

Revised 6-18-09

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
OFFICE OF GROUP BENEFITS (OGB)**

NOTICE OF INTENT TO CONTRACT (NIC)

FOR

**FULLY INSURED
MEDICAL HOME HEALTH PLAN (MHHP)**

ISSUED

June 1, 2009

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SECTION I

GENERAL INFORMATION AND INSTRUCTIONS OF PROPOSAL FORMAT

A. Introduction/Purpose

The State of Louisiana, Office of Group Benefits (hereinafter called “OGB” or the “Program”) requests proposals from any qualified organization (hereinafter called “Proposer”) to offer a Fully Insured Medical Home Health Plan (MHHP) to the OGB plan members located in its Region 9.

B. General Information

OGB is vested by statute with responsibility for providing health and accident benefits and life insurance for state employees, retirees and their dependents. Plan member eligibility includes employees of state agencies, institutions of higher education, local school boards that elect to participate and certain political subdivisions. Eligibility does not include local government entities, parishes, or municipalities.

OGB is seeking to contract with Proposer(s) that can work with the agency to accomplish key objectives which are to provide high quality cost effective health care to members, to control escalating health care costs, to achieve greater uniformity of coverage, and to improve communications among providers and minimize administrative efforts.

A Medical Home is defined as a model of care where each patient has an ongoing relationship with a personal physician who leads a team that takes collective responsibility for patient care. The physician-led care team is responsible for providing all the patient’s health care needs and, when needed, arranges for appropriate care with other qualified physicians. In structuring Medical Homes, the proposer must adhere to the Joint Principles of the Patient-Centered Medical Home adopted by AAFP, ACP, AAP, American Osteopathic Association (AOA) in February 2007. According to these principles, patient-centered medical homes should have these characteristics: a personal physician, physician-directed medical practice, whole-person orientation, coordinated care, quality and safety, enhanced access and adequate payment.

The plan of benefits proposed by proposers must be a “closed” model HMO product wherein the member must choose a primary care physician. All services must be authorized by or through the primary care physician.

All Proposals must be prepared in accordance with the provisions of this Notice of Intent to Contract (NIC). Proposer must meet all Proposer Requirements set forth in the Section V of this NIC.

D. Term of Contract

The effective date of the contract will be September 1, 2009. The initial term of contract will be ten months, with options, exercisable by OGB, to renew for two additional one-year terms, as set forth below:

Initial Term	September 1, 2009 – June 30, 2010
First Optional Renewal	July 1, 2010 – June 30, 2011
Second Optional Renewal	July 1, 2011 – June 30, 2012

E. Standard Contract Provisions

See Attachment 1 for the State of Louisiana, Office of Group Benefits Contract. Any deviation sought by a Proposer from these contract terms should be specifically and completely set forth to be considered by OGB. The provisions of the NIC and the successful proposal will be incorporated by reference into the contract. Any additional clauses or provisions required by the Federal or State law or regulation in effect at the time of execution of the contract will be included.

F. Instructions on Proposal Format

Proposers should respond thoroughly, clearly and concisely to all of the points and questions set forth in the Notice of Intent to Contract (NIC). Answers should specifically address current capabilities separately from anticipated capabilities.

1. Submit one clearly marked original plus **six** numbered copies of your complete, proposal placing each in a three-ring binder. Note the requirement set forth in Subsection G, Paragraph 4, (below) that you also provide a redacted version of your proposal, omitting those responses and attachments (or portions thereof) that you determine are within the scope of the exception to the Louisiana Public Records Law.
2. Use tabs to divide each section and each attachment. The tabs should extend beyond the right margin of the paper so that they can be read from the side and are not buried within the document.
3. Order of presentation:
 - Tab 1 – Cover Letter & Executive Summary
 - Tab 2 – Proposer Requirements – Certification and Attachments
 - Tab 3 – Proposer Information
 - Tab 4 – Response to General Questionnaire
 - Tab 5 – Premium Quotation
 - Tab 6 – Mandatory Signature Page
 - Tab 7 – Proposer’s Medical Home Health Plan

Note: Tab 5 – Premium Quotation: Submit an original and six (6) numbered copies in a separate, (do not include in three ring binder) sealed envelope clearly marked “Medical Home Health Plan Cost Proposals” on the outside of such envelop. Proposal must be received on or before 4:00 PM CST on date listed in the Schedule of Events (Section II).

4. Answer questions directly. Where you cannot provide an answer, indicate not applicable or no response.
5. You are to state the question, then answer the question. Do not number answers without providing the question. Do not answer a question by referring to the answer of a previous question; restate the answer or recopy the answer under the new question. If however, the question asks you to provide a copy of something; you may indicate where this copy can be found by an attachment/exhibit number, letter or heading.

G. Ownership, Public Release and Costs of Proposals

1. All proposals submitted in response to this NIC become the property of the OGB and will not be returned to the Proposers.
2. Costs of preparation, development and submission of the response to this NIC are

are entirely the responsibility of the Proposer and will not be reimbursed in any manner.
3. Proprietary, Privileged, Confidential Information in Proposals: After award of the Contract, all proposals will be considered public record, and will be available for public inspection during regular working hours.

As a general rule, after award of the Contract, all proposals are considered public record and are available for public inspection and copying pursuant to the Louisiana Public Records Law, La. R.S. 44.1 et. Seq. OGB recognizes that proposals submitted in response to the NIC may contain trade secrets and/or privileged commercial or financial information that the Proposer does not want used or disclosed for any purpose other than evaluation of the proposal. The use and disclosure of such data may be restricted, provided the Proposer marks the cover sheet of the proposal with following legend, specifying the pages of the proposal which are to be restricted in accordance with the conditions of the legend:

“Data contained in Pages _____ of the proposal have been submitted in confidence and contain trade secrets and/or privileged or confidential information and such data shall only be disclosed for evaluation purposes, provided that if a contract is awarded to this Proposer as a result of or in connection with the submission of this proposal, the OGB shall have the right to use or disclose the data therein to the extent provided in the contract. This restriction does not limit the right of OGB to use or disclose data obtained from any other source, including the Proposer without restrictions”.

Further, to protect such data, each page containing such data shall be specifically identified and marked “**CONFIDENTIAL**”. You are advised to use such designation only when appropriate and necessary. A blanket designation of an entire proposal as Confidential is NOT appropriate. Your premium proposal may not be designated as Confidential.

It should be noted, however, that data bearing the aforementioned legend shall be subject to release under the provision of the Louisiana Public Records Law, L.R.S. 44.1 et. Seq. OGB assumes no liability for disclosure or use of unmarked data and may use or disclose such data for any purpose. It should be noted that any resultant contract will become a matter of public record.

OGB reserves the right to make any proposal, including proprietary information contained therein, available to the Office of the Governor, Division of Administration, Office of Contractual Review, or other state agencies or organizations for the purpose of assisting the OGB in its evaluation of the Proposal. OGB will require such individuals to protect the confidentiality of any specifically identified proprietary information or privileged business information obtained as a result of their participation.

4. **In addition, you are to provide a redacted version of your proposal, omitting those responses and attachments (or portions thereof) that you determine are within the scope of the exception to the Louisiana Public Records Law. In a separate document, you must provide the justification for each omission.**

OGB will make the edited proposal available for inspection and/or copying upon the request of any individual pursuant to the Louisiana Public Records Law without notice to you.

SECTION II
SCHEDULE OF EVENTS

A. Time Line

NIC Issued - Public Notice by Posting to the OGB Website; Posted to LAPAC	June 1, 2009
Deadline to Receive Written Questions	June 8, 2009
Response to Written Questions	June 11, 2009
Proposal Due Date	June 22, 2009
Probable Notification of Award	June 29, 2009
Contract Effective Date	September 1, 2009

NOTE: OGB reserves the right to deviate from this schedule.

B. Written Questions

Written questions regarding the NIC may be submitted and must be received by OGB not later than 4:00 PM CST on date listed in the Schedule of Events. It is the vendor's responsibility to ensure the questions have been received by OGB by 4:00 PM CST. Questions should be sent to:

Tommy D. Teague
Chief Executive Officer
Office of Group Benefits

Delivery:
7389 Florida Blvd., Ste. 400
Baton Rouge, LA 70806

Fax: (225) 922-0282

Mail:
Post Office Box 44036
Baton Rouge, LA 70804

E-Mail: prahl@ogb.state.la.us

C. Proposal Due Date

In order to be considered for award, the original proposal, together with all required copies, must be received by OGB not later than 4:00 PM CST on the date listed in the Schedule of Events above. It is the vendor's responsibility to ensure the proposals have been received by OGB by 4:00 PM CST. Proposals should be delivered to:

Tommy D. Teague
Chief Executive Officer
Office of Group Benefits

Delivery:
7389 Florida Blvd., Ste. 400
Baton Rouge, LA 70806

Mail:
Post Office Box 44036
Baton Rouge, LA 70804

Proposals may not be submitted via fax or email.

SECTION III

SCOPE OF SERVICES

A. Plan of Benefits

Through this NIC, OGB seeks to contract with organizations authorized to do business as an HMO in the State of Louisiana to provide a Medical Home Health Plan (MHHP) in its Region 9.

Services would commence September 1, 2009. The initial plan year will be September 1, 2009 thru June 30, 2010. There will be an enrollment period from July 15, 2009 – July 31, 2009.

Services must include the following:

- Inpatient Hospital Services (including hospital based ancillary services);
- Outpatient Hospital Services (including hospital based ancillary services);
- Ambulatory Surgical Services (including ASC based ancillary services);
- Physician Services (including Chiropractic services);
- Utilization Management, Medical Management and Disease Management Services.
- Prescription Drugs
- Mental Health/Substance Abuse Services
- Prevention and Care Coordination Services

B. Eligibility Requirements

OGB determines eligibility of plan participants.

A Contractor must agree to maintain identical eligibility requirements and continued coverage provisions of the OGB, as may be amended from time to time and no other exceptions or variations will be allowed.

C. Required Membership Materials

The Contractor shall provide the following materials to each new enrollee within ten days of receipt of confirmation from OGB as to the validity of the enrollment application.

1. A member handbook, which includes information on all covered services, including but not limited to benefits, limitations, exclusions, co-payments, policies and procedures for utilizing clinical and administrative services, conditions under which an individual's membership may be terminated, procedures for registering

complaints or filing grievances against the Contractor or any providers participating in a contractual agreement with the Contractor.

2. Each subscriber shall receive one identification card for individual coverage or two cards for family coverage. Additional cards for family members shall be provided upon request and at no additional charge to OGB or the member.
3. An interlink to Contractor's Website which includes Provider Directory, etc.

Violation of any of these requirements shall result in a fine of \$1,000 per day beyond ten days, until 100% compliance is achieved.

D. Plan Member Communication Material, Advertisements and Marketing Material

The Contractor shall submit copies of all plan members communications materials and promotional materials to OGB. All such materials shall be approved in writing by OGB prior to their use in promoting the health plan to eligible enrollees.

The cost of preparation and distribution of any and all plan member communications materials or promotional materials must be included in the premium rates quoted herein.

E. Contractor Administrative Contact

The Contractor must designate one individual and at least one back-up staff member who will be responsible for coordinating all relevant administrative issues with OGB. This individual must represent and coordinate all of a Contractor's operations with regard to OGB. OGB must be notified immediately in writing of any change(s) that may occur in the person designated as the Contractor's administrative contact.

F. Enrollment Procedures

The Contractor must agree to the following Enrollment procedures:

- Enroll members when they become eligible and choose your plan.
- Enroll new members during annual enrollment.

G. Reporting Requirements

See Attachment 3 for reporting requirements.

SECTION IV

PROPOSAL EVALUATIONS

A. Proposal Evaluation

Proposals will be evaluated by a Selection Committee. Each proposal will be evaluated to insure all requirements and criteria set forth in the NIC have been met. Failure to meet all of the Proposer Requirements will result in rejection of the proposal.

After initial review and evaluation, the Selection Committee may invite those Proposers whose proposals are deemed reasonably susceptible of being selected for award for interviews and discussions at the OGB's offices in Baton Rouge, Louisiana, or the Committee may make site visits to the Proposers' offices and conduct interviews and discussions on site. The interviews and/or site visits will allow the Committee to substantiate and clarify representations contained in the Proposers written proposals, evaluate the capabilities of each Proposer and discuss each Proposers' understanding of the OGB's needs. The results of the interviews and/or site visits, if held, will be incorporated into the final scoring for the top scored proposals.

Following interviews and discussions, scoring will be finalized in accordance with the evaluation criteria below. The proposal receiving the highest total score will be recommended for contract award.

B. Evaluation Criteria

After determining that a proposal satisfies the Proposer Requirements stated in the NIC, an assessment of the relative benefits and deficiencies of each proposal, including information obtained from references, interviews and discussions and/or site visits, if held, shall be made using the following criteria:

1. Cost of Coverage	50% Scoring	500 Points
2. Qualitative/Network Assessment	50% Scoring	500 Points

Total Points **1,000 Points**

1. Cost of Coverage (500 Points)

Premium quotation, including the maximum percentage increase for each of the optional renewal terms.

2. Qualitative/Network Assessment (500 Points)

Emphasis will be placed on the following:

1. Plan members access to primary care physicians
2. Plan members access to specialists
3. Access to primary care physicians accepting new patients
4. Network Facility coverage as measured by Geo Access Analysis Reports
5. Claim Administration
6. Provider Relations
7. Member Services
8. Adherence to the Data Reports and Data Warehouse Submissions
9. Internal Review of Quality of Healthcare
10. Member Satisfaction
11. Plan of Action to encourage and support primary care physician offices to obtain and maintaining recognition as a Patient-Centered Medical Home.
12. Electronic prescribing
13. Electronic health records
14. Interactive patient website.

C. Cost Evaluation

The **maximum points** a finalist may receive is **1,000 points**, of which cost will account for 500 points. The maximum score for the cost of coverage (500 points) will be awarded to the lowest cost as explained above (Cost of Coverage).

Points for the other proposals/quotes shall be awarded using the following formula:

$$\frac{X}{N} \times 500 \text{ points} = Z$$

Where:

X = Lowest computed cost for any proposal

N= Actual computed cost awarded to the proposal

Z= Awarded Points

Points awarded within each category will be rounded to the nearest whole point. Any fractional points of 0.5 or greater will be rounded up; fractional points less than 0.5 will be rounded down.

The cost scores will be added to the qualitative (non-cost) scores, resulting in a total score.

SECTION V

PROPOSERS REQUIREMENTS

(Tab 2 of Proposal)

To be eligible for consideration, a Proposer must provide:

1. Documentation that you are authorized to do business and to provide the services requested in the State of Louisiana.
2. Documentation that you are a licensed Health Maintenance Organization (HMO), pursuant to Title 22 of the Louisiana Revised Statutes.
3. Documentation that you are in good standing with the Louisiana Department of Insurance.
4. A guarantee of a 97% retention rate of all physicians and 100% retention rate of all hospitals listed as participating providers in your proposal throughout the initial term of the contract, September 1, 2009 through June 30, 2010.
5. Your firm's audited financial statements for your most recent (2) fiscal years, and your most recent Annual Statement filed with the Louisiana Department of Insurance.
6. Confirmation of your ability to submit to the required data/reporting requirements.
7. A plan of action to encourage and support primary care physician offices in obtaining and maintaining recognition as a Patient-Centered Medical Home in accordance with NCQA guidelines. Physician offices obtaining certification shall be financially rewarded for this recognition by Proposer.

SECTION VI

PROPOSER INFORMATION

(Tab 3 of Proposal)

A. PRIMARY PROPOSER

Please provide the following for your Organization:

- Name
- Address
- Principals
- Date Founded
- Contact Person Name and Title
- Telephone Number and Extension
- Fax Number
- E-Mail Address

B. PARENT COMPANY

SAME INFORMATION AS LISTED IN (A).

C. SUBSIDIARIES/AFFILIATES TO PERFORM SIGNIFICANT SERVICES

SAME INFORMATION AS LISTED IN (A) FOR EACH SUBSIDIARY AND AFFILIATE.

SECTION VII

GENERAL QUESTIONNAIRE

(Tab 4 of Proposal)

Please answer each of the following questions. Repeat each number and question and make your answers as concise as possible. Please use this file when completing your response. Your quote will not be considered unless this questionnaire is answered in its entirety.

A. Organizational Background

1. Please provide your company's latest financial rating.

Rating Agency	Rating	Date Reviewed
A.M. Best		
Moody's		
Standard & Poor's		
Weiss		

2. How long has your organization offered an HMO?
3. Please provide a statement and/or business plan discussing your organization's commitment to and experience with the Medical Home concept.
4. Please identify the number of current members enrolled in an HMO product with your organization:

Product	Number of Members
HMO	

5. Please list the parishes for which you plan to offer your Medical Home Health Plan (MHHP).
6. How many primary care physician offices will be providing Medical Homes to OGB's membership?
7. Are any of these primary care offices currently recognized as a Patient-Centered Medical Home by NCQA or some other organization?
- a. If yes, how many are recognized and at which tier?

8. Is there an electronic system available to primary care physician offices for patient tracking and registry functions?
 - a. If yes, is this a uniform system available through your organization or stand-alone different systems at every office?
9. Explain how your organization supports patient self-management.
10. Do primary care physicians within your organization have access to an electronic system to write prescriptions? Please describe.
11. Is there an electronic system available for referral tracking? Please explain.
12. Is there an electronic system available for test tracking? Please explain.
13. Does your organization require participating physicians to utilize evidence-based guidelines? Please explain.
14. Please explain in detail your organization's system of paying primary care physicians for providing a Medical Home to our members. How do fee-for-service, capitation and pay-for-performance methodologies interact?
15. Explain how your organization plans to measure performance improvement by physicians.
16. Please explain how your organization tracks patient outcomes.
17. Please submit your plan of action to support and encourage primary care physician offices in obtaining and maintaining recognition as a Patient-Centered Medical Home in accordance with NCQA guidelines. Physician offices obtaining certification shall be financially rewarded for this recognition by Proposer. Proposer shall submit a plan of action to accomplish this goal.
18. Do you track services needed and notify both patient and clinician?
19. Do you generate reminders about preventive services for the clinician?
20. Do the Medical Homes make use of non-physician staff for patient care?
21. Which of the following capabilities are uniformly present and used by the practices:
 - a. At the time of an office visit, member-specific gaps in care are identified for members needing preventive and chronic care services enabling them to be addressed at the visit.
 - b. For members who do not schedule a visit, but have gaps in care, there is an outbound mechanism to remind them.

- 22. What support mechanisms (tools) are available in the practices to support decisions and self-management, and who provides them?
- 23. Describe how your organization supports care coordination.
- 24. Does your organization provide open access for patients? If so, please explain.

B. Account Management

- 1. From what office will the account be managed?
- 2. Do you have a reporting system that is available to clients for use via the Internet for standard and ad hoc reporting?

Yes No

C. Member Service

For the following questions, please make your responses specific to the member service location you are proposing for OGB.

- 1. Where will member services be handled?
- 2. Will staff be dedicated/designated to OGB? Please define dedicated/designated.
- 3. What are the hours of operation?
- 4. For the office that will handle the OGB account, please provide the following service statistics:

	Standard	2007-2008 Actual	2008-09 Projected
Telephone average speed of answer			
Percentage of calls abandoned			
Average waiting time			
Average call time			
Average time for problem resolution from initial notification			
Telephone quality			
Percentage of problems resolved during first call/contact (member does not need to call back)			

5. During OGB's enrollment period, are you willing to extend customer service hours for potential participants? If yes, to what hours?

D. Claims Processing/Administration

- Where will claim processing be handled?
- Please provide claim adjudication statistics for the proposed claim office in the table below.

	Standard	2007-08 Actual	2008-09 Projected
Financial accuracy (percent of dollars paid correctly)			
Overall accuracy			
Turnaround time in 14 calendar days			
Turnaround time in 28 calendar days			

- What percent of overall claims are auto-adjudicated?
- When was the last major upgrade of your claim processing system?
- Are there any upgrades to your claim processing system planned for the next 24 months? If so, please explain.
- Please describe your account structure parameters/limits for OGB's billing breakdown.

E. Web Tools

- Which of the following services are currently or will be available by 2009 through your Web-site? (Please √ Yes or No.)

	Current		09/01/2009	
	Yes	No	Yes	No
Member Self-Service				
Can members:				
a. access provider information?				
b. access provider directories?				
c. access provider directories with driving instructions?				

	Current		09/01/2009	
	Yes	No	Yes	No
d. participate in community forums?				
▪ If no, does your Web site link to this type of site?				
e. access benefit plan summaries?				
f. check eligibility?				
g. make appointments?				
h. order replacement ID cards?				
i. order replacement ID cards?				
j. "talk" to providers (i.e., "Ask-the-Physician")?				
k. file a claim?				
l. download printable versions of claim forms?				
m. check claim status?				
n. submit appeals?				
o. submit inquiries to customer service via email?				
Provider Support				
Can providers:				
p. verify in "real-time" the eligibility status of members?				
q. create virtual medical records for their patients?				
r. access drug and medical history for their patients?				
s. access lab values or other encounter data?				
t. submit claims?				
u. submit precertification information/extended LOS information?				
Health Management				
Can members:				
v. access disease management program information?				
w. access educational information?				
x. complete a health risk assessment?				
y. develop and save a health profile?				
Plan Sponsor/Employer Support				
z. Can plan sponsors check participants online?				

2. Please describe any planned upgrades to your reporting systems.

F. Health Management

1. Please provide brief descriptions for all of the health management programs (health promotion, health risk management, chronic disease management, high cost case management, care coordination, etc.) your organization offers for enrollees. Please categorize these programs into those that are included in the base quoted fees (in the Financial Proposal section of this NIC) and those that are available at an additional cost.
2. Are clients able to access case management, care coordination and disease management program information and statistics via a secure internet site/web database (program reporting, downloadable communication materials, etc.)?
3. Is your organization able to report population health risk status and changes to the client on a regular basis using claim data and/or information from another health risk assessment vendor? If so, please describe.
4. What tools are provided to behavior modification program participants to encourage interaction with their physician?
5. Please describe the outreach methods to those participants eligible to participate in a structured program?

G. Prescription Drugs

1. Provide a listing of the defined top 100 drugs, by cost that are included in your formulary.
2. Describe any dosage or imposed dispensing limits.
3. Provide information regarding the therapeutic management programs currently in place.
4. Provide details on your mail-order functionality/process.
5. How will transition of care issues be handled?

H. Overall Plan Mechanics

1. Please describe the group enrollment process. Specifically address signature requirements and data requirements.
2. If a participant receives services from a member of your provider network, is this provider allowed to balance-bill the member?

3. Does your organization have the capabilities to offer direct billing services to retirees?
4. Do you provide pre-enrollment support via the Web or toll-free number to answer potential members' questions?
5. Does your organization allow customization of ID cards to include a statement and or toll-free number directing physicians outside of your network to accept the card as they would a Medicare card?

I. Communications

1. Please provide an overview and samples of any communication pieces used during the enrollment process.
2. What off-the-shelf products are you able to provide, free of charge? What pieces are available for an additional charge?
3. Please provide samples of any communication campaigns or monthly/quarterly newsletters sent to plan participants.
4. Do you offer large print enrollment/communication materials?

SECTION VIII

PREMIUM QUOTATION

A. Premium Quotation Requirements

1. Commissions or finders fees are not payable under this contract.
2. The cost to develop, print and disseminate to communicate with employees, retirees and providers as necessary to effectively implement and manage the MHHP must be included in your Premium Quotation. This communication material shall be subject to the OGB advance approval. The Proposer will be responsible for issuing I.D. cards and any replacement cards directly to plan members. Cost associated with the above will not be separately reimbursed.
3. All services described in this NIC, including all necessary reports and any start-up costs must be included in your proposed premiums. Furthermore, your premiums must take into account your expenses associated with attendance at all required meetings in Baton Rouge with the Group Benefits Board or its Committees and with the OGB staff and its Consulting Actuary. No pass-through of costs will be permitted.
4. Proposers must utilize the Premium Quotation Form to provide a firm, fixed monthly premium for active, employee only, coverage. OGB will then calculate premiums for the additional premium categories utilizing the premium distribution factors set forth below that are currently applicable to OGB's self-insured PPO, EPO, and HMO plans. The premiums derived from the active, employee only, rate quoted in the proposal will apply for the initial term of the contract: September 1, 2009 – June 30, 2010.

To ensure that Proposers quote realistic and adequate rates that will not lead to financial impairment or insolvency of their organizations, OGB requires that all Proposers submit with the Premium Quotation an attestation from an actuary who is a member of the American Academy of Actuaries stating that that premiums are sufficient to fund claims and administrative costs anticipated to arise under the contract. OGB shall not pay or reimburse for the required actuarial attestation.

5. Proposers must also quote a maximum percentage increase for each optional renewal term. The percentage increase for each renewal period will be computed against the premiums in effect for the previous term. In no event will add-ons or changes be permitted during the term of the contract except in the event of benefit modifications which would materially affect the Proposer's responsibilities. Further, Proposers are advised that the OGB does not automatically grant requested increases.

Any increase in premiums for a subsequent renewal term, must be submitted in writing to the Chief Executive Officer of OGB, together with documentation of need. Such

request and documentation must be received in the office of OGB's Chief Executive Officer on or before January 31, 2010 first optional renewal term (July 1, 2010 – June 30, 2011), and on or before January 31, 2011 second optional renewal term (July 1, 2011 – June 30, 2012).

PREMIUM DISTRIBUTION FACTORS

Active

Employee Only	1.000
Employee with Spouse	2.124
Employee with Children	1.220
Family	2.240

Retired - No Medicare

Employee Only	1.860
Employee with Spouse	3.285
Employee with Children	2.072
Family	3.269

Retired - 1 with Medicare

Employee Only	0.605
Employee with Spouse	2.235
Employee with Children	1.047
Family	2.978

Retired - 2 with Medicare

Employee with Spouse	1.087
Family	1.346

COBRA

Employee Only	1.020
Employee with Spouse	2.167
Employee with Children	1.244
Family	2.285

Disability COBRA

Employee Only	1.504
Employee with Spouse	3.186
Employee with Children	1.829
Family	3.360

B. State (Participating Employer) Contribution to Cost of MHHP Coverage

The contribution of the state (participating employer) for all MHHP enrollees will not exceed the lower of the following:

1. The same percentage of the MHHP premium as the percentage of the premiums for the OGB PPO plan contributed by the state (participating employer); or
2. The amount contributed on behalf of participants in the OGB PPO plan.

The contribution of the state (participating employer) to the cost of MHHP coverage is subject to change through legislative action during the initial term and subsequent renewals of the contract.

PREMIUM QUOTATION FORM

(Tab 5 of Proposal)

A Proposer must provide a fixed monthly rate for a active, employee only, coverage effective September 1, 2009 to June 30, 2010, for the Region 9 Service Area (Monroe area). A Proposer must provide the maximum percentage of increase for each optional renewal period in the spaces below. If the following blanks are not completed, prices during renewal periods will be the same as the original.

Region 9 Service Area (Monroe Area)	Fixed Monthly Premium "Fully Insured"
Active - Employee Only Premium for 09/01/2009 – 06/30/2010	\$ _____
	Maximum Percentage Increase
1 st Optional Renewal: (07/01/2010 – 06/30/2011)	_____ %
2 nd Optional Renewal: (07/01/2011 – 06/30/2012)	_____ %

Components of Rate Development for the Active-Employee Only Rate:

Medical Claim Costs	\$
Prescription Drug Claim Costs	\$
Administrative Fee	\$
Contingency Charge/Profit Margin	\$
Taxes	\$
Interest Credit	\$
Other	\$
Total Rate	\$

Proposer _____

Signature _____

Print Name _____

Title _____

Date _____, 2009.

SECTION IX

MANDATORY SIGNATURE PAGE

(Tab 6 of Proposal)

This proposal, together with all attachments and the premium quotation form, is submitted on behalf of:

Proposer: _____

I hereby certify that:

1. This proposal complies with all requirements of the NIC. In the event of any ambiguity or lack of clarity, the response is intended to be in compliance.
2. This proposal was not prepared or developed using assistance or information illegally or unethically obtained.
3. I am solely responsible for this proposal meeting the requirements of the NIC.
4. I am solely responsible for its compliance with all applicable laws and regulations to the preparation, submission and contents of this proposal.
5. All information contained in this proposal is true and accurate.
6. This proposal includes a plan of action to encourage and support primary care physician offices in obtaining recognition as a Patient-Centered Medical Home in accordance with NCQA guidelines.

Signature _____ Date _____

Print Name _____ Title _____

SECTION X

PROPOSER'S MEDICAL HOME HEALTH PLAN OF BENEFITS

(Tab 7 of Proposal)

Submit your proposed Plan(s) of Benefits in Tab 7 of your Proposal.

Attachment 1

STATE OF LOUISIANA DIVISION OF ADMINISTRATION OFFICE OF GROUP BENEFITS (OGB)

SAMPLE CONTRACT

The State of Louisiana, Division of Administration, Office of Group Benefits, (hereinafter sometimes referred to as the OGB) and the (To Be Determined) sometimes referred to as "Contractor") do hereby enter into a Contract under the following terms and conditions:

1.0 DEFINITIONS

- a. "Contract" shall mean this Contract between Contractor and OGB, including any and all documents and appendices attached hereto or incorporated by reference.
- b. "Plan" shall mean the Medical Home Health Plan (MHHP).
- c. "Plan Participant" means an employee or retiree who is entitled to benefits under the Plan or any dependent of the employee or retiree who is entitled to benefits under the Plan.

2.0 SCOPE OF SERVICES

A. Contractor will provide the following pursuant to this contract:

1. Provide services pursuant to this contract in accordance with benefits provided under the Plan and any changes thereto made during the term of this Contract.
2. Based upon OGB's determination and confirmation to Contractor of the validity of the enrollment application, enroll such Plan Participants to receive Plan benefits in accordance with Plan provisions.
3. Prepare and print, subject to OGB's prior approval, the following member materials:

A booklet describing all covered services under the Plan, including but not limited to, Plan benefits, limitations, exclusions, coinsurance, co-payments, policies and procedures for utilizing clinical and administrative services, conditions under which an individual's participation may be terminated, procedures for registering complaints or filing grievances against the

Contractor or any providers participating in the Contractor's network;

4. Pay eligible claims pursuant to the terms of the Plan as construed by Contractor.
5. Furnish any necessary forms for submission of claims to Contractor.
6. Furnish to any claimant, notices of payment and explanation of benefits and denials for claims.
7. Provide review of Plan Participants' appeals and grievances and provide Contractor's Appeals and Grievances Policies and Procedures to OGB.
8. Facilitate management of the health care services afforded OGB's Plan Participants under the Plan, including but not limited to authorization services, discharge planning, and verification of provided services, utilization management and quality assurance.
9. Provide OGB with the required reports.
10. Attend informational and enrollment meetings as scheduled by OGB.
11. Contractor may agree to perform or otherwise provide special services to OGB endorsement to this Contract or by letter agreement between the parties.

3.0 TERM OF CONTRACT

- a. The Contract will begin on _____ and shall end on _____.
- b. This Contract is not effective until approved by the Director of the Office of Contractual Review in accordance with La. R.S. 39:1502.

4.0 INSURANCE PREMIUM; PAYMENT TERMS

- a. During the term of this Contract, OGB shall pay Contractor insurance premiums monthly for services pursuant this Contract.

(To Be Determined)

- b. Failure of OGB to remit payment of the monthly insurance premiums by the fifteenth day of each month will result in the suspension of all services performed by Contractor.

- c. The maximum payable to Contractor for insurance premiums pursuant to this Contract shall not exceed (To Be Determined) .

5.0 CLAIMS LIABILITY AND REIMBURSEMENT

- a. Contractor assumes full liability for funding all payments made for Plan claims on or after the effective date of this Contract including payments remitted by Contractor to CMS in response to demand letters for the recovery of Medicare payments to Plan Participants. OGB shall not be responsible under any circumstances for ensuring Contractor's compliance with federal or state laws which may apply to the establishment and/or maintenance of these funds, or for advising Contractor of any such federal or state laws.

6.0 SINGLE PROGRAM

The OGB seeks to make the Plan available to all eligible employees and retirees who wish to choose such means of acquiring health care services. However, eligible employees and retirees who enroll in the Plan are members of the OGB.

7.0 INSURANCE CERTIFICATE

- a. Contractor shall procure and maintain for the duration of the Contract liability insurance, including coverage for but not limited to: claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by Contractor, its agents, representatives, employees or subcontractors; liability and insolvency protection, with a combined single limit liability of not less than One Million (\$1,000,000.00) Dollars.
- b. Contractor shall on request furnish the OGB with certificate(s) of insurance effecting coverage required by this Contract. The certificate(s) for each insurance policy is to be signed by a person authorized by that insurer to bind coverage on its behalf. The OGB reserves the right to require complete, certified copies of all required insurance policies, at any time.

8.0 LIABILITY FOR DAMAGES BY THE CONTRACTOR

- a. The OGB shall not be held liable for claims for damages relating to any treatment rendered or arranged for by Contractor.
- b. Contractor agrees to hold OGB harmless from all claims for damages relating to any act or omission by Contractor, including any claims relating to failure of Contractor to provide services as specified in this Contract due to financial hardship or insolvency.

- c. Contractor agrees to hold any Plan Participant harmless from any liability or cost for health services rendered during enrollment in the HMO Medical Home Health Plan, if covered under the Plan, and except as provided in the Plan.

9.0 INDEMNIFICATION

- a. Contractor and its subsidiaries and affiliates agree to protect, defend, indemnify and hold harmless the OGB, the State of Louisiana, all State Departments, Agencies, Boards and Commissions, their respective officers, directors, agents, servants and/or employees, including volunteers (each a State Affiliated Indemnified Party), from and against any and all claims, demands, expense and liability arising out of or in any way growing out of any act or omission of Contractor, its agents, servants, and employees, together with any and all costs, expenses and/or attorney fees reasonably incurred as a result of any such claim, demands, and/or causes of action **except** those claims, demands and/or causes of action for which this Contractor is held harmless under this Contract and those arising out of the act or omission of the OGB, the State of Louisiana, all State Departments, Agencies, Boards and Commissions, their respective officers, directors, agents, servants and/or employees, including volunteers.
- b. Contractor agrees to investigate, handle, respond to, provide defense for and defend any such claims, demand, or suit at its sole expense, even if it (claims, etc.) is groundless, false or fraudulent, provided that (a) State Affiliated Indemnified Party has given reasonable notice to the Contractor of the claim or cause of action, and (b) no State Affiliated Indemnified Party has, by act or failure to act, compromised the Contractor's position with respect to the resolution or defense of the claim or cause of action. Contractor's obligations under this Article shall not apply to claims for benefits related to the Plan.

10.0 TAXES

Contractor hereby agrees that the responsibility for payment of taxes from the insurance premiums received under this Contract and/or legislative appropriation shall be Contractor's obligation and identified under Federal Tax Identification Number **(To be Determined)**.

11.0 SECURITY

Both parties and their respective personnel will always comply with all security regulations in effect at each other's premises and externally for materials belonging to one another or to the project. Each party is responsible for reporting any breach of security to the other promptly

12.0 CONFIDENTIALITY

- a. The parties, their agents, staff members and employees agree to maintain as confidential all individually identifiable information regarding Louisiana Office of OGB Benefits Plan Participants, including but not limited to patient records, demographic information and claims history. All information obtained by Contractor from the OGB shall be maintained in accordance with state and federal law, specifically including but not limited to the Health Insurance Portability and Accountability Act of 1996, and any regulations promulgated thereunder (collectively, "HIPAA"). To that end, the parties have executed and hereby make a part of this Agreement a Protected Health Information (Business Associate) Addendum to be in full compliance with all relevant provisions of HIPAA, including but not limited to all provisions relating to Business Associates.
- b. Further, the parties agree that all financial, statistical, personal, technical and other data and information relating to either party's operations which are designated confidential by such party and made available to the other party in carrying out this Contract, shall be protected by the receiving party from unauthorized use and disclosure through the observance of the same or more effective procedural requirements as are applicable to the OGB and/or Contractor. Neither party shall be required to keep confidential any data or information which is or becomes publicly available, is already rightfully in the party's possession, is independently developed by the party outside the scope of this Contract, or is rightfully obtained from third parties. OGB shall notify Contractor immediately of any request made by any person under state or federal law for inspection of any record, writing, account, recording, letter, exhibit, data charts, memoranda or any other document in any form of media which relates to this Contract or Contractor's performance under this Contract, including the identity of the requestor.

13.0 REPRODUCTION, PUBLICATION AND USE OF MATERIAL

Subject to the confidentiality obligations as set forth above, the OGB shall have authority to reproduce, publish, distribute, and otherwise use, in whole or in part, any reports, data, studies, or surveys prepared by Contractor for the OGB in connection with this Contract or in the performance hereof which are not designated as proprietary by Contractor.

14.0 ACKNOWLEDGEMENT OF PRIORITY POSITION

Contractor acknowledges that OGB is a primary responsibility of the organization, and that such acknowledgement places performance of its Contractual duties for the State of Louisiana, Office of OGB Benefits in a high priority position relative to other clients of the organization.

15.0 PATENT, COPYRIGHT, AND TRADE SECRET INDEMNITY

Contractor warrants that all materials and/or products produced by Contractor hereunder will not infringe upon or violate any patent, copyright, or trade secret right of any third party. In the event of any such claim by any third party against the OGB, the OGB shall promptly notify Contractor, and Contractor shall defend such claim, in the OGB's name, but at Contractor's expense, and shall indemnify the OGB against any loss, expense, or liability arising out of such claim, whether or not such claim is successful.

16.0 INDEPENDENT CONTRACTOR RELATIONSHIP

No provision of this Contract is intended to create nor shall it be deemed or construed to create any relationship between Contractor and the OGB other than that of independent entities Contracting with each other hereunder solely for the purpose of effecting the provisions of this Contract. The terms "Contractor" and "OGB" shall include all officers, directors, agents, employees or servants of each party.

17.0 PROJECT MANAGEMENT/MONITORING PLAN

a. Contractor shall provide, at a minimum, the following project management functions:

1. Routine Project Management: Contractor shall provide day-to-day project management using the best management practices for all tasks and activities necessary to complete the scope of services pursuant to this Contract.
2. Project Reports: Contractor and OGB shall agree in writing upon reports that will be required to monitor the performance of services pursuant to the Contract.
3. Provide Issue Control: Contractor will develop and implement with the OGB approval, procedures and forms to monitor the identification and resolution of key project issues/problems.

b. Contractor agrees to provide the following Contract related resources:

1. Project Manager: Contractor shall provide a project manager to provide day-to-day management of project tasks and activities, coordination of Contractor support and administrative activities, and for supervision of Contractor employees. The project manager shall possess the technical and functional skills and knowledge to direct all aspects of the project.
2. Key Personnel: Contractor shall assign Personnel to perform the services pursuant to this Contract that are qualified to perform the assigned duties, and Contractor will determine which personnel shall be assigned for any particular project and to replace and reassign such personnel doing such a project.

Contractor assumes the responsibility for its personnel providing services hereunder and will make all deductions for social security and withholding taxes, contributions for employment compensation funds and shall maintain at Contractor's expense all necessary insurance for its employees, including but not limited to worker's compensation and liability insurance for each of them.

- c. OGB agrees to provide the following Contract related resources:

Contract Supervisor: OGB shall appoint a Contract Supervisor for this Contract that will provide oversight of the activities conducted hereunder. The assigned Contract Supervisor shall be the principal point of contact on behalf of the OGB and will be the principal point of contact for Contractor concerning Contractor's performance under this Contract.

18.0 PERFORMANCE MEASURES

The Contract Supervisor will be responsible for the Performance Evaluation Report in regards to the scope of services provided by Contractor pursuant to this Contract.

Contractor will assign a Project Account Manager to work with OGB's assigned Contract Supervisor. OGB's Contract Supervisor will be responsible for the Performance Evaluation Report in regards to the scope of services provided by the Contractor pursuant to this contract. The performance evaluation will be based on the following: the quality of services performed in accordance with services required; the submission of required reports/reporting and other measurements as determined by the Contract Supervisor.

19.0 TERMINATION FOR CAUSE

- a. OGB may terminate this Contract for cause based upon the failure of Contractor to comply with the material terms and/or conditions of the Contract; provided that the OGB shall give the Contractor written notice specifying Contractor's failure. If within thirty (30) days after receipt of such notice, Contractor shall not have either corrected such failure or, in the case of failure which cannot be corrected in thirty (30) days, begun in good faith to correct said failure and thereafter proceeded diligently to complete such correction, then the OGB may, at its option, place Contractor in default and this Contract shall terminate on the date specified in such notice.
- b. Contractor may exercise any rights available to it under Louisiana law to terminate for cause upon the failure of the OGB to comply with the terms and conditions of this Contract; provided that the Contractor shall give the OGB written notice specifying the OGB's failure. Furthermore, Contractor shall be entitled to suspend any and all services until such time as when OGB is not in default of its obligations under this Contract.

- c. This Contract shall terminate automatically at the option of Contractor upon failure of OGB to pay any of the amounts due under this Contract. Contractor shall notify OGB immediately of the exercise of its option under this paragraph, in any manner which provides actual notice to OGB of said termination. All of the duties and obligations of Contractor shall cease on the date of notification.

20.0 TERMINATION FOR CONVENIENCE

OGB may terminate the Contract at any time without penalty by giving thirty (30) days written notice to the other. Upon any termination of this Contract the Contractor shall be entitled to payment for deliverables in progress, to the extent work has been performed satisfactorily.

21.0 REMEDIES FOR DEFAULT

- a. Any claims or controversy arising out of this Contract shall be resolved in accordance with the provisions of La R.S. 39:1524 – 1526.
- b. The validity of this Contract and any of its terms or provisions, as well as the rights and duties of the parties hereunder, shall be construed pursuant to, and in accordance with, the laws of the State of Louisiana except where preempted by federal law. The venue of any action brought under this Contract shall be the Nineteenth (19th) Judicial District Court, State of Louisiana.

22.0 OWNERSHIP OF PRODUCT

All records, reports, documents and other material delivered or transmitted to Contractor by OGB shall remain the property of OGB, and shall be returned by Contractor to OGB, at Contractor's expense, at termination or expiration of this Contract. Contractor may retain one copy of such records, documents or materials for archival purposes and to defend its work product. All records, reports, documents, or other material related to this Contract and/or obtained or prepared by Contractor specifically and exclusively for the OGB in connection with the performance of the services Contracted for herein shall become the property of the OGB, and shall, upon request, be returned by Contractor to OGB, at Contractor's expense, at termination or expiration of this Contract.

23.0 ASSIGNMENT

Contractor shall not assign any interest in this Contract and shall not transfer any interest in same (whether by assignment or novation), without prior written consent of the OGB, provided however, that claims for money due or to become due to the Contractor from the OGB may be assigned to a bank, trust, or other financial institution without such prior written consent. Notice of any such assignment or transfer shall be

furnished promptly to the OGB and to the Office of Contractual Review, Division of Administration.

24.0 RIGHT TO AUDIT

Contractor grants to the Office of the Legislative Auditor, Inspector General's Office, the Federal Government, and any other duly authorized agency of the State the right to inspect and review all books and records pertaining to services rendered under this Contract. Contractor shall comply with federal and/or state laws authorizing an audit of Contractor's operation as a whole, or of specific program activities. Any audit shall be conducted during ordinary business hours and upon reasonable advance notice to the Contractor. OGB's auditors shall abide by any state and federal laws regarding confidentiality of a Plan Participant's medical records and agrees to hold in confidence any information or data designated as proprietary by Contractor. This obligation of confidentiality shall survive termination of this Contract

25.0 RECORD RETENTION

Contractor agrees to retain all books, records, and other documents relevant to this Contract and the funds expended hereunder for at least three years after project completion of Contract, or as required by applicable Federal law, whichever is longer.

26.0 AMENDMENTS IN WRITING

Any alteration, variation, modification, or waiver of provisions of this Contract shall be valid only when it has been reduced to writing, duly signed. No amendment shall be valid until it has been executed by all parties and approved by the Director of the Office of Contractual Review, Division of Administration.

27.0 CAUSES BEYOND CONTROL

Neither party shall be responsible for delays in performance resulting from acts beyond the control of such party. Such acts shall include but not be limited to acts of God, strikes, riots, lockouts, acts of war, epidemics, governmental regulations superimposed after the fact, fire, communication line failures, power failure, earthquakes, or other disasters, or by reason of judgment, ruling, or order of any court or agency of competent jurisdiction.

28.0 NON-DISCRIMINATION

Contractor agrees to abide by the requirements of the following as applicable: Title VI and VII of the Civil Rights Act of 1964, as amended by the Equal Opportunity Act of 1972, Federal Executive Order 11246, the Federal Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Act of 1972, and Contractor agrees to

abide by the requirements of the Americans with Disabilities Act of 1990. Contractor agrees not to discriminate in its employment practices, and will render services under this Contract without regard to race, color, religion, sex, national origin, veteran status, political affiliation, disabilities, or because of an individual's sexual orientation. Any act of discrimination committed by Contractor, or failure to comply with these obligations when applicable shall be grounds for termination of this Contract.

29.0 AVAILABILITY OF FUNDS

The continuation of this Contract is contingent upon the appropriation of funds by the legislature to fulfill the requirements of the Contract. If the legislative fails to appropriate sufficient monies to provide for the continuation of the Contract, or if such appropriation is reduced by veto of the Governor or by any means provided in the appropriation act to prevent the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose, and the effect of such reductions to provide insufficient monies for the continuation of the Contract, the Contract shall terminate on the date of the beginning of the first fiscal year for which funds have not been appropriated. Such termination shall be without penalty or expense to the OGB except for payments which have been accrued prior to the termination.

30.0 HEADINGS

Descriptive headings in this Contract are for convenience only and shall not affect the construction or meaning of Contractual language.

31.0 WORKER'S COMPENSATION

Contract is not in lieu of and does not affect any requirements of coverage under the Louisiana Worker's Compensation Act or any other federal or state mandated employer liability laws.

32.0 ENTIRE AGREEMENT AND ORDER OF PRECEDENCE

- a. This Contract (together with the NIC issued thereto by the OGB, the Proposal submitted by the Contractor in response to the OGB's NIC, and any exhibits specifically incorporated herein by reference) constitutes the entire agreement between the parties with respect to the subject matter.
- b. This Contract shall, to the extent possible, be constructed to give effect to all provisions contained therein: however, where provisions are in conflict, first priority shall be given to the provisions of the Contract, excluding the NIC and the Proposal; second priority shall be given to the provisions of the NIC and amendments thereto; and third priority shall be given to the provisions of the Proposal.

Acknowledgement is made by both parties that any exceptions to any part of the NIC requirements shall be solely due to changes regarding the Contractor and the number of enrollees.

BY SIGNING BELOW, THE PARTIES AGREE TO ALL OF THE TERMS AND CONDITIONS SET FORTH ABOVE.

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
OFFICE OF GROUP BENEFITS (OGB)**

CONTRACTOR: (To be determined)

SIGNATURE: _____

SIGNATURE _____

NAME: Tommy D. Teague

NAME _____

TITLE: Chief Executive Officer

TITLE _____

ATTACHMENT 2

PERFORMANCE STANDARDS

1. **Performance Standards:** This document sets forth certain levels of performance which Contractor agrees to achieve in providing designated services to the OGB under this Contract.
2. **Application:** The standards shall apply to the administration of the OGB's self-funded (EPO or HMO) Programs under this Contract, including with respect to Contractor's administration of Benefits under the Program with respect to Participants who reside outside the Service Area.
3. **Measurement Periods:** The first period to be measured shall be September 1, 2009 through June 30, 2010. The second period to be measured shall be July 1, 2010 through June 30, 2011. The third period to be measured shall be July 1, 2011 through June 30, 2012.
4. **Performance Standard Definitions:** The following definitions shall apply:

Average Speed to Answer:

Definition: The abandon speed to answer standard measures the percent of telephone calls answered within forty-five (45) seconds by a Customer Services Representative.

Standard: No more than 5% of all incoming telephone calls shall be abandoned calls.

Inquiry Timeliness:

Definition: This measurement is based on entire population of inquiries and Includes all requests for information, action, or a document from a Participant, Provider, or the OGB. Inquiry Timeliness measures the average number of calendar days it takes Contractor to respond to or resolve inquiries. The first day of processing (FDP) is the date the inquiry is received by the Contractor during regular business hours. The last day of processing (LDP) is the date when a complete response is given to the inquirer.

Standard: 90% of all inquiries shall be processed in seven (7) calendar days.

Financial Accuracy:

Definition: The financial accuracy standard measures the percentage of dollars that are paid correctly. Rejected claims, zero paid claims, claims paid correctly but to the wrong payee and adjustments are excluded.

Standard: 98% or more of all claim dollars paid shall be paid correctly.

Claims Accuracy:

Definition: This measurement represents the percentage of claims paid correctly and the sample size is based upon semi-annual projected populations. This standard reviews the components needed to process a claim properly. Some of the components reviewed include member eligibility, available benefits, system coding that impact payment levels, pricing, pre-authorization and referral data, and duplicate claims checks. Only original Provider and Participant submitted claims will be measured within its population. All adjustments are excluded.

Standard: 98% or more of all claims shall be processed accurately.

Eligibility Accuracy:

Definition: This measurement represents the percent of properly formatted membership files updated within two (2) business days of receipt. An enrollment file is received electronically on a daily basis. The first day of processing (FDP) is the date the electronic enrollment file is picked-up by the Contractor. The last day of processing (LDP) is the date the requested change is completed to the Participants' in-house enrollment file.

Any requested changes in an enrollment file that do not automatically load into the Contractor's systems shall be excluded from any determination of whether membership files have been timely updated under this standard.

Standard: 98% within two (2) days of receipt.

Membership Identification Cards (Timeliness):

Definition: This measurement represents the percent of Participant identification cards that are issued prior to the Participant's effective date, providing Contractor receives an enrollment file thirty (30) days prior to the Participant effective date. The first day of processing (FDP) is the date the electronic file is received. The last day of processing (LDP) is the

date the Identification card is mailed to Participant.

This standard applies outside of any annual enrollment period.

Standard: 100% of new Participants will have ID cards generated prior to the effective date of coverage.

Data Submission (Timeliness):

Definition: This measurement represents a daily flat fee penalty when data has not been submitted to OGB within fifteen (15) days of the following month.

Standard: \$10,000 Per Day Penalty.

5. **Performance Penalties:** If Contractor fails to achieve the Performance Standards set forth below as measured separately over the Measurement Periods, Contractor shall incur penalties not to exceed, in the aggregate, ten (10%) percent of the Administrative Fees charged to the OGB as specified in the Contract. It is the intent of the parties that the ten (10%) percent cap on penalties shall apply jointly to all products. However the penalty for Data Submission Timeliness shall be based on a daily penalty of \$10,000 Per Day.
6. **Payment Penalties:** The annual penalty, if any, shall be factored into the OGB's annual reconciliation and shall be deducted from any amount that the OGB may owe to Contractor, or added to any amount that Contractor may owe to the OGB.
7. **Performance Standards:** If Contractor fails to achieve the Performance Standards set forth below, then the OGB shall be entitled to the penalty as listed.

Access/Customer Services (PEBTF Specific)

Measurement	Performance Standard	Penalty
Average Speed of Answer	>45 Seconds	2.0%
	30-44 Seconds	1.0%
Abandon Call Rate	> 5% of Calls Abandoned	1.0%
Inquiry Timeliness	>90% of all inquiries answered within seven calendar days on average	1.0%
Financial Accuracy	<96%	2.0%
	96% - 97%	1.0%
Claims Accuracy	<96%	2.0%
	96% - 97%	1.0%
Eligibility Timeliness	<98% of membership files updated within 2 business	1.0%

	days of receipt of enrollment file	
Member ID Cards Timeliness	<100% of new members will have ID cards issued prior to the effective date of coverage	1.0%
Total Percentage at Risk (as a % of the administrative expense portion of retention		10%
Data Reporting Timeliness	100% reporting within fifteen (15) days after the following month.	\$10,000 Per Day

ATTACHMENT 3

REPORTING REQUIREMENTS

A. Monthly Reports

Please provide, monthly, a report which consists of the elements noted below. Please report OGB statistics as well as your entire Organization statistics. **Monthly reports must be received by OGB and its Actuarial Consulting Firm no later than the end of business (5:00 p.m. CST) on the fifteenth of the month following the month in which you are reporting data.**

- **Financial Experience** (Provide a copy of a monthly claims file in the format prescribed by OGB. In addition, provide a monthly report that shows Premium Income received, amount of capitated payments made, number of providers capitated, and administrative expenses collected).
- **Claim Turnaround Time** percent paid within 30 days and report average lag time speed to answer by live voice (% of Participants who wait 30 seconds or less to speak with a live Participant service rep.)
- **Telephone Abandonment Rate** (% of calls where the caller hangs up after opting to speak with another service rep. and the call has been transferred to a Participant rep.)
- **PCP Turnover Rate** (% of PCPs leaving the network voluntarily or involuntarily during the month)
- **Open PCP/Participant Ratio** (ratio of open PCPs accepting new Participants to actual Participants)
- **Grievance Log (as requested in the NIC)**

If the report requests above are not able to be reported by your Organization due to plan or system limitations (e.g. phone system limitations not able to report %), please provide details on your monthly reports.

B. Quarterly Reports

The following reports will be due on a quarterly basis:

1. A listing of primary care offices providing MHHP services to OGB's membership which shall include for each office:
 - a. the number of members for whom the service is being provided;
 - b. the capitated payments being made to the provider and how this is calculated;
 - c. the amount of any pay-for-performance payments being made to this provider and how this is calculated; and
 - d. a description of any other payments made to this office.

2. A listing of any primary care offices applying for NCQA recognition as a Patient Centered Medical Home and the results of such application.
3. A cumulative listing of all primary care offices which have attained NCQA recognition and the tier of recognition obtained.

The first quarterly report shall include four months:

<u>Reporting Period</u>	<u>Reports Due</u>
September, 2009 – December 2009	January 15, 2010

Thereafter:

<u>Reporting Period</u>	<u>Reports Due</u>
January – March	April 15
April – June	July 15
July – September	October 15
October – December	January 15

C. Annual Meeting

Annually OGB and proposer representatives shall meet to discuss the operations of this program and the progress of Patient-Centered Medical Home recognition by participating primary care practices.

The annual meeting shall be held during the first quarter of each year on a date and at a time mutually agreeable to both parties. In addition to the reports outlined above, at the annual meeting you will also provide:

- a. A report that measures clinical and/or service performance separate for PCP and specialist
- b. A report that shows number of referrals by PCP to specialists
- c. Patient satisfaction survey results.

C. Regulatory Reports

Please submit all regulatory reports required by the Louisiana Department of Insurance (except confidential holding company statements) to OGB contemporaneously when filing with the Louisiana Department of Insurance.

D. Other Required Reports

OGB may determine during the term of the contract that other reports are needed.

ATTACHMENT 4

ELIGIBLE MEMBERS BY PLANS (AS OF 5/1/09)

Network	Contract Type	Member Type	Member Count
Humana HMO	ACTIVE	CONTRACT HOLDER	3207
		DEPENDENT	3215
	RETIRED	CONTRACT HOLDER	116
		DEPENDENT	71
OGB PPO	ACTIVE	CONTRACT HOLDER	4608
		DEPENDENT	3358
	RETIRED	CONTRACT HOLDER	4480
		DEPENDENT	1908
United EPO	ACTIVE	CONTRACT HOLDER	1784
		DEPENDENT	1761
	RETIRED	CONTRACT HOLDER	134
		DEPENDENT	59

Total Contract Holders	14329
Total Dependents	10372

ATTACHMENT 5

PREMIUM RATES

Office of Group Benefits rates can be accessed
on the OGB website:

www.groupbenefits.org

ATTACHMENT 6
CLAIMS UTILIZATION

Available on CD upon request

ATTACHMENT 7

DATA FILE REQUIREMENTS AND LAYOUT

Appendix A – File requirements and layout

The Contractor shall send and receive data files and act on the received data files as detailed in this section (Appendix A):

Files to be sent by the contractor to OGB:

The contractor shall provide the following file to OGB on a monthly basis and no later than the 15th day of the following month. (For example, the file for January shall be received by OGB by the 15th of February). The file shall be constructed using strictly the layout as described in Appendix A-1. The file shall be sent electronically using FTP (File Transfer Protocol) and MUST be encrypted using PGP (Pretty Good Privacy).

1. Medical Claims File (Appendix A-1)

The contractor shall send OGB all claims for which EOBs (Explanation of Benefits) or checks were sent or issued to the provider and/or claimant during a month. This is a file of records containing claim charge lines or service lines for a physician claim (CMS-1500), facility claim (UB-92), or a dental claim (ADA-1500) that has been received and processed. No claims in process are included.

2. Drug Claims File (Appendix A-2)

This file contains all drugs for which prescriptions were filled during the month.

3. Provider File (Appendix A-3)

This is a file of providers that performed the medical services for which checks and EOB were issued in (1) above. This will include, for example, physicians, hospitals, urgent care facilities, etc.

4. Drug Subsidy Interim Monthly file(Appendix A-4)

This file contains file header, application header, detail total of drugs, application trailer, and file trailer for all drugs for which prescriptions were filled during the month for which OGB is claiming drug subsidy. Vendor will know what these dates for each individual are from the Drug Subsidy Eligibility file in A-6 below.

This file will be sent to OGB the by the fifteenth (15th) of the month for the previous month's drugs.

5. Drug Subsidy Reconciliation Yearly file (Appendix A-5)

This file contains file header, application header, detail of drugs by member, application trailer, and file trailer for all drugs for which prescriptions were filled during the month for which OGB is claiming drug subsidy. Vendor will know what these dates for each individual are from the Drug Subsidy Eligibility file in A-6 below.

This file will be sent on request several months after the end of the plan year. This file format is not yet available from RDS.

Files to be sent to the contractor by OGB:

The contractor shall receive the following two files from OGB. Both files shall be constructed using strictly the layout as described in Appendix A-2 and A-3. Both files shall be sent electronically using FTP (File Transfer Protocol) and MUST be encrypted using PGP (Pretty Good Privacy).

6. Eligibility File for contract holders (Appendix A-6)

This file shall be received the evening of every work day by the HMO and posted to their system by the next business day. It will contain the HMO's contract membership plus any terminations.

7. Eligibility File for dependents (Appendix A-7)

This file shall be received the evening of every work day by the HMO and posted to their system by the next business day. It will contain the HMO's dependent membership plus any terminations.

8. Billing File (Appendix A-8)

This file shall be received monthly by the contractor and will contain what was billed for each employee and the administrative fee that is due the contractor. There will be an invoice schedule that will be given the contractor to know when the file is available each month. This file will contain multiple records for each member if there were adjustments for previous invoice billings done to this member's enrollment.

9. Drug Subsidy Eligibility (Appendix A-9)

This file shall be sent to vendor Monthly giving the Drug Subsidy eligibility from and thru dates for with Vendor will report their Interim (Appendix A-1) and Reconciled (Appendix A-2) files. Each month eligibility from the beginning of the plan year to the end of the month being reported.

Appendix A-1 Medical Claims File

NO	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
1	CLAIM_ID	A/N	40	001-040	THE SOURCE SYSTEM'S UNIQUE IDENTIFIER FOR THIS CLAIM.
2	CLAIM_LINE_ID	A/N	40	041-080	THE SOURCE SYSTEM'S IDENTIFIER FOR THIS CLAIM LINE.
3	FROM_SERVICE_DATE	A/N	8	081-088	THE START DATE OF SERVICE ON THIS CLAIM. FORMAT- CCYYMMDD
4	THRU_SERVICE_DATE	A/N	8	089-096	THE THRU DATE OF SERVICE ON THIS CLAIM. FORMAT- CCYYMMDD
5	RECEIVED_DATE	A/N	8	097-104	THE DATE THIS CLAIM WAS RECEIVED IN THE MAIL OR VIA EDI. FORMAT- CCYYMMDD
6	PAID_DATE	A/N	8	105-112	THE DATE THE CLAIM PROCESSED WAS FINALIZED (PAID OR ADJUSTED). FORMAT- CCYYMMDD
7	SERVICE UNITS COUNT	N	10	113-122	THE NUMBER OF UNITS OF SERVICES DESCRIBED BY THE PROCEDURE RENDERED ON THIS CLAIM LINE.
8	INPATIENT DAYS COUNT	N	10	123-132	THE NUMBER OF INPATIENT HOSPITAL DAYS THIS CLAIM LINE INDICATES.
9	ANESTHESIA_MINUTES	N	10	133-142	THE NUMBER OF MINUTES OF ANESTHESIA THAT WAS RENDERED ON THIS CLAIM LINE.
10	CHARGE_AMOUNT	N	15	143-157	THE DOLLARS BILLED/CHARGED FOR THIS CLAIM LINE. FORMAT-ALL FINANCIAL FIELDS SHOULD BE 15 CHARACTERS LONG, ZERO FILLED, WITH AN EXPLICIT DECIMAL POINT AND LEADING SIGN ONLY WHEN NEGATIVE EXAMPLE: 123.45 WOULD BE EXPRESSED AS "00000000123.45" -123.45 WOULD BE EXPRESSED AS "-00000000123.45"
11	ALLOWED_AMOUNT	N	15	157-172	THE AMOUNT OF THE CHARGE_AMOUNT THAT IS ALLOWED PER THE PROVIDERS PRICING CONTRACT (DETERMINED AFTER REPRICING AND APPLYING RATE TABLES) EXAMPLE: 123.45 WOULD BE EXPRESSED AS "00000000123.45" -123.45 WOULD BE EXPRESSED AS "-00000000123.45"
12	EXCLUDED_AMOUNT	N	15	173-187	THE AMOUNT OF THE CHARGE_AMOUNT THAT IS NOT ALLOWED DUE TO NEGOTIATED PROVIDER DISCOUNTS OR IN ELIGIBLE PORTIONS OF THE SERVICE LINE CHARGE. EXAMPLE: 123.45 WOULD BE EXPRESSED AS "00000000123.45" -123.45 WOULD BE EXPRESSED AS "-00000000123.45"

Appendix A-1 Medical Claims File

NO	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
13	WITHHELD_AMOUNT	N	15	188-202	THE AMOUNT THAT IS BEING WITHHELD FROM PAYMENT TO THE PROVIDER UNDER A RISK-SHARING ARRANGEMENT. THIS AMOUNT MAY BE PAID BACK TO THE PROVIDER UNDER OTHER MEANS BASED UPON PERFORMANCE OR OTHER RISK-SHARING EVALUATIONS ABOVE. EXAMPLE: 123.45 WOULD BE EXPRESSED AS "00000000123.45" -123.45 WOULD BE EXPRESSED AS "-00000000123.45"
14	COPAY_AMOUNT	N	15	203-217	THE AMOUNT THAT WOULD NORMALLY BE PAYABLE TO THE PROVIDER BUT IS NOT DUE TO MEMBER COPAY ARRANGEMENTS. THIS AMOUNT SHOULD BE PAID TO THE PROVIDER BY THE MEMBER DIRECTLY SEPARATELY FROM THIS CLAIM. EXAMPLE: 123.45 WOULD BE EXPRESSED AS "00000000123.45" -123.45 WOULD BE EXPRESSED AS "-00000000123.45"
15	COINSURANCE_AMOUNT	N	15	218-232	THE AMOUNT THAT WOULD NORMALLY BE PAYABLE TO THE PROVIDER, BUT IS NOT DUE TO MEMBER COINSURANCE ARRANGEMENTS. THIS AMOUNT SHOULD BE PAID TO THE PROVIDER BY THE MEMBER DIRECTLY SEPARATELY FROM THIS CLAIM. ABOVE EXAMPLE: 123.45 WOULD BE EXPRESSED AS "00000000123.45" -123.45 WOULD BE EXPRESSED AS "-00000000123.45"
16	DEDUCTIBLE_AMOUNT	N	15	233-247	THE AMOUNT THAT WOULD NORMALLY BE PAYABLE TO THE PROVIDER, BUT IS NOT DUE TO MEMBER COINSURANCE ARRANGEMENTS. THIS AMOUNT SHOULD BE PAID TO THE PROVIDER BY THE MEMBER DIRECTLY SEPARATELY FROM THIS CLAIM. ABOVE EXAMPLE: 123.45 WOULD BE EXPRESSED AS "00000000123.45" -123.45 WOULD BE EXPRESSED AS "-00000000123.45"
17	COB_PAID_AMOUNT	N	15	248-262	THE AMOUNT PAID BY THE MEMBER'S OTHER CARRIER. EXAMPLE 123.45 WOULD BE EXPRESSED AS "00000000123.45" -123.45 WOULD BE EXPRESSED AS "-00000000123.45"

Appendix A-1 Medical Claims File

NO	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
18	PROVIDER PAID AMOUNT	N	15	263-277	THE NET AMOUNT THAT WAS EVENTUALLY PAID TO THE PROVIDER FOR THIS CLAIM LINE. EXAMPLE: 123.45 WOULD BE EXPRESSED AS "000000000123.45" -123.45 WOULD BE EXPRESSED AS "-000000000123.45"
19	MEMBER PAID AMOUNT	N	15	278-292	THE NET AMOUNT THAT WAS EVENTUALLY PAID TO THE MEMBER, SUBSCRIBER OR EMPLOYEE FOR THIS CLAIM LINE. EXAMPLE: 123.45 WOULD BE EXPRESSED AS "000000000123.45" -123.45 WOULD BE EXPRESSED AS "-000000000123.45"
20	NET_PAID_AMOUNT	N	15	293-307	THE TOTAL NET AMOUNT THAT WAS PAID IN TOTAL BY THE HEALTH PLAN FOR THIS CLAIM LINE. EXAMPLE: 123.45 WOULD BE EXPRESSED AS "000000000123.45" -123.45 WOULD BE EXPRESSED AS "-000000000123.45"
21	TRANSACTION_TYPE	A/N	20	308-327	THE TRANSACTION TYPE (OUTCOME). 'APPROVED' 'DENIED' 'REVERSED' 'REVERSAL'
22	ADJUSTED FROM CLAIM ID	A/N	20	328-347	IF THIS CLAIM IS AN ADJUSTMENT FROM ANOTHER CLAIM, THIS FIELD WILL CONTAIN THE ID OF THE OLD CLAIM.
23	PLACE_OF_SERVICE	A/N	20	348-367	THE HCFA STANDARD PLACE OF SERVICE CODE
24	SUBMITTED_DRG	A/N	20	368-387	THE DRG CODE THAT WAS SUBMITTED ON THE CLAIM
25	DENIED_REASON	A/N	20	388-407	THE DENIED REASON CODE FOR THIS CLAIM. CONTRACTOR MUST SEND THE LIST OF DENIED REASONS THAT THEY USE (THE CODE AND THE NAME)
26	DENIED REASON NAME	A/N	20	408-427	THE NAME OF THE DENIED REASON FOR THIS CLAIM.
27	DISCHARGE STATUS	A/N	2	428-429	THE STANDARD DISCHARGE STATUS (ALSO KNOWN AS PATIENT STATUS) FROM FIELD 22 ON A UB-92 CLAIM FORM.
28	TYPE_OF_BILL	A/N	3	430-432	THE STANDARD TYPE OF BILL CODE FROM FIELD 4 ON A UB-92 CLAIM FORM
29	MEDICAL CLAIM DOC TYPE	A/N	20	433-452	THE TYPE OF DOCUMENT SUBMITTED ('UB92', 'CMS-1500' OR 'ADA-1500')
30	TYPE_OF_SERVICE	A/N	20	453-472	THE HCFA STANDARD TYPE OF SERVICE CODE ON THE CLAIM.

Appendix A-1 Medical Claims File

NO	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
31	EMPLOYEE_SSN	A/N	20	473-492	THE EMPLOYEE'S SOCIAL SECURITY NUMBER- LEFT JUSTIFIED AND FILLED WITH SPACES TO THE RIGHT
32	EMPLOYEE LAST NAME	A/N	40	493-532	THE LAST NAME OF THE EMPLOYEE.
33	EMPLOYEE_SEX	A/N	20	533-552	THE GENDER OF THE EMPLOYEE. 'F' = FEMALE 'M' = MALE 'U' = UNKNOWN
34	EMPLOYEE DATE OF BIRTH	A/N	8	553-560	THE EMPLOYEE'S DATE OF BIRTH FORMAT- CCYYMMDD
35	EMPLOYEE_ZIP_CODE	A/N	20	561-580	THE EMPLOYEE'S FULL ZIP CODE (5 OR 9 DIGITS AS AVAILABLE)
36	MEMBER_SSN	A/N	20	581-600	THE MEMBER'S SOCIAL SECURITY NUMBER
37	MEMBER_FIRST_NAME	A/N	40	601-640	THE FIRST NAME OF THE MEMBER (PATIENT)
38	MEMBER_LAST_NAME	A/N	40	641-680	THE LAST NAME OF THE MEMBER (PATIENT)
39	MEMBER_SEX	A/N	20	681-700	THE GENDER OF THE MEMBER. 'F' = FEMALE 'M' = MALE 'U' = UNKNOWN
40	MEMBER DATE OF BIRTH	A/N	8	701-708	THE MEMBER'S DATE OF BIRTH. FORMAT- CCYYMMDD
41	MEMBER_ZIP_CODE	A/N	20	709-728	THE MEMBER'S FULL ZIP CODE (5 OR 9 DIGITS AS AVAILABLE)
42	RELATIONSHIP TO EMPLOYEE	A/N	2	729-730	THE RELATIONSHIP THIS MEMBER HAS WITH THE EMPLOYEE. '01' = EMPLOYEE '02' = SPOUSE '03' = OTHER DEPENDENTS
43	MEMBER ELIGIBILITY ID	A/N	20	731-750	THE MEMBER'S OGB MEMBER INTERNAL ID PROVIDED IN THE ELIGIBILITY FILE.
44	PRIMARY DIAG CODE	A/N	10	751-760	THE ICD-9-CM DIAGNOSIS CODE WHICH IDENTIFIES THE PRIMARY DIAGNOSIS FOR THE SERVICE
45	DIAGNOSIS_CODE_2	A/N	10	761-770	THE ICD-9-CM DIAGNOSIS CODE WHICH IDENTIFIES THE SECOND DIAGNOSIS FOR THE SERVICE
46	DIAGNOSIS_CODE_3	A/N	10	771-780	THE ICD-9-CM DIAGNOSIS CODE WHICH IDENTIFIES THE THIRD DIAGNOSIS FOR THE SERVICE
47	DIAGNOSIS_CODE_4	A/N	10	781-790	THE ICD-9-CM DIAGNOSIS CODE WHICH IDENTIFIES THE FOURTH DIAGNOSIS FOR THE SERVICE
48	DIAGNOSIS_CODE_5	A/N	10	791-800	THE ICD-9-CM DIAGNOSIS CODE WHICH IDENTIFIES THE FIFTH DIAGNOSIS FOR THE SERVICE
49	DIAGNOSIS_CODE_6	A/N	10	801-810	THE ICD-9-CM DIAGNOSIS CODE WHICH IDENTIFIES THE SIXTH DIAGNOSIS FOR THE SERVICE
50	DIAGNOSIS_CODE_7	A/N	10	811-820	THE ICD-9-CM DIAGNOSIS CODE WHICH IDENTIFIES THE SEVENTH DIAGNOSIS FOR THE SERVICE

Appendix A-1 Medical Claims File

NO	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
51	DIAGNOSIS_CODE_8	A/N	10	821-830	THE ICD-9-CM DIAGNOSIS CODE WHICH IDENTIFIES THE EIGHTH DIAGNOSIS FOR THE SERVICE
52	DIAGNOSIS_CODE_9	A/N	10	831-840	THE ICD-9-CM DIAGNOSIS CODE WHICH IDENTIFIES THE NINTH DIAGNOSIS FOR THE SERVICE
53	ADMIT_DIAG CODE	A/N	10	841-850	THE ICD-9-CM DIAGNOSIS CODE WHICH IDENTIFIES THE ADMIT DIAGNOSIS FOR THIS CLAIM
54	ICD9_PROCEDURE CODE 1	A/N	10	851-860	THE PRIMARY ICD9 PROCEDURE CODE ORIGINATING FROM A UB92 CLAIM (HEADER LEVEL)
55	ICD9_PROCEDURE CODE 2	A/N	10	861-870	THE SECOND ICD9 PROCEDURE CODE ORIGINATING FROM A UB92 CLAIM (HEADER LEVEL)
56	ICD9_PROCEDURE CODE 3	A/N	10	871-880	THE THIRD ICD9 PROCEDURE CODE ORIGINATING FROM A UB92 CLAIM (HEADER LEVEL)
57	ICD9_PROCEDURE CODE 4	A/N	10	881-890	THE FOURTH ICD9 PROCEDURE CODE ORIGINATING FROM A UB92 CLAIM (HEADER LEVEL)
58	ICD9_PROCEDURE CODE 5	A/N	10	891-900	THE FIFTH ICD9 PROCEDURE CODE ORIGINATING FROM A UB92 CLAIM (HEADER LEVEL)
59	ICD9_PROCEDURE CODE 6	A/N	10	901-910	THE SIXTH ICD9 PROCEDURE CODE ORIGINATING FROM A UB92 CLAIM (HEADER LEVEL)
60	PROCEDURE_CODE	A/N	10	911-920	THE PROCEDURE CODE ORIGINATING AS THE CPT PROCEDURE CODE ON HCFA FORMS, HCPCS PROCEDURE CODE ON UB92 FORMS OR ADA PROCEDURE CODE ON DENTAL FORMS.
61	REVENUE_CODE	A/N	10	921-930	THE 3 CHARACTER REVENUE CODE USED ON UB92 CLAIM FORMS.
62	RX_DRUG_CODE	A/N	20	931-950	THE 13 CHARACTER PRESCRIPTION DRUG CODE
63	OCCURRENCE CODE 1	A/N	20	951-970	THE FIRST OCCURRENCE CODE ORIGINATING FROM A UB92 CLAIM FORM
64	OCCURRENCE_DATE_1	A/N	8	971-978	CONTAINS THE DATE OF THE FIRST OCCURRENCE FROM A UB92 CLAIM FORM. FORMAT- CCYYMMDD
65	OCCURRENCE CODE 2	A/N	20	979-998	THE SECOND OCCURRENCE CODE ORIGINATING FROM A UB92 CLAIM FORM
66	OCCURRENCE_DATE_2	A/N	8	999-1006	CONTAINS THE DATE OF THE SECOND OCCURRENCE FROM A UB92 CLAIM FORM. FORMAT- CCYYMMDD
67	OCCURRENCE CODE 3	A/N	20	1007-1026	THE THIRD OCCURRENCE CODE ORIGINATING FROM A UB92 CLAIM FORM
68	OCCURRENCE_DATE_3	A/N	8	1027-1034	CONTAINS THE DATE OF THE THIRD OCCURRENCE FROM A UB92 CLAIM FORM. FORMAT- CCYYMMDD

Appendix A-1 Medical Claims File

NO	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
69	OCCURRENCE CODE 4	A/N	20	1035-1054	THE FOURTH OCCURRENCE CODE ORIGINATING FROM A UB92 CLAIM FORM
70	OCCURRENCE_DATE_4	A/N	8	1055-1062	CONTAINS THE DATE OF THE FOURTH OCCURRENCE FROM A UB92 CLAIM FORM. FORMAT- CCYYMMDD
71	OCCURRENCE SPAN CODE	A/N	20	1063-1082	THE OCCURRENCE SPAN CODE ORIGINATING FROM A UB92 CLAIM FORM
72	OCCUR SPAN FROM DATE	A/N	8	1083-1090	THE BEGINNING DATE OF THE OCCURRENCE SPAN CODE FORMAT- CCYYMMDD
73	OCCUR SPAN THRU DATE	A/N	8	1091-1098	THE ENDING DATE OF THE OCCURRENCE SPAN CODE FORMAT- CCYYMMDD
74	MODIFIER CODE 1	A/N	20	1099-1118	THE FIRST MODIFIER CODE ASSOCIATED WITH THE CPT/HCPC CODE ON A HCFA1500 CLAIM FORM
75	MODIFIER CODE 1	A/N	20	1119-1138	THE SECOND MODIFIER CODE ASSOCIATED WITH THE CPT/HCPC CODE ON A HCFA1500 CLAIM FORM
76	MODIFIER_CODE_3	A/N	20	1139-1158	THE THIRD MODIFIER CODE ASSOCIATED WITH THE CPT/HCPC CODE ON A HCFA1500 CLAIM FORM
77	NETWORK INDICATOR	A/N	20	1159-1178	IDENTIFIES WHETHER THE PROVIDER FOR THIS CLAIM WAS IN THE NETWORK OR OUT OF THE NETWORK AT THE TIME OF SERVICE 'I' = IN NETWORK 'O' = OUT OF NETWORK
78	PROVIDER INTERNAL ID	A/N	20	1179-1198	THE UNIQUE ID OF THE PROVIDER AS ASSIGNED BY THE CLAIMS PROCESSING SYSTEM.

Appendix A-2 Drug Claims File

	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
1	RECORD IDENTIFIER	N	1	001-001	0=PROCESSOR RECORD
2	PROCESSOR NUMBER	N	10	002-011	THIS NUMBER IS ASSIGNED BY NCPDP TO IDENTIFY THE SOURCE OF THE TAPE, I.E. PHARMACY, WHOLESALER, HOSPITAL, SERVICE BUREAU, ETC.
3	BATCH NUMBER	N	5	012-016	THIS NUMBER IS ASSIGNED BY THE PROCESSOR. FORMAT=YYDDD YY=YEAR DDD=JULIAN DATE I.E. 92252=SEPT. 8, 1992
4	PROCESSOR NAME	A/N	20	017-036	PROCESSOR NAME
5	PROCESSOR ADDRESS	A/N	20	037-056	PROCESSOR ADDRESS
6	PROCESSOR LOCATION CITY	A/N	18	057-074	PROCESSOR CITY
7	PROCESSOR LOCATION STATE	A/N	2	075-076	PROCESSOR STATE
8	PROCESSOR ZIP CODE	A/N	9	077-085	PROCESSOR ZIP CODE, EXPANDED
9	PROCESSOR TELEPHONE NUMBER	N	10	086-095	TELEPHONE NUMBER FORMAT=AAAEENNNN AAA=AREA CODE EEE=EXCHANGE CODE NNNN=NUMBER
10	RUN DATE	A/N	8	096-103	DATE ON WHICH TAPE WAS GENERATED BY CARRIER FORMAT=CCYYMMDD
11	THIRD PARTY TYPE	A/N	1	104-104	TYPE OF CLAIM M=GOVERNMENT P=PRIVATE
12	VERSION/RELEASE NUMBER	N	2	105-106	A NUMBER TO IDENTIFY THE FORMAT OF THE TRANSACTION SENT OR RECEIVED 10=1981 FORMAT TAPE 20=1991 FORMAT TAPE
13	EXPANSION AREA	A/N	187	107-293	RESERVED FOR FUTURE NCPDP CONTINGENCIES
14	UNIQUE FREE FORM	A/N	415	294-708	FILLER

Appendix A-2 Drug Claims File

NO	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
1	RECORD IDENTIFIER	N	1	001-001	2=PHARMACY RECORD
2	PROCESSOR NUMBER	N	10	002-011	THIS NUMBER IS ASSIGNED BYNCPDP TO IDENTIFY THE SOURCE OF THE TAPE, I.E. PHARMACY, WHOLESALER, HOSPITAL, SERVICE BUREAU, ETC.
3	BATCH NUMBER	N	5	012-016	THIS NUMBER IS ASSIGNED BY THE PROCESSOR. FORMAT=YYDDD YY=YEAR DDD=JULIAN DATE I.E. 92252=SEPT. 8, 1992
4	PHARMACY NUMBER	A/N	12	017-028	ID ASSIGNED TO A PHARMACY
5	PHARMACY NAME	A/N	20	029-048	NAME OF PHARMACY
6	PHARMACY ADDRESS	A/N	20	049-068	ADDRESS OF PHARMACY
7	PHARMACY LOCATION CITY	A/N	18	069-086	CITY OF PHARMACY
8	PHARMACY LOCATION STATE	A/N	2	087-088	STATE OF PHARMACY
9	PHARMACY ZIP CODE	A/N	9	089-097	ZIP CODE OF PHARMACY EXPANDED
10	PHARMACY TELEPHONE NUMBER	A/N	10	098-107	TELEPHONE NUMBER OF PHARMACY
11	EXPANSION AREA	A/N	211	108-318	RESERVED FOR FUTURE NCPDP CONTINGENCIES
12	UNIQUE FREE FORM	A/N	390	319-708	FILLER

Appendix A-2 Drug Claims File					
NO	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
1	RECORD IDENTIFIER	N	1	1-1	4=CLAIM RECORD
2	PROCESSOR NUMBER	N	10	2-11	THIS NUMBER IS ASSIGNED BY NCPDP TO IDENTIFY THE SOURCE OF THE TAPE, I.E. PHARMACY, WHOLESALER, HOSPITAL, SERVICE BUREAU, ETC.
3	BATCH NUMBER	N	5	12-16	THIS NUMBER IS ASSIGNED BY THE PROCESSOR. FORMAT=YYDDD YY=YEAR DDD=JULIAN DATE I.E. 92252=SEPT. 8, 1992
4	PHARMACY NUMBER	A/N	12	17-28	ID ASSIGNED TO A PHARMACY
5	PRESCRIPTION NUMBER	A/N	7	29-35	
6	DATE FILLED	A/N	8	36-43	DISPENSING DATE OF RX FORMAT=CCYYMMDD
7	NDC NUMBER	N	11	44-54	FOR LEGEND COMPOUNDS USE: 9999999999 SCHEDULE II: 9999999992 SCHEDULE III: 9999999993 SCHEDULE IV: 9999999994 SCHEDULE V: 9999999995 COMPOUNDS: 9999999996
8	DRUG DESCRIPTION	A/N	30	55-84	LABELNAME
9	NEW/REFILL CODE	N	2	85-86	00=NEW PRESCRIPTION 01-99=NUMBER OF REFILLS
10	METRIC QUANTITY	N	6	87-92	NUMBER OF METRIC UNITS OF MEDICATION DISPENSED (LEADING SIGN IF NEGATIVE)
11	DAYS SUPPLY	N	4	92-96	ESTIMATED NUMBER OF DAYS THE PRESCRIPTION WILL LAST
12	BASIS OF COST DETERMINATION	A/N	2	97-98	00=NOT SPECIFIED 01=AWP 02=LOCAL WHOLESALER 03=DIRECT 04=EAC 05=ACQUISITION 06=MAC 06X=BRAND MEDICALLY NECESSARY 07=USUAL AND CUSTOMARY 08=UNIT DOSE 09=OTHER USED ON TAPE AND DISKETTE ONLY
13	INGREDIENT COST	N	10	99-108	COST OF THE DRUG DISPENSED. FORMAT-All financial fields should be 10 characters long, zero filled, with an explicit decimal point and leading sign only when negative Example: 123.45 would be expressed as "0000123.45" -123.45 would be expressed as "-000123.45"

Appendix A-2 Drug Claims File					
NO	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
14	DISPENSING FEE SUBMITTED	N	10	109-118	FORMAT-All financial fields should be 10 characters long, zero filled, with an explicit decimal point and leading sign only when negative Example: 123.45 would be expressed as "0000123.45" -123.45 would be expressed as "-000123.45"
15	CO-PAY AMOUNT	N	10	119-128	CORRECT CO-PAY FOR PLAN BILLED FORMAT-All financial fields should be 10 characters long, zero filled, with an explicit decimal point and leading sign only when negative Example: 123.45 would be expressed as "0000123.45" -123.45 would be expressed as "-000123.45"
16	SALES TAX	N	10	129-138	SALES TAX FOR THE PRESCRIPTION DISPENSED FORMAT-All financial fields should be 10 characters long, zero filled, with an explicit decimal point and leading sign only when negative Example: 123.45 would be expressed as "0000123.45" -123.45 would be expressed as "-000123.45"
17	AMOUNT BILLED	N	10	139-148	FORMAT-All financial fields should be 10 characters long, zero filled, with an explicit decimal point and leading sign only when negative Example: 123.45 would be expressed as "0000123.45" -123.45 would be expressed as "-000123.45"
18	PATIENT FIRST NAME	A/N	12	149-160	FIRST NAME OF PATIENT
19	PATIENT LAST NAME	A/N	15	161-175	LAST NAME OF PATIENT
20	DATE OF BIRTH	A/N	8	176-183	DATE OF BIRTH OF PATIENT FORMAT=CCYYMMDD
21	SEX CODE	A/N	1	184-184	0=NOT SPECIFIED 1=MALE 2=FEMALE
23	EMPLOYEE SSN	A/N	9	185-193	
24	OGB Internal Id-	A/N	8	194-201	See Appendix E (Eligibility File) Field number-33
25	FILLER	A/N	1	202-202	
26	RELATIONSHIP CODE	A/N	1	203-203	1=CARDHOLDER 2=SPOUSE 3=CHILD 4=OTHER
27	GROUP NUMBER	A/N	15	204-218	ID ASSIGNED TO CARDHOLDER GROUP OR EMPLOYER GROUP
28	PRESCRIBER ID	A/N	10	219-228	IDENTIFICATION ASSIGNED TO THE PRESCRIBER
29	DIAGNOSIS CODE	A/N	6	229-234	ICD-9 STANDARD DIAGNOSIS CODES
30	Document number	A/N	15	235-249	Document Number becomes relevant if the pharmacy made a mistake on the original script and instead of the original claim getting corrected, a new one was submitted
30	FILLER	A/N	12	250-261	
31	RESUBMISSION CYCLE	A/N	2	262-263	0 = ORIGINAL SUBMISSION

Appendix A-2 Drug Claims File					
NO	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
	COUNT				1 = FIRST RE-SUBMISSION 2 = SECOND RE-SUBMISSION
32	DATE PRESCRIPTION WRITTEN	A/N	8	264-271	DATE PRESCRIPTION WAS WRITTEN
33	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	A/N	1	272-272	0 = NO PRODUCT SELECTION INDICATED 1 = SUBSTITUTION NOT ALLOWED BY PRESCRIBER 2 = SUBSTITUTION ALLOWED - PATIENT REQUESTED PRODUCT DISPENSED 3 = SUBSTITUTION ALLOWED PHARMACIST SELECTED PRODUCT DISPENSED 4 = SUBSTITUTION ALLOWED - GENERIC DRUG NOT IN STOCK 5 = SUBSTITUTION ALLOWED - BRAND DRUG DISPENSED AS A GENERIC 6 = OVERRIDE 7 = SUBSTITUTION NOT ALLOWED - BRAND DRUG MANDATED BY LAW 8 = SUBSTITUTION ALLOWED - GENERIC DRUG NOT AVAILABLE IN MARKETPLACE 9 = OTHER
34	ELIGIBILITY CLARIFICATION CODE	A/N	1	273-273	CODE INDICATING THAT THE PHARMACY IS CLARIFYING ELIGIBILITY BASED ON DENIAL 0 = NOT SPECIFIED 1 = NOT OVERRIDE 2 = OVERRIDE 3 = FULL TIME STUDENT 4 = DISABLED DEPENDENT 5 = DEPENDENT PARENT
35	COMPOUND CODE	A/N	1	274-274	CODE INDICATING WHETHER OR NOT THE PRESCRIPTION IS A COMPOUND 0=NOT SPECIFIED 1=NOT A COMPOUND 2=COMPOUND
36	NUMBER OF REFILLS AUTHORIZED	N	2	275-276	NUMBER OF REFILLS AUTHORIZED BY PRESCRIBER
37	DRUG TYPE	A/N	1	277-277	CODE TO INDICATE THE TYPE OF DRUG DISPENSED 0=NOT SPECIFIED 1=SINGLE SOURCE BRAND 2=BRANDED GENERIC 3=GENERIC 4=O.T.C. (OVER THE COUNTER)
38	PRESCRIBER LAST NAME	A/N	15	278-292	PRESCRIBER LAST NAME
39	POSTAGE AMOUNT CLAIMED	N	4	293-296	DOLLAR AMOUNT OF POSTAGE CLAIMED FORMAT- Field should be 4 characters long, zero filled, with an explicit decimal point and leading sign only when negative Example: 1.23 would be expressed as "01.23" -1.23 would be expressed as "-1.23"

Appendix A-2 Drug Claims File					
NO	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
40	UNIT DOSE INDICATOR	A/N	1	297-297	CODE INDICATING THE TYPE OF UNIT DOSE DISPENSING DONE 0=NOT SPECIFIED 1=NOT UNIT DOSE 2=MANUFACTURER UNIT DOSE 3=PHARMACY UNIT DOSE
41	OTHER PAYOR AMOUNT	N	6	298-303	DOLLAR AMOUNT OF PAYMENT KNOWN BY THE PHARMACY FROM OTHER SOURCES FORMAT=positive 123.56 negative -12.45
42	FILLER	A/N	35	304-338	RESERVED FOR FUTURE NCPDP CONTINGENCIES
43	CONTRACT SSN	A/N	9	339-347	(Contract Holder's SSN)- RxClaim map from 1 st nine digits of member ID number
44	COVERED AMOUNT	N	10	348-357	FORMAT-All financial fields should be 10 characters long, zero filled, with an explicit decimal point and leading sign only when negative Example: 123.45 would be expressed as "0000123.45" -123.45 would be expressed as "-000123.45"
45	PAID AMOUNT	N	10	358-367	FORMAT-All financial fields should be 10 characters long, zero filled, with an explicit decimal point and leading sign only when negative Example: 123.45 would be expressed as "0000123.45" -123.45 would be expressed as "-000123.45"
46	PAID DATE	A/N	8	368-375	Date of payment FORMAT = CCYYMMDD
47	FILLER	A/N	2	376-377	Spaces
48	Prescribe First Name	A/N	15	378-392	
49	Prescribe Last Name	A/N	25	393-417	
50	Prescribe MI	A/N	1	418-418	
51	Prescribe Address-1	A/N	55	419-473	
52	Prescribe Address-2	A/N	55	474-528	
53	Prescribe City	A/N	20	529-548	
54	Prescribe State	A/N	2	549-550	
55	Prescribe Zip Code	A/N	10	551-560	
56	Medicare D Eligible Indicator	A/N	1	561-561	Y = Medicare D eligible N = NOT Medicare D eligible
57	Filler	A/N	147	562-708	Spaces

Appendix A-3 Provider File					
NO	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
1	PROVIDER_INTERNAL_ID	A/N	20	001-020	THE UNIQUE ID OF THE PROVIDER AS ASSIGNED BY THE CLAIMS PROCESSING (SEE FIELD 78 IN APPENDIX A)
2	PROVIDER_TAX_ID	A/N	10	021-030	TAX ID OF THIS PROVIDER
3	PROVIDER_DEA_ID	A/N	10	031-040	THE FEDERAL DEA NUMBER OF THIS PROVIDER
4	PROVIDER_LAST_NAME	A/N	20	041-060	THE LAST NAME FOR THIS PROVIDER
5	PROVIDER_FIRST_NAME	A/N	20	061-080	THE FIRST NAME FOR THIS PROVIDER
6	PROVIDER_MIDDLE_INITIAL	A/N	1	081-081	THE MIDDLE INITIAL FOR THIS PROVIDER
7	PROVIDER_OFFICE_NAME	A/N	40	082-121	THE OFFICE NAME, CORPORATION NAME, OR LOCATION NAME OF THE OFFICE THIS PROVIDER OFFERS SERVICES.
8	PROVIDER_ADDRESS_LINE1	A/N	40	122-161	LINE 1 OF THE STREET ADDRESS PORTION OF THIS PROVIDER'S ADDRESS.
9	PROVIDER_ADDRESS_LINE2	A/N	40	162-201	LINE 2 OF THE STREET ADDRESS PORTION OF THIS PROVIDER'S ADDRESS.
10	PROVIDER_CITY	A/N	40	202-241	THE CITY PORTION OF THIS PROVIDER'S ADDRESS
11	PROVIDER_STATE	A/N	2	242-243	THE STATE PORTION OF THIS PROVIDER'S ADDRESS
12	PROVIDER_ZIP	A/N	10	243-253	THE ZIP PORTION OF THIS PROVIDER'S ADDRESS
13	PROVIDER_UPIN	A/N	20	254-273	THE UNIVERSAL PROVIDER IDENTIFICATION NUMBER FOR THIS PROVIDER
14	PROVIDER_MEDICARE_ID	A/N	20	274-293	THE MEDICARE IDENTIFIER FOR THIS PROVIDER
15	PROVIDER_SPECIALTY	A/N	20	294-313	THE SPECIALTY #1 CODE FROM THE SOURCE SYSTEM. CONTRACTOR SHOULD SEND SPECIALTY CODES AND NAMES THAT THEY USE TO OGB
16	PROVIDER_SPECIALTY_NAME	A/N	40	314-353	THE DESCRIPTION FOR THE SPECIALTY #1 FROM THE SOURCE SYSTEM
17	PROVIDER_TYPE	A/N	20	354-373	AN INDICATOR OF "PROFESSIONAL" OR "FACILITY"
18	SOURCE_PAY_TO_ID	A/N	20	374-393	THE IDENTIFIER FROM THE SOURCE SYSTEM FOR THIS PROVIDER'S TO WHICH THE CLAIMS PAYMENT IS MADE. ('PAY-TO' PROVIDER')
19	PAY_TO_LAST_NAME	A/N	20	394-413	THE LAST NAME FOR THE PAY-TO FOR THIS PROVIDER
20	PAY_TO_FIRST_NAME	A/N	20	414-433	THE FIRST NAME FOR THE PAY-TO FOR THIS PROVIDER

Appendix A-3 Provider File

NO	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
21	PAY_TO_MIDDLE_INITIAL	A/N	1	434-434	THE MIDDLE INITIAL NAME FOR THE PAY-TO FOR THIS PROVIDER
22	PAY_TO_OFFICE_NAME	A/N	40	435-474	THE OFFICE NAME, CORPORATION NAME, OR LOCATION NAME OF THE OFFICE NAME FOR THE PAY-TO FOR THIS PROVIDER
23	PAY_TO_ADDRESS_LINE1	A/N	40	475-514	LINE 1 THE STREET ADDRESS PORTION OF THE PAY-TO FOR THIS PROVIDER
24	PAY_TO_ADDRESS_LINE2	A/N	40	515-554	LINE 2 THE STREET ADDRESS PORTION OF THE PAY-TO FOR THIS PROVIDER
25	PAY_TO_CITY	A/N	40	555-594	THE CITY PORTION OF THIS ADDRESS FOR THE PAY-TO FOR THIS PROVIDER
26	PAY_TO_STATE	A/N	2	595-596	THE STATE PORTION OF THIS ADDRESS FOR THE PAY-TO FOR THIS PROVIDER
27	PAY_TO_ZIP	A/N	10	597-606	THE ZIP PORTION OF THIS ADDRESS FOR THE PAY-TO FOR THIS PROVIDER
28	PAY_TO_TAX_ID	A/N	9	607-615	THE TAX ID NUMBER FOR THE PAY-TO ENTITY FOR THIS PROVIDER.

Appendix A-4 Drug Subsidy – File Header					
	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
1	RECORD TYPE	A	1	001-001	VALUE 'H'
2	APPLICATION NUMBER	A	10	002-011	VALUE '0000004572'
3	CREATION DATE	N	8	012-019	DATE FILE WAS CREATED. CCYYMMDD
4	CREATION TIME	N	6	020-025	TIME OF DAY FILE WAS CREATED.(HH:MM:SS)
5	FILLER	A	175	026-200	FILL WITH SPACES

Appendix A-4 Drug Subsidy – Application Header

	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
1	RECORD TYPE	A	4	001-004	VALUE 'AHDR'
2	APPLICATION ID	A	10	005-014	VALUE='0000004572'
3	FILLER	A	96	015-110	

Appendix A-4 Drug Subsidy – Detail

	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
1	RECORD TYPE	A	01	001-001	VALUE 'D'
2	SSN	N	09	002-010	SOCIAL SECURITY NUMBER FOR EACH INDIVIDUAL WHOM THE PLAN SPONSOR IS SEEKING THE SUBSIDY. MAY CONTAIN SPACES IF HICN IS PROVIDED.
3	HICN	N	12	011-022	MEDICARE HEALTH INSURANCE CLAIM NUMBER FOR EACH INDIVIDUAL WHOM THE PLAN SPONSOR IS SEEKING THE SUBSIDY. MAY CONTIAN SPACES IF SSN IS PROVIDED.
4	FIRST NAME	A	30	023-052	
5	MIDDLE INITIAL	A	01	053-053	OPTIONAL
6	LAST NAME	A	40	054-093	
7	DATE OF BIRTH	N	08	094-101	CCYYMMDD
8	GENDER	A	01	102-102	0=UNKNOW,1=MALE,2-FEMALE
9	COVERAGE EFFECTIVE DATE	N	08	103-110	DRUG SUBSITY EFFECTIVE.CCYYMMDD
10	COVERAGE TERMINATION DATE	N	08	111-118	DRUG SUBSITY TERM.CCYYMMDD
11	UNIQUE BENEFIT OPTION IDENTIFIER	N	20	119-138	VALUE '1151'
12	RELATIONSHIP TO RETIREE	A	02	139-140	01=SELF,02=SPOUSE,03=OTHER
13	TRANSACTION TYPE	A	03	141-143	ADD,DEL
14	FILLER	A	57	144-200	SPACES

Appendix A-4 Drug Subsidy Application Trailer					
	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
1	RECORD TYPE	A	1	001-001	VALUE 'T'
2	APPLICATION NUMBER	N	10	002-011	VALUE '0000004572'
3	CREATION DATE	N	8	012-019	DATE FILE CREATED. CCYYMMDD
4	CREATION TIME	N	06	020-025	TIME FILE CREATED.HHMMSS
5	NUMBER OF DETAIL RECORDS	N	07	026-032	PIC9(07) IN COBOL. RIGHT JUSTIFIED AND ZERO FILLED
6	FILLER	A	168	033-200	

Appendix A-4 Drug Subsidy – File Trailer					
	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
1	RECORD TYPE	A	4	001-004	VALUE 'FTRL'
2	SUBMITTER ID	A	10	005-014	P-FOR PLAN SPONSOR V-FOR VENDOR
3	COUNT OF APPLICATIONS	N	5	015-019	9(13)V99 SIGN IS LEADING SEPARATE
4	GRAND TOTAL ESTIMATED PREMIUM	N	16	020-035	9(13)V99 SIGN IS LEADING SEPARATE
5	GRAND TOTAL GROSS RETIREE COST	N	16	036-051	9(13)V99 SIGN IS LEADING SEPARATE
6	GRAND TOTAL THRESHOLD REDUCTION	N	16	052-067	9(13)V99 SIGN IS LEADING SEPARATE
7	GRAND TOTAL LIMIT REDUCTION	N	16	068-083	9(13)V99 SIGN IS LEADING SEPARATE
8	GRAND TOTAL ESTIMATED COST ADJUSTMENT	N	16	084-099	9(13)V99 SIGN IS LEADING SEPARATE
9	FILLER	N	11	100-110	9(13)V99 SIGN IS LEADING SEPARATE

Appendix A-5 Eligibility File- CONTRACT HOLDERS

NO	Field Name	TYPE	Len	LOC	DESCRIPTION
1	Member SSN	A/N	9	001-009	Holder SSN
2	Member Last Name	A/N	16	010-025	Member Last Name
3	Member First Name	A/N	16	026-041	Member First Name
4	Member Middle Initial	A/N	1	042-042	Member Middle Initial
5	Address 1	A/N	25	043-067	Address Line 1
6	Address 2	A/N	25	068-092	Address Line 2
7	City	A/N	15	093-107	City
8	State	A/N	2	108-109	State
9	Zip Code	A/N	10	110-119	Zip Code
10	Birth Date	A/N	8	120-127	CCYYMMDD
11	Effective Date	A/N	8	128-135	CCYYMMDD- original effective or employment date
12	Active Code	A/N	1	136-136	a- Active r- Retire c- Cobra
13	Family Termination Date	A/N	8	137-144	CCYYMMDD
14	Filler	A/N	1	145-145	
15	Benefit Class Descriptor	A/N	25	146-170	See Attached Breakdown
16	Benefit Effective Date	A/N	8	171-178	CCYYMMDD
17	Agency Code	A/N	8	179-186	CCYYMMDD
18	Section of Agency	A/N	4	187-190	Male or Female
19	Type of Coverage	A/N	1	191-191	e- Member only c- Member and children s- Member and spouse f- Family
20	Enrollee Medicare A Effective	A/N	8	192-199	CCYYMMDD
21	Enrollee Medicare B Effective	A/N	8	200-207	CCYYMMDD
22	Enrollee Medicare D Effective Date	A/N	8	208-215	CCYYMMDD
23	Enrollee Medicare D Term Date	A/N	8	216-223	CCYYMMDD
24	Contract Holder Phone	A/N	1	224-224	Male or Female
25	Member Last Name	A/N	16	225-240	Member Last Name
26	Member First Name	A/N	16	241-256	Member First Name
27	Member Middle Initial	A/N	1	257-257	Member Middle Initial
28	Address1	A/N	25	258-282	Address Line1
29	Address 2	A/N	25	283-307	Address Line 2
30	City	A/N	15	308-322	City
31	State	A/N	2	323-324	State

APPENDIX A-5 ELIGIBILITY FILE – CONTRACT HOLDERS

H	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
32	Zip Code	A/N	10	325-334	Zip Code
33	Birth Date	A/N	8	335-342	CCYYMMDD
34	Effective Date	A/N	8	343-350	CCYYMMDD
35	Active Code	A/N	1	351-351	a- Active r- Retire c- Cobra
36	Family Termination Date	A/N	8	352-359	CCYYMMDD
37	Filler 1	A/N	1	360-360	
38	Benefit Class Descriptor	A/N	25	361-385	See Attached Breakdown
39	Benefit Effective Date	A/N	8	386-393	CCYYMMDD
40	Agency Code	A/N	8	394-401	
41	Section of Agency	A/N	4	402-405	
42	Type of Coverage	A/N	1	406-406	e- Member Only c- Member and children s- Member and Spouse f- Family
43	Enroller Medicare A Effective Date	A/N	8	407-414	CCYYMMDD
44	Enrollee Medicare B Effective Date	A/N	8	415-422	CCYYMMDD
45	Enrollee Medicare D Effective Date	A/N	8	423-430	CCYYMMDD
46	Enrollee Medicare D Term Date	A/N	8	431-438	CCYYMMDD
47	Sex Code	A/N	1	439-439	Male, Female
48	Prior Enrollee HIC Number	A/N	12	440-451	
49	Current Enrollee HIC Num	A/N	12	452-463	
50	Prior Spouse HIC Number	A/N	12	464-475	
51	Current Enrollee HIC Num	A/N	12	476-487	
52	Prior Stop Claim Payment	A/N	8	488-495	
53	Current Stop Claim Payment	A/N	8	496-503	
54	Transaction Type	A/N	1	504-504	1-Add 2-Change 3-Terminate 4-No Change
55	Transaction Date	A/N	8	505-512	CCYYMMDD

APPENDIX A-6 ELIGIBILITY FILE- DEPENDENTS					
I.	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
1	SSN	A/N	9	1-9	Social Security
2	Transaction Type	A/N	1	10-10	Values: A – Add D-Delete C-Change N-No Change
3	Transaction Date	A/N	8	11-18	CCYYMMDD
4	Enrollee Last Name	A/N	16	19-34	Last Name
5	Enrollee First Name	A/N	16	35-50	First Name
6	Enrollee Middle Initial	A/N	1	51-51	Middle Initial
7	Dependent SSN	A/N	9	52-60	Dependent Social Security Number
8	Dependent Last Name	A/N	16	61-76	Dependent Last Name
9	Dependent First Name	A/N	16	77-92	Dependent First Name
10	Dependent Date of Birth	A/N	8	93-100	CCYYMMDD
11	Dependent Sex	A/N	1	101-101	Male, Female
12	Dependent Relation Code	A/N	1	102-102	Values: S=Spouse C=Child
13	Dependent Effective Date	A/N	8	103-110	CCYYMMDD
14	Dependent Termination Date	A/N	8	111-118	CCYYMMDD
15	Dependent Student Date	A/N	8	119-126	CCYYMMDD
16	Dependent Stop Claim Payment	A/N	8	127-134	CCYYMMDD
17	Dependent Medicare A Effective	A/N	8	135-142	
17	Dependent Medicare B Effective	A/N	8	143-150	
17	Dependent Medicare D Effective	A/N	8	151-158	
17	Dependent Medicare D Term	A/N	8	159-166	
18	Dependent Social Security Number	A/N	9	167-175	SSN
18	Dependent Last Name	A/N	16	176-191	Last Name
19	Dependent First Name	A/N	16	192-207	First Name
20	Dependent Date of Birth	A/N	8	208-215	CCYYMMDD
21	Dependent Sex	A/N	8	216-223	
22	Dependent Relation Code	A/N	1	224-224	Values: S= Spouse C= Child
23	Dependent Effective Date	A/N	8	225-232	CCYYMMDD
24	Dependent Termination Date	A/N	8	233-240	CCYYMMDD
25	Dependent Student Date	A/N	8	241-248	CCYYMMDD
26	Dependent Stop Payment	A/N	8	249-256	
17	Dependent Medicare A Effective	A/N	8	257-264	CCYYMMDD
17	Dependent Medicare B Effective	A/N	8	265-272	CCYYMMDD
17	Dependent Medicare D Effective	A/N	8	273-280	CCYYMMDD
17	Dependent Medicare D Term	A/N	8	281-288	CCYYMMDD

APPENDIX A-7 BILLING FILE					
	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
1	Enrollee SSN	A/N	9	001-009	
2	Agency Number	A/N	6	010-015	
3	Location in Agency	A/N	8	016-023	Location in agency (zeroes)
4	Enrollee Health Code	A/N	1	024-024	Not used
5	Health Coverage level	A/N	1	025-025	“E” – Enrollee Only “S” – Enrollee and Spouse “C” – Enrollee and Child(ren) “F” – Family
6	Enrollee Status Code	A/N	1	026-026	NOT USED
7	Enrollee C.I.E. Code	A/N	1	027-027	NOT USED
8	Enrollee Medicare Code	A/N	1	028-028	1-No Med 2-Med A ONLY 3-Med B ONLY 4-Med A & Med B
9	Spouse Medicare Code	A/N	1	029-029	1-No Med 2-Med A ONLY 3-Med B ONLY 4-Med A & Med B
10	Number on Medicare	N	2	030-031	00- none, 01 one on medicare, 02 two on medicare
11	Waived Health Premium Code	A/N	1	032-032	“w” – waived health “ ” – not waived
12	Report Date	A/N	8	033-040	Invoice Date (ccymmdd) beginning of billing Month)
13	Health Premium 9(5)v99	N	7	041-047	Does not include Adm Rev, Ret 100, CIE or Psych Rider. Field has implicit decimal. 123.45 would be expressed as “0012345” -123.45 would be expressed as “-012345”
14	Adm Revenue	N	7	048-054	FORMAT - Field should be 7 characters long, zero filled, with an implicit decimal point and leading sign only when negative Example: 0123.45 would be expressed as “0012345” -123.45 would be expressed as “-12345”
15	CIE Premium (not used)	N	7	055-061	FORMAT - Field should be 7 characters long, zero filled, with an implicit decimal point and leading sign only when negative Example: 123.45 would be expressed as “0012345” -123.45 would be expressed as “-012345”
16	Retiree 100 Premium	N	7	062-068	FORMAT - Field should be 7 characters long, zero filled, with an implicit decimal point and leading sign only when negative Example: 123.45 would be expressed as “0012345” -123.45 would be expressed as “-012345”

APPENDIX A-7 BILLING FILE

	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
17	Psych Rider Premium	N	7	069-075	FORMAT - Field should be 7 characters long, zero filled, with an implicit decimal point and leading sign only when negative Example: 123.45 would be expressed as "0012345" -123.45 would be expressed as "-012345"
18	Enrollee Last Name	A/N	20	076-095	
19	Enrollee First Name	A/N	20	096-115	
20	Enrollee Middle Initial	A/N	1	116-116	
21	Surviving Spouse Bill Switch	A/N	1	117-117	"0" – not surviving spouse "1" – surviving spouse active rates "2" – surviving spouse retiree
22	Filler	A/N	1	118-118	
23	HMO Pay Health	N	7	119-125	9(5)v99 (implied decimal) Example: 123.45 would be expressed as "0012345" -123.45 would be expressed as "-012345"
24	Billing From date	A/N	8	126-133	CCYYMMDD
25	Billing thru date	A/N	8	134-141	CCYYMMDD
26	Rate Table Code	A/N	2	142-143	AC ACTIVE CB COBRA CD COBRA DISABILITY CP COBRA PART-TIME CS COBRA SUBSIDY R1 RETIRED MEDICARE 1 R2 RETIRED MEDICARE 2 RN RETIRED NO MEDICARE

APPENDIX A-8 DRUG SUBSIDY ELIGIBILITY					
K	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
1	Record Type	A/N	01	001-001	"H"
2	Application Number	N	10	009-011	Number assigned to the application by RDS Secure Website. Include leading zeroes as needed to Completely fill field. "0000004572"
3	Creation Date	N	08	012-019	Date file was created. CCYYMMDD
4	Creation Time	N	06	020-025	Time of day file was created. HHMMSS
5	Filler	A/N	175	026-200	

APPENDIX A-8 DRUG SUBSIDY ELIGIBILITY					
L	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
1	Record Type	A	01	001-001	“D”
2	SSN	N	09	002-010	Social Security Number for each individual whom the Plan Sponsor is seeking the subsidy. May contain spaces if HICN is provided.
3	HICN	N	12	011-022	Medicare Health Insurance Claim Number for each Individual whom the Plan Sponsor is seeking the Subsidy. May contain spaces if SSN is provided.
4	First Name	A	30	023-052	Optional
5	Middle Initial	A	01	053-053	
6	Last Name	A	40	054-093	
7	Date of Birth	N	08	094-101	CCYYMMDD
8	Gender	A	01	102-102	0=unknown, 1=male, 2=female
9	Coverage Effective Date	N	08	103-110	Start date of coverage under the Plan Sponsor’s prescription drug benefit option. CCYYMMDD
10	Coverage Termination Date	N	08	112-118	End date of coverage under the Plan Sponsor’s Prescription drug benefit option. CCYYMMDD. If coverage is ongoing, fill with 99999999
11	Unique Benefit Option Identifier	N	20	120-138	Group number corresponding to the benefit option for the retiree; RX group number assigned by benefit option administrator or plan sponsor defined. Must match one of the benefit options on the application.
12	Relationship to Retire	N	02	140-140	01=self 02=spouse 03=other
13	Transaction Type	A	03	142-143	Add
14	Determination Indicator	A	01	145-144	Y=Yes, the record was accepted by RDS N= No, the record was rejected by RDS due to error, no match, or not eligible for subsidy
15	Filler	A	2	146-146	Spaces
16	Subsidy Period Effective Date	N	8	148-154	CCYYMMDD, The effective date that the retiree can be claimed under the subsidy.
18	Subsidy Period Termination Date	N	8	156-162	CCYYMMDD, The termination date that the retiree can be claimed under the subsidy.
19	Filler	N	38	164-200	Spaces

APPENDIX A-8 DRUG SUBSIDY ELIGIBILITY					
M	FIELD NAME	TYPE	LEN	LOC	DESCRIPTION
1	Record Type	N	01	001-001	"T"
2	Application Number	N	10	002-011	Number assigned to the application by RDS Secure Website. Includes leading zeroes as needed to completely fill field.
3	Creation Date	N	08	012-019	Date file was created. CCYYMMDD
4	Creation Time	N	06	020-025	Time file was created. HHMMSS
5	Number of Detail Records	N	07	026-032	Pic9(07) in Cobol. Right justified and zero filled.
6	Filler	N	168	033-200	