**RFP 21-66211**

**BUSINESS PROPOSAL**

**ATTACHMENT E REVISED**

**Instructions: Please provide answers in the shaded areas to all questions. Reference all attachments in the shaded area.**

* + 1. **General -** Please introduce or summarize any information the Respondent deems relevant or important to the State’s successful acquisition of the products and/or services requested in this RFP.

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| The State of Indiana (the State) and its employees will continue to benefit from our unique combination of comprehensive benefit plans, as well as large networks and an overall focus on wellness. We believe the best health care is proactive, and that health benefits solutions should promote wellness and provide the tools and support needed to manage health care costs, now and in the future. Anthem truly values the long-term relationship that we have with the State. Because of our long history together, and Anthem’s history as an Indiana company, our response to your request for proposal inherently includes our insight and experience from managing your business.  Please refer to our Executive Summary, included in Section 5 of our proposal, which summarizes our company’s commitment to quality, affordable healthcare. |

* + 1. **Respondent’s Company Structure** - Please include in this section the legal form of the Respondent’s business organization, the state in which formed (accompanied by a certificate of authority), and a chart of the organization. If the organization includes more than one (1) product division, the division responsible for the development and marketing of the requested products and/or services in the United States must be described in more detail than other components of the organization. Please enter your response below and indicate if any attachments are included.

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| Anthem Insurance Companies, Inc. is a stock corporation incorporated in Indiana. Please refer to the attached “Section 5a.1 - AttE\_66211\_Q. 2.3.2 - Certificate of Authority” file for the requested certificate of authority. Please refer to the attached “Section 5a.2 - AttE\_66211\_Q. 2.3.2 - Organization Charts” file for the requested organization chart. |

* + 1. **Company Financial Information** - This section must include documents to demonstrate the Respondent’s financial stability. Examples of acceptable documents include most recent Dunn & Bradstreet Business Report (preferred) or audited financial statements for the two (2) most recently completed fiscal years. If neither of these can be provided, explain why and include an income statement and balance sheet, for each of the two most recently completed fiscal years.

If the documents being provided by the Respondent are those of a parent or holding company, additional information should be provided for the entity/organization directly responding to this RFP. That additional information should explain the business relationship between the entities and demonstrate the financial stability of the entity/organization which is directly responding to this RFP.

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| Anthem Insurance Companies, Inc., which conducts business in Indiana as Anthem Blue Cross and Blue Shield, is an Indiana-domiciled stock insurance company. It is organized as a corporation with 100% of its stock owned by an Indiana-domiciled company, Anthem, Inc., whose shares of stock are traded on the New York Stock Exchange.  Ernst & Young LLP, our parent company’s independent registered public accounting firm, audited the consolidated financial statements of the company for the year ended December 31, 2020, and issued an audit report dated February 18, 2021, on the effectiveness of the company’s internal control as of December 31, 2020.  Please refer to the following attached files for the most recently available company financial information:  • Section 5b.1 - AttE\_66211\_Q. 2.3.3 - Form 10-K (2020)  • Section 5b.2 - AttE\_66211\_Q. 2.3.3 - Form 10-K (2019)  • Section 5b.3 - AttE\_66211\_Q. 2.3.3 - AICI Annual Financial Statement (2019)  • Section 5b.4 - AttE\_66211\_Q. 2.3.3 - AICI Annual Financial Statement (2018) |

* + 1. **Integrity of Company Structure and Financial Reporting** - This section must include a statement indicating that the CEO and/or CFO, of the responding entity/organization, has taken personal responsibility for the thoroughness and correctness of any/all financial information supplied with this proposal. The particular areas of interest to the State in considering corporate responsibility include the following items: separation of audit functions from corporate boards and board members, if any, the manner in which the organization assures board integrity, and the separation of audit functions and consulting services. The State will consider the information offered in this section to determine the responsibility of the Respondent under IC 5-22-16-1(d).

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| Confirmed. Beth Keyser, President & General Manager of Anthem Blue Cross and Blue Shield in Indiana, is the person of authority and signatory to act on behalf of Anthem and authorized to execute the request for proposal.  Our parent company is in a strong financial position with a diverse investment portfolio and strong liquidity. The company and its subsidiaries are well-capitalized and strong operators.  Please refer to the attached “Section 5c - AttE\_66211\_Q. 2.3.4 - Integrity of Company Structure and Financial Reporting” file for more information about our company’s corporate governance, including a link to additional detailed information available online. |

* + 1. **Contract Terms/Clauses** - Please provide the requested information in RFP Section 2.3.5.

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| Confirmed. We will abide by the State’s required mandatory contract terms as outlined in Attachment B of the RFP except to the extent we modified the Indemnification term to match the existing medical contract language with the State. Please refer to the contract terms and clauses we have reviewed and included in Section 2 of our proposal. |

* + - 1. **Indiana Office of Technology (IOT) Terms and Conditions** \*[Applicable to Data Warehouse Respondents Only]

Additional Terms and Conditions related to Cloud-based systems that the State expects to execute with the successful Respondent are provided in Attachments M1, M2, and M3. Dependent on your proposed System, you could be required to agree to one or more of the following sets of Additional Terms and Condition within the Contract:

• Attachment M1 – IOT Additional Terms and Conditions – Infrastructure as a Service Engagements (IaaS)

• Attachment M2 – IOT Additional Terms and Conditions – Platform as a Service Engagements (PaaS)

• Attachment M3 – IOT Additional Terms and Conditions – Software as a Service Engagements (SaaS)

Please indicate in your response below which of these sets of Additional Terms and Conditions you believe applies to your proposed System. Review these Additional Terms and Conditions and indicate acceptance and/or any redlined edits, via Track Changes. It is the State’s strong desire to not deviate from the Additional Terms and Conditions that is provided in these attachments and as such the State reserves the right to reject any and all requested changes. Any or all portions of this RFP and any or all portions of your response will be incorporated as part of the final contract.

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| As requested, we have reviewed Attachments M1, M2, and M3. Please refer to the files we have reviewed and included in Section 8 of our proposal. |

* + 1. **References** - Reference information is captured on ATTACHMENT H. Respondent should complete the reference information portion of the ATTACHMENT H which includes the name, address, and telephone number of the client facility and the name, title, and phone/fax numbers of a person who may be contacted for further information if the State elects to do so. **The rest of ATTACHMENT H should be completed and** **emailed DIRECTLY to the State by the reference**. The State should receive three (3) ATTACHMENT Hs per service category from clients for whom the Respondent has provided products and/or services that are the same or similar to those products and/or services requested in this RFP.

ATTACHMENT H should be submitted to [idoareferences@idoa.in.gov](mailto:idoareferences@idoa.in.gov).

Attachment H should be submitted by the date and time listed in Section 1.24 of the RFP.

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| Confirmed. We have completed the reference information portion in Attachment H and provided this to our references. We have notified the references to complete the remainder of Attachment H and email their completed form to the State as instructed. |

**2.3.7 Registration to do Business -** Selected out-of-state Respondents providing the products and/or services required by this RFP must be registered to do business within the State by the Indiana Secretary of State and the Indiana Department of Administration, Procurement Division. The address contact information for this office may be found in Section 1.18 of the RFP. This process must be concluded prior to contract negotiations with the State. It is the successful Respondent’s responsibility to complete the required registration with the Secretary of State. Please indicate the status of registration, if applicable. Please clearly state if you are registered and if not provide an explanation.

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| Confirmed. Anthem is headquartered in Indiana and is currently registered to conduct business within the State of Indiana. Please refer to the attached “Section 5d - AttE\_66211\_Q. 2.3.7 - Indiana Business Registration” file. |

* + 1. **Authorizing Document -** Respondent personnel signing the Transmittal Letter of the proposal must be legally authorized by the organization to commit the organization contractually. This section shall contain proof of such authority. A copy of corporate bylaws or a corporate resolution adopted by the board of directors indicating this authority will fulfill this requirement. Please enter your response below and indicate if any attachments are included.

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| Confirmed. Beth Keyser, President & General Manager of Anthem Blue Cross and Blue Shield in Indiana, is the person of authority and signatory to act on behalf of Anthem. Beth is authorized to execute our proposal and all subsequent filings and contracts in connection therewith. Please refer to the authorizing document in the attached “Section 5e - AttE\_66211\_Q. 2.3.8 - Authorizing Document” file. |

* + 1. **Subcontractors -** The Respondent is responsible for the performance of any obligations that may result from this RFP and shall not be relieved by the non-performance of any subcontractor. Any Respondent’s proposal must identify all subcontractors and describe the contractual relationship between the Respondent and each subcontractor. Either a copy of the executed subcontract or a letter of agreement over the official signature of the firms involved must accompany each proposal.  
         
       Any subcontracts entered into by the Respondent must be in compliance with all State statutes, and will be subject to the provisions thereof. For each portion of the proposed products and services to be provided by a subcontractor, the technical proposal must include the identification of the functions to be provided by the subcontractor and the subcontractor’s related qualifications and experience. The combined qualifications and experience of the Respondent and any or all subcontractors will be considered in the State’s evaluation. The Respondent must furnish information to the State as to the amount of the subcontract, the qualifications of the subcontractor for guaranteeing performance, and any other data that may be required by the State. All subcontracts held by the Respondent must be made available upon request for inspection and examination by appropriate State officials, and such relationships must meet with the approval of the State.  
         
       The Respondent must list any subcontractor’s name, address, and the state in which formed that are proposed to be used in providing the required products and/or services. The subcontractor’s responsibilities under the proposal, anticipated dollar amount for subcontract, form of organization, and an indication from the subcontractor of a willingness to carry out these responsibilities are to be included for each subcontractor. This assurance in no way relieves the Respondent of any responsibilities in responding to this RFP or in completing the commitments documented in the proposal. The Respondent must indicate which, if any, subcontractors qualify as a Minority Business Enterprises or Women’s Business Enterprises under IC 4-13-16.5-1. See Section 1.21 and Attachment A for Minority and Women’s Business Enterprises information. Please enter your response below and indicate if any attachments are included.

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| We selectively subcontract the services of "best-in-class" vendors in specific areas such as information technology applications management, print/mail services, member services, etc. Such subcontracting relationships are developed and managed to enable alignment with and progress on our promise of simplifying the connection between health, care and value for our members and customers.  All subcontracting arrangements have policies and procedures in place to ensure that personal health information (PHI) and other personal information remains secure. We typically conduct an annual audit of subcontractors and use the audit results to evaluate the continuation of our relationship with the subcontractors.  Each supplier contract is multi-year with renewal clauses. Contractual information between us and the ancillary provider is considered proprietary.  Please refer to the attached “Section 5f - AttE\_66211\_Q. 2.3.9 - Subcontractors List” file for a list of our subcontractors, as well as the MBE/WBE documentation included in Section 1 of our proposal. |

* + 1. **Evidence of Financial Responsibility** – **NOT APPLICABLE**
    2. **General Information** - Each Respondent must enter your company’s general information including contact information.

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| **Business Information** |  |
| Legal Name of Company | Anthem Insurance Companies, Inc. |
| Contact Name | Pam Bales |
| Contact Title | Account Manager |
| Contact E-mail Address | pamela.bales@anthem.com |
| Company Mailing Address | 220 Virginia Avenue |
| Company City, State, Zip | Indianapolis, Indiana 46204 |
| Company Telephone Number | 800-331-1476 |
| Company Fax Number | Not applicable |
| Company Website Address | anthem.com |
| Federal Tax Identification Number (FTIN) | 35-0781558 |
| Number of Employees (company) | Our parent company employs 83,361 associates. |
| Years of Experience | We have been providing healthcare claims administration services in Indiana since 1944. |
| Number of U.S. Offices | 373 |
| Year Indiana Office Established (if applicable) | 1944 |
| Parent Company (if applicable) | Anthem, Inc. |
| Revenues ($MM, previous year) | Our parent company’s total revenues were $121,867,000 in 2020. |
| Revenues ($MM, 2 years prior) | Our parent company’s total revenues were $104,213,000 in 2019 and $92,105,000 in 2018. |
| % Of Revenue from Indiana customers | In 2019 (the most recent year data is available), 74.97% of the revenue for Anthem Insurance Companies, Inc. came from Indiana customers. |

* 1. Does your Company have a formal disaster recovery plan? Please provide a yes/no response. If no, please provide an explanation of any alternative solution your company has to offer. If yes, please note and include as an attachment.

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| Yes. Please refer to the attached “Section 5g - AttE\_66211\_Q. 2.3.11a - Anthem Business Continuity Program Overview” file. |

* 1. What is your company’s technology and process for securing any State information that is maintained within your company?

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| We are committed to protecting the State’s member and other information. A key component of our commitment includes complying with all applicable federal and state laws and contractual obligations pertaining to privacy and security, including HIPAA.  Our Privacy department facilitates and coordinates the development and approval of corporate-wide privacy policies and maintains a communication and awareness program that promotes effective practices that safeguard the confidentiality of our members' PHI. As part of our awareness program, we do the following:  • Educate our associates about the principles of privacy and security  • Remind associates of their individual responsibilities to safeguard member confidentiality  • Communicate key policy changes as they occur  We perform regular quality audits, train our associates on policies, and provide updates as those policies change. We adhere to HIPAA and other federal and state laws related to the protection of information.    Processes, practices, and procedures we have adopted for securing data include the following:  • We maintain and train associates on the verification and authentication procedure to help ensure we communicate with the appropriate individual(s) when disclosing, using, or collecting PHI.  • We do not use PHI without authorization from the member, except as allowed for treatment, payment and operations as outlined in the HIPAA Privacy Rule, as required by law, or as otherwise described in our Notice of Privacy Practices.  • We train associates on privacy requirements, as well as our Ethics and Compliance Guidelines, including reporting activities that may be noncompliant with our policies or the law.  • We require business associate agreements when other companies perform a service on our behalf involving PHI.  As part of our administrative, physical, and technical safeguards program, our associates are required to:  • Pass pre-employment background checks prior to being hired  • Only collect, use, and access information as required to perform their job function  • Sign a confidentiality agreement regarding member PHI, financial, and company confidential information  • Secure their work area daily  • Never share passwords or user IDs with anyone  • Always wear ID badges in the facilities  • Encrypt electronic files and email communications containing PHI and company information  • Identify and handle suspicious emails appropriately |

* + 1. **Experience Serving State Governments -** Please provide a brief description of your company’s experience in serving state governments and/or quasi-governmental accounts.

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| As a trusted advisor and provider of health benefits to more than 3.5 million members in Indiana, approximately 43 million people in our parent company’s family of health plans, and approximately 110 million people served through its affiliated companies, we know what strategies work to drive both short- and long-term changes in cost trends.  We are proud to serve 10 state government health plans within the Anthem footprint, and numerous city, town and county government agencies across Indiana and other states. We understand the unique needs of government agencies and the opportunities these diverse populations face day-to-day.  For more than 80 years, our company has worked to improve health and provider access to affordable health care services. Over that time, our commitment to the health of our members has been unwavering. Today, grants from our corporate foundation and our local sponsorships are helping to reduce gaps in care, address chronic health conditions, support our most vulnerable citizens, and promote wellness.  Our experience and relationships with Indiana providers, local units of government, private employers, and Indiana consumers put us in a position to bring together creative solutions to reducing healthcare costs in a collaborative way that is in step with state government and local community initiatives. |

* + 1. **Experience Serving Similar Clients -** Please describe your company’s experience in serving customers of a similar size to the State with similar scope. Please provide specific clients and detailed examples.

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| We are proud to serve many similar-sized accounts throughout the United States and here in Indiana. This includes the State of Georgia, the State of Missouri, Eli Lilly, Cummins, Purdue University, Indiana University, and University of Notre Dame, in addition to cities, schools, universities, and other municipalities across our footprint.  These clients all have similar, but unique, needs based on their strategic goals. It is our intent to provide solutions that address their needs and yet provide enough flexibility to innovate around the edges. We believe this approach has served our clients well and will continue to be our focus in servicing clients such as the State of Indiana. |

* + 1. **Indiana Preferences -** Pursuant to IC 5-22-15-7, Respondent may claim only one (1) preference. For the purposes of this RFP, this limitation to claiming one (1) preference applies to Respondent’s ability to claim eligibility for Buy Indiana points. **Respondent must clearly indicate which preference(s) they intend to claim. Additionally, the Respondent’s Buy Indiana status must be finalized when the RFP response is submitted to the State.**

Approval will be system generated and sent to the point of contact email address provided within the Bidder Registration profile. This is to be attached as a screen shot (copied/pasted) for response evaluation.

Buy Indiana

Refer to RFP Section 2.7 for additional information.

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| Confirmed. Please refer to the attached “Section 5h - AttE\_66211\_Q. 2.3.14 - Buy Indiana Confirmation” file for confirmation of our Buy Indiana registration. Additionally, we are claiming the preference of a business whose principal place of business is located in Indiana. |

* + 1. **Payment – Not Applicable**