Option: Measured Height/Weight (calculated BMI)		\$9/Participant
Screening Add on Option: Waist Circumference		\$12/Participant
Screening Add on Option: Cotinine (Nicotine) Venipuncture		\$30/Participant
Coupled with venipuncture lipid		
Screening Add on Option: Cotinine (Nicotine) Cheek Swab		\$37/Participant
Custom A la Carte Screenings (1,000+ Contracts)		
Recommended for: Custom Reward Programs if other packages do not meet screening needs		
Basic Fingerstick		\$51/Participant
(Total cholesterol, glucose and blood pressure)		
Comprehensive Fingerstick		\$57/Participant
(Total cholesterol, LDL, HDL, Triglycerides, glucose and blood pressure)		
Basic Venipuncture		\$58/Participant
(Total cholesterol, glucose and blood pressure)		
Comprehensive Venipuncture		\$64/Participant
(Total cholesterol, LDL, HDL, Triglycerides, glucose and blood pressure)		
A la Carte Onsite Add-Ons		
Biometric Screening Counseling		\$7/participant
(In conjunction with purchased Fingerstick screening option: 5-minute private consultation with qualified health professional regarding screening results).		

COST PROPOSAL EXHIBIT A

Other Programs Requiring an Additional Charge

BUY-UP PROGRAM / SERVICE	Included in ASO Fee	Additional Services/Buy-Up
Measured Height and Weight (calculated BMI)		\$9/Participant
Measured Waist Circumference		\$12/Participant
Cotinine Venipuncture (Nicotine) with screening		\$30/Participant
Standalone Cotinine Venipuncture		\$49/Participant
Cotinine swab test with screening		\$37/Participant
Standalone Cotinine swab test		\$51/Participant
A la Carte Offsite Options		
Physician Derived Results (PDR)		\$17/Participant
Screening Lab Vouchers (Full lipid/glucose)		\$57/Participant
Screening Lab Vouchers (Full lipid/glucose/HT/WT/Waist Circumference)		\$75/Participant
Home Test Kits: Full Lipid Panel and Glucose (no minimum required)		\$62/participant processed \$32/kit unprocessed
Direct Screening options		
Clients may contract directly with one of Health Plan's approved screening vendors and save 10% or more off of the screening per participant price. There is no additional fee for loading participant results to Health Plan systems		
Physician Derived Results (PDR)		\$17/Participant
Screening Lab Vouchers (Full lipid/glucose)		\$57/Participant
Screening Lab Vouchers (Full lipid/glucose/HT/WT/Waist Circumference)		\$75/Participant
3rd Party Biometric Data File		
Clients who contract with their own screening vendor but want results loaded to Health Plan systems for incentive tracking or condition management purposes. Includes providing Health Plan's file requirements, eligibility file with UMI identifiers and testing.		\$5,000
COST-SAVING PREMIUM SOLUTIONS		
Teladoc Telemedicine Access to secured telemedicine portal to resolve routine medical issues with board-certified physicians via phone or video consultation.		(Teladoc) \$0.70 PCPM – General Medical with or without Dermatology \$0.90 PCPM – General Medical, Dermatology and Behavioral Health

COST PROPOSAL EXHIBIT A

Other Programs Requiring an Additional Charge

BUY-UP PROGRAM / SERVICE	Included in ASO Fee	Additional Services/Buy-Up		
<p>Smart Shopper Program Incentivizes and encourages members to shop for less costly health care services. When members shop for services and receive care at lower-cost, incentive-eligible provider location, they will be rewarded by receiving a check, or (if a qualified high deductible health plan QHDHP) via a contribution to the member's health savings account (HSA).</p>		\$1.85 PCPM		
Spending Account Fees				
HSA, FSA and HRA Employer-Paid Fees				
<ul style="list-style-type: none"> Per Participant (account) Per Month fees below are based on the total combined number of participants in both spending account products. Fees are based on the total number of <i>unique</i> HSA, FSA and HRA combined account holders. 				
Combined Total Number of Participants in HSA, FSA and HRA	HSA Pricing Per Participant	FSA Pricing Per Participant	HRA Pricing Per Participant	Parking or Transportation
1 – 50	\$3.65	\$5.10	\$5.15	\$5.35
51 – 100	\$3.25	\$4.70	\$4.75	\$4.95
101 – 500	\$2.85	\$4.30	\$4.35	\$4.55
501 – 1,000	\$2.60	\$4.05	\$4.10	\$4.30
1,001 – 2,000	\$2.35	\$3.80	\$3.85	\$4.05
2,001 – 3,500	\$2.10	\$3.55	\$3.60	\$3.80
3,501 – 7,500	\$1.75	\$3.20	\$3.25	\$3.45
7,501 and Over	\$1.60	\$3.05	\$3.10	\$3.30

B

State of Nebraska Trend Guarantee
RFP 6102 Z1



Guarantee Valid from July 1, 2020, through June 30, 2021

Blue Cross Blue Shield of Nebraska (BCBSNE) is willing to enter a performance-driven trend and utilization guarantee with State of Nebraska for the plan year July 1, 2020 – June 30, 2021 (PY2020/21). If approved, each guarantee level will place a portion of the annual net administrative fees at risk. State of Nebraska will have the opportunity to reduce its administrative costs if BCBSNE fails to meet the stated trend targets noted below. For example, if the trend target is not met in the measurement period and performance level achieved indicates the risk charge is 2.00%, BCBSNE would refund 2.00% of the net administration fees paid by State of Nebraska during the plan year. The table below will detail the performance levels expected and the penalty for each level.

PY2020/21 Trend Guarantee	Amount at Risk (as a % of Net Medical Administration Fee)
10% or Higher	10.0%
9.0% - 9.99%	8.0%
8.0% - 8.99%	6.0%
7.0% - 7.99%	4.0%
6.0% - 6.99%	2.0%
Less than 6.0% (2020 Targeted Annual Trend)	0.0%

Example Settlement Calculation	
PY2020/21 Average Number of Contracts	13,000
Net ASO Fee for PY2020/21 Per Contract Per Month (PCPM)	\$33.36
PY2019/20 Allowance Level Per Member Per Month (PMPM) (Calculated in 2020)	\$500.00
PY2020/21 Targeted Trend	Less than 7.0%
PY2020/21 Targeted PMPM	\$535.00
PY2020/21 Actual PMPM Achieved (Calculated in 2021)	\$542.50
PY2020/21 Actual Trend Percentage Achieved	8.50%
Penalty as a Percentage of Net Administration Fee	4.00%
Equivalent Dollar Amount of Penalty	13,000 x \$33.36 x 12 Months x 4.0% = \$208,166

State of Nebraska Trend Guarantee RFP 6102 Z1

Trend Guarantee Conditions and Assumptions

- a. The guarantee will measure the annual change in the medical and pharmacy claims cost on a Per Member Per Month (PMPM) basis using total allowed costs (plan liability + member liability).
- b. The base PMPM cost will be calculated using July 1, 2019 through June 30, 2020 (PY2019/20) incurred claims paid July 1, 2019, through September 30, 2020 (PY2019/20 with three months of runout). The PMPM trended cost will be calculated using PY2020/21 incurred claims paid in PY2020/21 with three months of runout.
- c. Retirees over 65 are excluded from the performance measures.
- d. Claims and membership for pandemic outbreaks will be excluded from the calculation of the claims PMPM.
- e. Claim amounts exceeding \$150,000 per individual per year will be excluded from the calculation of the claims PMPM.
- f. Specialty drugs will be excluded from the calculation of the claims PMPM.
- g. Mental Health and Substance Abuse claims will be excluded from the calculation of the claims PMPM.
- h. Maternity claims will be excluded from the calculation of the claims PMPM.
- i. BCBSNE reserves the right to make appropriate changes to this guarantee if any of the following conditions apply:
 - i. PY2019/20 medical and pharmacy claims, and membership information is incomplete or insufficient to calculate the PY2019/20 PMPM allowed cost.
 - ii. Total plan membership or the membership in any individual benefit plan changes by more than 10% in the measurement period relative to the base period
 - iii. In-network utilization for State of Nebraska falls below 95%
 - iv. A significant change in government laws or regulations affects claims or State of Nebraska changes its contribution formula.

COST PROPOSAL
Exhibit C – Detailed Medical Claim Reprice File

PLACEHOLDER

COST PROPOSAL Exhibit C
Detailed Medical Claim Reprice File

Proprietary

Sent via secured email to Loraine.Epperly@nebraska.gov due to file size.

COST PROPOSAL
Exhibit D – Medical Reprice Summary (BCBSNE Format)

PLACEHOLDER

COST PROPOSAL Exhibit D
Medical Reprice Summary (BCBSNE Format)

Please refer to **Proprietary** envelope.

COST PROPOSAL
Exhibit E – Specialty Pharmacy Fee Schedules

PLACEHOLDER

COST PROPOSAL Exhibit E
Specialty Pharmacy Fee Schedules

Proprietary

Sent via secured email to Loraine.Epperly@nebraska.gov due to file size.