

Our services are not limited to those performed by Aetna.

4. In your proposal, you included an annual communications credit of \$750,000.

a. Is this credit paid automatically, or are services/costs required to be submitted for reimbursement?

Answer:

As part of our BAFO, we have increased the annual communication credit to \$1,000,000. If services are performed by Aetna the credit will apply automatically. If other vendors are utilized, an invoice must be submitted for reimbursement. Aetna can reimburse the vendor directly or if State pays for services, Aetna will reimburse the State upon submission of an invoice.

b. If services are required for reimbursement, are the services limited to those performed by Aetna?

Answer:

Our services are not limited to those performed by Aetna.

5. In your proposal, you included an annual wellness credit of \$750,000.

a. Is this credit paid automatically, or are services/costs required to be submitted for reimbursement?

Answer:

As part of our BAFO, we have increased the annual wellness credit to \$1,000,000. If services are performed by Aetna the credit will apply automatically. If other vendors are utilized, an invoice must be submitted for reimbursement. Aetna will reimburse the vendor directly or if the State pays for services, Aetna will reimburse State upon submission of an invoice.

b. If services are required for reimbursement, are the services limited to those performed by Aetna?

Answer:

Our services are not limited to those performed by Aetna.

Sign Clarification:

Offeror: Aetna Life Insurance Company

Authorized Signature:



Name and Titled (Typed):

Tami Polsonetti, Assistant Vice President

Date:

November 22, 2022

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For Discussion Purposes
As of 11/29/2022

North Carolina State Health Plan

Cost Proposal Analysis

Reflects Clarifications and Best and Final Offers (BAFO) #1

Medical Third-Party Administrative Services
RFP# 270-20220830TPAS

November 16, 2022

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SHP 0085912

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For Discussion Purposes

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Cost Proposal Scoring Summary

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- The North Carolina State Health Plan conducted a Request for Proposal (RFP) to solicit bids to provide medical third-party administrative (TPA) services effective January 1, 2025.
- The following vendors submitted proposals:
 - Aetna
 - Blue Cross Blue Shield of North Carolina (BCBSNC), the incumbent TPA
 - UMR (a UnitedHealthcare Company)
- As outlined in the RFP document, cost proposals represent 50% weight of the total score and the evaluation of cost proposals total 10 points divided into the following three categories:
 - Network Pricing Scoring Criteria (6 points)
 - The highest ranked proposal (or lowest projected claims cost) received the full six (6) points allocated to this section.
 - All other proposals were ranked and received points based on the following: within 0.5% of the lowest claims cost = 6 points; within 1.0% = 5 points; within 1.5% = 4 points; within 2.0% = 3 points; within 2.5% = 2 points; within 3.0% = 1 point; and greater than 3.0% = 0 points.
 - Administrative Fees Scoring Criteria (2 points)
 - The highest ranked proposal (or lowest administrative cost) received the full two (2) points allocated to this section.
 - All other proposals were ranked and received one (1) or zero (0) points based on their administrative cost in comparison to the lowest administrative cost proposal and the other proposals.
 - Network Pricing Guarantee Scoring Criteria (2 points)
 - Proposals were evaluated and ranked based on their proposed network pricing guarantees. The value of the pricing guarantees were based on the combination of the competitiveness of the guaranteed targets and the amount placed at risk.
 - The proposal that offers the network pricing guarantees with the greatest value was ranked the highest and received the full two (2) points allocated to this section.
 - All other proposals were ranked and received one (1) or zero (0) points based on the value of their proposed pricing guarantees in comparison to the highest ranked proposal and the other proposals.

Cost Proposal Scoring Summary

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Vendor	Network Pricing	Administrative Fees	Network Pricing Guarantees	Cost Proposal Total Score	Cost Proposal Rank
Allocated Points	6	2	2	10	
Aetna	6	1	1	8	3
BCBSNC	6	2	0	8	3
UMR	5	0	2	7	1

Cost Proposal Rank

- The proposals were ranked in descending order based on the total cost proposal points earned. The Vendor earning the most cost proposal points received the highest rank of three (3) and the Vendor earning the least cost proposal points received the rank of one (1). If two proposals earned the same score in the cost proposals, they will be given equal rank.

Analysis Notes

- Please see notes included at the bottom of the exhibits for each scoring section.

The projections in this report are estimates of future costs and are based on information available to Segal at the time the projections were made. Segal has not audited the information provided. Projections are not a guarantee of future results. Actual experience may differ due to, but not limited to, such variables as changes in the regulatory environment, local market pressure, health trend rates and claims volatility. The accuracy and reliability of health projections decrease as the projection period increases.

This bid analysis report is the sole use of the SHPNC and its authorized representatives involved in the competitive bid. Some material provided by the bidders may be deemed proprietary and confidential to the bidder and may not be disclosed or shared with any third parties other than the authorized representatives of the SHPNC, unless required by public disclosure laws or other legal requirements.



Network Pricing Scoring

Non-Medicare Network Discounts and Relative Values	Estimated Network Discounts			Estimated Network Relative Value	Assumed Network Utilization	Estimated Total Relative Value
	Repricing %	Adjusted for Clarifications	Improvements			
Baseline - CY 2021 ²				1.0000	99.0%	1.0000
Aetna						
BCBSNC ^{3,4}	54.0%	52.7%	0.04%	0.9800	99.4%	0.9799
UMR ^{3,5}						

Non-Medicare Projected Claims	CY 2025	CY 2026	CY 2027	Total (2025-2027)
Overall Increase From CY 2021 ⁶	1.24	1.30	1.38	
Baseline Projected Incurred ⁷	\$2,846,864,260	\$3,003,679,581	\$3,169,272,904	\$9,019,816,745
Aetna	\$2,775,455,122	\$2,928,336,975	\$3,089,776,649	\$8,793,568,746
BCBSNC	\$2,789,723,299	\$2,943,391,094	\$3,105,660,704	\$8,838,775,098
UMR	\$2,799,859,642	\$2,959,873,742	\$3,123,052,043	\$8,882,785,427

Medicare Projected Claims ⁸	CY 2025	CY 2026	CY 2027	Total (2025-2027)
Overall Increase From CY 2021	1.18	1.28	1.38	
Medicare Projected Incurred	\$260,207,281	\$281,291,803	\$304,158,133	\$845,657,217

Total Projected Claims	CY 2025	CY 2026	CY 2027	Total (2025-2027)	% From Lowest	
					Claims Cost	Network Pricing
Aetna	\$3,035,662,403	\$3,209,628,778	\$3,393,934,782	\$9,639,225,963	0.00%	3
BCBSNC	\$3,049,930,581	\$3,224,682,897	\$3,409,818,837	\$9,684,432,315	0.47%	2
UMR	\$3,060,066,924	\$3,241,165,545	\$3,427,210,176	\$9,728,442,644	0.93%	1

Analysis Notes

Network Pricing Scoring Criteria described on page 3 of this report.

- Network discounts are based on vendor responses to the claims repricing (RFP Attachment A-3). Vendors were expected to reprice based on provider contracts in place, or near-future contract improvements bound by letters of intent, at the time of the repricing. During clarifications, Aetna confirmed the basis of its repricing and adjustments were made to BCBSNC and UMR as described in Notes 4 and 5 (below).
- Actual calendar year 2021 achieved discounts based on BCBS Matrix reporting.
- BCBSNC and UMR guaranteed pricing reflects discounts greater than its current discounts. The "Improvements" column reflects the guaranteed discounts up to the amount the vendor has dollars at risk. As UMR's discount guarantee is only for CY 2025, its 0.09% "Improvements" adjustment is only reflected in that year and is removed for the CY 2026 and CY 2027 projections.
- During the clarification process, BCBSNC indicated that its claims repricing reflected projected discounts for 2023 based on assumed increases in billed charges. As indicated in Note 1 (above), projected discounts were not requested in the claims repricing. During the clarification process, all vendors were requested to clarify their current average discount and to separately identify discount improvement attributed to (1) letters of intent, (2) known contract improvements, and (3) assumed increases in billed charges. BCBSNC's response to this clarification did not separate the amount of discount improvement attributed to assumed increases in billed charges. Subsequent clarifications resulted in BCBSNC confirming that its current average discount was approximately 52.7%. BCBSNC's clarification responses do not allow for Segal to identify discount improvements that are not inflated by assumed increases in billed charges.
- UMR's proposal indicated that its claims repricing included projected discounts. During clarifications, UMR identified that prior to projections, its current discount was 52.5%.
- Reflects estimated changes in enrollment and the following annual trend assumptions. During 2022, 6.5% for 2023-2024; and 6.0 for 2025-2027.
- Calendar year 2021 incurred claim payments adjusted for the enrollment and trend assumptions described in Note 6.
- Medicare projected claims based on calendar year 2021 incurred claim payments adjusted for estimated changes in enrollment and the following annual trend assumptions: 6% for 2022, 6.5% for 2023-2024; and 6.0 for 2025-2027. As this is a Medicare Supplement plan, the same Medicare fee schedule applies to all vendors and claims are expected to be the same for all vendors.



Administrative Fees Scoring¹

Assumed Enrollment	CY 2025	CY 2026	CY 2027
Non-Medicare Subscribers	326,806	324,942	323,105
Medicare Subscribers (non MA)	41,222	42,071	42,946
Total Subscribers	368,028	367,013	366,051
Base Administration Fees (PSPM)			
All Subscribers	CY 2025	CY 2026	CY 2027
Aetna	\$22.75	\$22.75	\$22.75
BCBSNC	\$13.53	\$14.21	\$14.92
UMR	\$24.25	\$24.50	\$24.75
Additional Services Fees (PSPM)			
All Subscribers	CY 2025	CY 2026	CY 2027
Aetna	\$0.00	\$0.00	\$0.00
BCBSNC ²	\$0.00	\$0.00	\$4.47
UMR	\$0.00	\$0.00	\$0.00
Disease Management (PSPM)			
Non-Medicare Only	CY 2025	CY 2026	CY 2027
Aetna	\$0.00	\$0.00	\$0.00
BCBSNC	\$2.79	\$2.94	\$2.94
UMR ³	\$3.85	\$3.89	\$3.93
Onetime Credit/(Cost)			
Aetna⁴	CY 2025	CY 2026	CY 2027
Aetna ⁴	\$3,000,000	\$2,000,000	\$2,000,000
BCBSNC ⁵	\$18,000,000	\$0	\$0
UMR ⁶	\$10,000,000	\$1,000,000	\$1,000,000
Total Administrative Cost			
Aetna	CY 2025	CY 2026	CY 2027
Aetna	\$97,471,644	\$98,194,549	\$97,931,923
BCBSNC	\$52,694,491	\$74,047,011	\$96,549,928
UMR	\$112,194,585	\$122,070,115	\$122,954,779
			Total (2025-2027)
			\$293,598,116
			\$223,291,430
			\$357,219,479
			Administrative Fees
			Rank
			Score
			1
			2
			3
			1
			0

Analysis Notes

Administrative Fees Scoring Criteria described on page 3 of this report.

1. Fees represent base admin and disease management fees, offset by any credits provided. Additional services available, either at cost or included, are summarized in supplemental exhibits.
2. BCBSNC charges a runoff fee equal to 3 months' administrative fees, based on last active month's fee and membership (applies to TPA fees as well as any vendor administrative fees).
3. Health Risk Assessment is not included in UMR's standard DM fees. Inclusion requires buy-up to the UMR "Enhanced Health and Wellness Program". The additional cost needs to be clarified.
4. In addition to an implementation credit of \$1,000,000, Aetna is also providing an annual communications credit and wellness credit of \$1,000,000 each.
5. BCBSNC credit includes a \$4.5 million credit payable 30 days after implementation on the first bill, and \$13.5 million payable monthly during 2024.
6. UMR credit includes a \$9.0 million implementation credit and an annual communications credit of \$1.0 million.

Network Pricing Guarantee Scoring

Discount Guarantees

Vendor	Current Discount ¹	Vendor Projected Discount ²	CY 2025 Guarantee ³	Guarantee Compared to		Description of Guarantee Payout Methodology	CY 2025 Max at Risk		CY 2026 to CY 2029 Guarantees	Evaluation of Discount Guarantee
				Current Discount	Projected Discount		Dollar Amount	Discount for Max Payout		
Aetna			REDACTED						Same guarantee for each year with no changes in target discounts	Offers moderate comparative value. CY 2025 and beyond offer up to 25% of admin at risk at a discount target lower than current and projected. Offers protection from discount erosion.
BCBSNC	52.7%	57.8%	55.1%	2.4%	-2.7%	10% of the discount shortfall to a max of 5% of admin fee	\$2,653,000	54.7%	Same guarantee for each year with slight increases (<1%) in target discounts	Offers the least comparative value. The least value is due to a limited amount at risk at 5% of admin. Discount target is competitive and higher than current discounts and improves slightly through 2029, but remains lower than discounts projected by the vendor. Offers the greatest comparative value. CY 2025 offers the highest value with a dollar-for-dollar guarantee up to 100% of the admin fee at risk, but no guarantee beyond year 1.
UMR			REDACTED						No guarantee after CY 2025	

Trend Guarantees

CY 2026 Guarantee	Description of Payout Methodology	CY 2026 Max at Risk		CY 2027 to CY 2029 Guarantees	Large Claimant Adjustments	Exclusions and Conditions	Evaluation of Discount Guarantee
		Dollar Amount	Trend for Max Payout				
Aetna		REDACTED			Claim amounts in excess of \$250,000 for any individual claimant are excluded	Pharmacy claims are excluded. Requires Aetna receives pharmacy data file feeds at a minimum bi-weekly basis to support the care management program. Aetna will adjust base year claims for factors impacting the relativity of the population such as changes in plan design, demographics, geography, included products, programs and services, third-party vendor solutions, or the impact of novel conditions.	Offers moderate comparative value. Offers the second lowest trend target and a reasonable amount at risk. Offers protection from increases in market/industry trend; however, the payouts are spread over excess trend up to 9% over the target.
BCBSNC	10% of the excess trend dollars to a maximum of 5% of admin fee	6.0%	\$2,653,000	10.0%	All claims for individuals with claims in excess of \$250,000 are excluded	Pharmacy claims are excluded. Claims related to new services or benefits added at the discretion of the Plan during the term of this contract are excluded. Providers that sign up for the Clear Pricing Program are excluded.	Offers the least comparative value. While BCBSNC offers the lowest trend target, it is diminished by the lowest dollar amount at risk and the removal of all claims for individuals over \$250,000 (not just the amounts over \$250,000).
UMR		REDACTED			Claim amounts in excess of \$250,000 for any individual claimant are excluded	Pharmacy claims are excluded. Mental Health and Substance Use Disorder (MHSUD) claims are excluded.	Offers moderate comparative value. Illustrates a commitment to manage trend at least 1% lower than its BoB and places the most amount at risk. However, as it is prospectively based on UHC's BoB, it offers minimal protection from increases in market/industry trend. Also, does not include MHSUD claims.

1,2,3 See footnotes on following page

Network Pricing Guarantee Scoring (cont.)

Network Pricing Guarantees Score

	Rank	Score	Summary Comments
Aetna	2	1	Offers both discount and trend guarantees of moderate comparative value.
BCBSNC	1	0	Offers the least comparative value for both discount and trend guarantees, primarily due to the amount at risk. BCBSNC's low amount at risk is due to a combination of having significantly lower admin fees and only placing 5% at risk.
UMR	3	2	Offers the greatest comparative value discount guarantee with dollar-for-dollar up to 100% of admin fee and a moderate comparative value (including the most at risk) trend guarantee.

Analysis Notes

Network Pricing Guarantee Scoring Criteria described on page 3 of this report.

All vendors also provided percent of Medicare pricing guarantees with relative values that appear consistent with the discount guarantee relative values and the Network Pricing Guarantee Scoring.

1. Current Discounts are based on vendor responses to the claims repricing (RFP Attachment A-3) and vendor clarifications. Vendors were expected to reprice based on provider contracts in place, or near-future contract improvements bound by letters of intent, at the time of the repricing.
2. Vendor Projected Discounts are self-reported by the vendors.
3. Discount guarantees are aggregate discount guarantees for Aetna and UMR and a weighted blend of guarantees by service category and in-state and out-of-state for BCBSNC.

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Supplemental Information

Supplemental Information 3-Year Projected Total Cost

Total Projected Claims	CY 2025	CY 2026	CY 2027	Total (2025-2027)
Aetna	\$3,035,700,000	\$3,209,600,000	\$3,393,900,000	\$9,639,200,000
BCBSNC	\$3,049,900,000	\$3,224,700,000	\$3,409,800,000	\$9,684,400,000
UMR	\$3,060,100,000	\$3,241,200,000	\$3,427,200,000	\$9,728,500,000

Total Administrative Cost	CY 2025	CY 2026	CY 2027	Total (2025-2027)
Aetna	\$97,500,000	\$98,200,000	\$97,900,000	\$293,600,000
BCBSNC	\$52,700,000	\$74,000,000	\$96,500,000	\$223,200,000
UMR	\$112,200,000	\$122,100,000	\$123,000,000	\$357,300,000

Total Projected Costs	CY 2025	CY 2026	CY 2027	Total (2025-2027)
Aetna	\$3,133,200,000	\$3,307,800,000	\$3,491,800,000	\$9,932,800,000
BCBSNC	\$3,102,600,000	\$3,298,700,000	\$3,506,300,000	\$9,907,600,000
UMR	\$3,172,300,000	\$3,363,300,000	\$3,550,200,000	\$10,085,800,000

Analysis Notes

- Please see notes included at the bottom of the exhibits for each scoring section.

Supplemental Information 2025 Administrative Fees – Standard Services

Standard Services PSPM All Subscribers	Aetna	BCBSNC	UMR
Claims Administration	Included	Included	Included
Customer Service	Included	Included	Included
ID Cards	Included	Included	Included
Utilization Review	Included	Included	Included
Medical Management	Included	Included	Included
Network Access	Included	Included	Included
Appeals	Included	Included	Included
Enrollment/EDI Reconciliation	Included	Included	Included
Outbound Data Files	Included	Included	Included
Secure Member Portal	Included	Included	Included
Audits	Included	Included	Included
Standard Reporting	Included	Included	Included
Custom Reporting	Included	Included assuming no programming required	Included
Ad Hoc Reporting	Included	Included assuming no programming required	Included
Other Services Included	Aetna Concierge (Dedicated Customer Service/Claims), 24 Hour Dedicated Nurse Line, Individual ID Cards (custom), Dedicated Lead Director of Account Management, Dedicated Account Manager, Dedicated Account Executive, Dedicated Implementation Manager, Dedicated Provider Call Center, Dedicated Member Services Team, Integration with Stop Loss Vendor	Did not specify	Our offer ensures the State of North Carolina receives true and transparent fixed expenses for 3 years for ASO Administration. There are no hidden costs from other programs and there is full transparency for State of North Carolina's ASO administration expenses. The following services are included: Plan Advisor; Emerging CARE Program; Subrogation; Credit Balance Recoveries; Waste, Fraud & Abuse; Advanced Claim Review; CRS Enhanced (OON Claims)
Standard Services Fees - Subtotal	\$22.75	\$13.53	\$24.25

The above illustrates a side-by-side comparison of vendor responses to the administrative exhibits.

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Supplemental Information 2025 Administrative Fees – Disease Management

Disease Management PSPM (Excludes Medicare Primary)	Aetna	BCBSNC	UMR
Disease Management	Included	Included	Included
Care Coordination	Included	Included	Included
Lifestyle Coaching	Included	Included	Included
Transition of Care	Included	Included	Included
High Utilizer Programs	Included	Included	Included
Complex Case Management	Included	Included	Included
PHM Services via Secure Member Portal	Included	Included	Included
Digital Coaching	Included	Included	Included
Health Risk Assessment	Included	Included	Included
Other Services Included	Behavioral Health Wellbeing, Medication Therapy Management, Opioid Case Management, 24/7Nurse Hotline	Did not specify	Did not specify
DM Fees - Subtotal	\$0.00	\$2.79	\$3.85

Buy-Up Disease Management Programs PSPM (Excludes Medicare Primary)	Aetna	BCBS	UMR
HealthNotes			\$0.35
Events and Challenges			\$1.15
Maternity CARE			\$0.65
Persistent neck and back Pain CARE			\$0.12
Orthopedic Health Support			\$0.66
Health Risk Assessment			Included in the "Enhanced Health and Wellness Program"
Enhanced Health and Wellness Program			\$3.95

The above illustrates a side-by-side comparison of vendor responses to the administrative exhibits.

Supplemental Information 2025 Administrative Fees – Biometric Screening

Biometric Screenings Per Participant Fees	Aetna	BCBSNC	UMR
Onsite Biometric Screening 1: Finger Stick, Full Lipid Panel, Blood Glucose or A1c (for diabetics only), Blood Pressure, Height, Weight, BMI Calculation, Waist Circumference, and Counseling	\$46.40	\$45.00	\$54 per person; \$19 for A1c for diabetics
Onsite Biometric Screening 2: Finger Stick, Full Lipid Panel, A1c (all), Prediabetes Paper Test (for non-diabetics), Blood Pressure, Height, Weight, BMI Calculation, Body Composition including Waist Circumference or Waist-to-Hip Ratio and other methods, and Counseling	\$46.40	\$67.00	\$54 per person; \$19 for A1c for diabetics
Additional Notes	Did not include	<p>If the Plan elects counseling with either option above the cost is \$17 per hour/telephonic and \$125 per hour/onsite. Each Clinic is quoted with a thirty (30) Recipient minimum, per Clinic. In the event a Clinic does not meet the thirty (30) Recipient minimum entity will bill for additional Recipients to meet the minimum. Entity will be billed for 80% of the projected minimum per Clinic, or actual participation, or thirty (30) Recipient minimum, whichever is greater. The projected minimum is used to calculate the number of staff required for a clinic. This number must be furnished by noon EST ten (10) business days prior to all Clinics, excluding Federal Holidays. The rate used to calculate additional screenings to meet the projected minimum will be the lesser of the fasting or non-fasting screening rates for the Clinic.</p>	<p>Venipuncture full lipid panel, blood glucose or A1C for diabetics only, blood pressure, height, weight, BMI calculation, waist circumference - \$53.50, A1c - \$10</p>

The above illustrates a side-by-side comparison of vendor responses to the administrative exhibits.

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Supplemental Information 2025 Administrative Fees – Additional Services

Additional Services PSPM	Aetna	BCBSNC	UMR
Health Savings Accounts (HSA) Health Reimbursement Accounts (HRA) Assume Claims Fiduciary Liability Exception processing	\$1.25 \$2.45 Included Included	\$1.75 per account per month \$3.25 per account per month Included Included	\$2.75 \$3.00 Included Included
1095 Reporting	Included	Not included; will provide cost proposal if the Plan chooses this service; total estimated cost, including printing and distribution, ranges from \$150,000-\$250,000 for the level of service provided for 2020 and 2021 tax years	Included
Various required filings (including New York and Massachusetts surcharge filing, and Michigan Public Act 142 filing) Telehealth services Annual OE Plan Vendor testing Subrogation	Included Included Included \$0.95	Included \$1.00 Included Did not specify	Included \$0.97 Included Included
Other Services Available for Additional Cost (Please see proposals for specific costs)	Did not specify	Diagnostic Imaging Management Program, Oncology Program (utilization management and treatment pathways), New, Optional Programs Introduced During Contract Term (e.g., new utilization management programs), Customized Member and Provider Communications (e.g., welcome kits, promotional material, letters, custom EOBs, EOB stuffers, etc.), ID Card Customization (other than Plan logo), Surveys of HBRs and Members, Smart Shopper Tool, Incentives, Value Based Programs, HSA/ HRA Member Account Fees (billed directly to member) for replacement cards, reimbursement checks, returned deposits, stop payments, distribution of excess contribution, account closing, paper account statements)	Telehealth Behavioral (This is an optional add-on for Telehealth services), Consumer Card HRA (Per Card Per Month), Consumer Card HSA (Per Card Per Month), HSA Banking Fees (Optum Bank), Events and Challenges, Maternity CARE, Persistent neck and back Pain CARE, Orthopedic Health Support, Enhanced Health and Wellness Program

The above illustrates a side-by-side comparison of vendor responses to the administrative exhibits.

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