

REQUEST FOR PROPOSALS (RFP)
WORKERS' COMPENSATION CLAIMS ADMINISTRATION SERVICES
ADDENDUM #1

Date of Addendum: January 10, 2025

Response to Questions

This document contains responses to questions received under this Request for Proposals. This document constitutes Addendum #1 to the RFP for Workers' Compensation Claims Administration Services that was issued by County Connection on December 9, 2024.

Please contact Kristina Martinez at kmartinez@cccta.org if you have questions regarding this addendum.

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1. Please provide a 5-year loss history and/or loss runs (excel preferred).
Response: Please see the attached report below.
 2. Please provide the number of open claims by category that be transferred: indemnity, medical only and future medical care.
Response: Please see the attached report below.
 3. Please provide a detailed bill review summary to include PPO savings, charges, volume, duplicate bills reviewed versus non-duplicate bills viewed, if possible.
Response: May be furnished upon request to current TPA.
 4. Please provide any information available regarding utilization review and nurse case management volume, approvals, etc.
Response: This is handled on a case-by-case basis. No information is available currently.
 5. What is your current staffing model with your current TPA?
Response: 1 Claims Adjuster, 1 Claims Supervisor, 1 Claims Manager, 1 Regional Account Manager

6. What is your current annual administration fee with your current TPA?
Response: \$73,687.86 per year for 45 claims annually. The per-claim fee after maximum number of claims is \$181 for medical-only, \$1,604 for indemnity, and \$1,247 for employer's liability. Please see current fee schedule attached below.
7. Please provide the number of users that will need access to the RMIS portal.
Response: 6-7 users.
8. Please confirm if quarterly claim reviews will be acceptable. If not, what is the anticipated annual frequency?
Response: Yes, quarterly reviews will be acceptable.
9. Will the City require any special/custom reports and or data feeds?
Response: Other than the reports outlined in the RFP, requests for special reports and/or data fees are not expected but may change throughout the life of the contract.
10. Does CCCTA have any paper files in storage? If so, how many boxes?
Response: Yes, roughly 54 boxes.
11. Does CCCTA currently utilize an MPN?
Response: CCCTA does not currently utilize an MPN and would be interested in pursuing this option.
12. Will CCCTA require more than one bank account for claims administration services?
Response: No, only one bank account will be used.



Standard Loss Run

Customer: Central Contra Costa Transit Authority

Valuation Date: Current Date: 01/08/2025

Status: All

Location Level: Level 2

Location Description: Reserved LL2 - CCCTA

Finance Detail Level: Level 2

Finance Category Description: All

Finance Amount Detail Level: No Filter

Finance Amount Category: All

Finance Amount Type: All

Finance Amount: None

Include Inactive Locations: False

Prepared: 01/08/2025 09:09:26 AM

Filters:

Injury Date Range

Custom: 01/01/2020 - 01/08/2025;

Summary				
	Open	Reopened	Closed	Total
# of Claims	28	4	55	87
Finance Detail Level 2	Paid-to-Date		Reserve	Incurred
ALE	\$517,247.52		\$315,076.77	\$832,324.29
IND	\$893,078.39		\$228,218.50	\$1,121,296.89
MED	\$832,636.32		\$1,283,239.64	\$2,115,875.96
PER	\$160,839.53		\$347,530.37	\$508,369.90
REHAB	\$0.00		\$24,000.00	\$24,000.00
Gross	\$2,403,801.76		\$2,198,065.28	\$4,601,867.04
Total Recoveries	\$123,380.68			\$123,380.68
Recoveries Not Impacting Incurred	\$90,038.13			\$90,038.13
Recoveries Impacting Incurred	\$33,342.55			\$33,342.55
Net	\$2,370,459.21			\$4,568,524.49

EXHIBIT A

1) Fees During Renewal Term effective August 1, 2023 July 31, 2024

Workers' Compensation Claims Administration

Description	Pricing
Life of Contract Flat Annual Fee Up to 45 Claims Annually	\$73,687.86
Per claim Fee after maximum number of claims:	
Medical-Only	\$181.00
Indemnity	\$1,604.00
Employer's Liability	\$1,247.00

¹ CorVel Healthcare Corporation managed care services must be used for all claims administered by

Program Management

Description	Pricing
Data Conversion - Per Data Source	Waived
Administration Fee - Per Annum ¹	\$0
Implementation Fee - One Time Fee	Waived
CareMC Access - Per Annum ²	
First 5 Full Access Users	\$0
Each User over 5 - Per User, Per Year	\$0

¹ Includes Assistance with Self-Insured Data for State Reports, State Statistical Reporting & All State Filing Requirements

² Includes Executive Dashboard, Claim Details, Claims Summary Screen & Claims Reporting

Account Management and Technical Support

Description	Pricing
Account Management Staff	Included
Electronic Data Transmission - (Per Month, Based on	
Monthly File	Included
Weekly File	Included
Daily File	Included
Training – Onsite and Online	Included
Technical Support	Included
State EDI Files	Included
Monthly Reporting	Included
Ad hoc Report Programming - Per Hour	\$200.00
Communication Materials/Posters	Pass through printing cost
Annual Banking Fees	One account included
Additional Account(s) - Per Account	\$1,000.00
Carrier TPA Oversight Fees ¹	Bill from Carrier to Client

¹ Fees charged by the carrier (Oversight fees, Tail Claim transfer / takeover fees, etc.) are the responsibility of the client and will be billed directly to the client by the carrier or by CorVel should CorVel be invoiced for such fees.

Intake and Immediate Intervention Services

Description	Pricing
Claim Intake (includes one FNOL distribution) - Per Intake	\$0
Incident Only Reporting - Per Incident	\$0
Advocacy 24/7 - Per Call	\$0
Telehealth Services	Fee Schedule or U&C value by CPT code

Allocated Expense Fees

Legal Services

Description	Pricing
Subrogation	25% of Recoveries
Legal Bill Auditing ¹	2.5% of gross legal charges
Indexing and OFAC Compliance - Per Index	\$15.00

¹ Fees will never exceed the savings generated

Bill Review Services

Description	Pricing
Bill Review ^{1,2} + Network Solutions Includes: ² Standard Fee Schedule and UCR, Clinical Review, Implant Analysis, Line Item Bill Review, Negotiations, PPO Network Access, Substantive Denials, Technical Evaluation	10% of Savings
Minimum Transaction Fee ²	\$0
State EDI, Scanning/OCR, Initial 1099 Provider Notification Letter	Included

¹ Includes bill intake, document imaging, file upload, state EDI's, and initial 1099 provider notification letters.

² Minimum transaction fee (MTF) per bill transaction. Applied per transaction if all other applicable fees do not meet the minimum transaction fee. Applies to all transactions, including but not limited to, Specialty Bills, Duplicate Bills and bills sent for Re-consideration or Re-evaluation. There is a maximum bill review transaction fee of \$15,000.00

Patient Management

Description	Pricing
Telephonic Case Management, Field Case Management and Return to Work Coordinator - Per Hour California, Alaska, Hawaii and New York	\$87.98
All Other States ^{1,2}	\$87.98
Field Case Management * ¹ California, Alaska, Hawaii and New York	\$87.98
All Other States ^{1,2}	\$87.98
Vocational Rehabilitation - Per Hour ²	\$170.00
Specialty Services (Catastrophic, Life Care Plan, Medicare Conditional Payments, Medicare Set Asides, Bilingual) - Per Hour	\$218.00

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Patient Management continued

Description	Pricing
Utilization Review - Per Review ³ Per Hour + Peer Review fees	\$104.00
Peer Review/Physician Advisor – Per Hour	\$104.00
UR Authorization Only (Adjuster Review) - CA - Per Review	\$41.00
Care Advocate - Per Claim	\$50.00

¹ Fee applies to all States with the exception of premium states (CA, HI, AK, and NY).

² Statutory rates supersede if applicable.

Prevailing IRS Mileage Rate applies.

Each invoice for Case Management Services shall have an additional professional service fee of \$39.00 billed to Customer.

Pharmacy Solutions

Description	Pricing
Retail Pharmacies	
Brand	AWP -10% + \$3.00 dispensing fee
Generic	AWP -35% + \$3.00 dispensing fee
Mail Order	
Brand	AWP -13% + \$1.50 dispensing fee
Generic	AWP -45% + \$1.50 dispensing fee
Clinical Modeling	
Integration of Pharmacy Data	Included
Dynamic Calculation/Display in CareMC	Included
Pharmacy Interventions	
Certified Pharmacy Technician	Included
Rx Nurse	Included
Nurse Management	Case Management hourly rate
Pharmacy Review - Per Review	\$375.00
Cognitive Behavioral Therapy - Per Hour	\$250.00
Medication Review - Per Hour	\$250.00

Ancillary Benefit Management Services

Description	Pricing
Medical Imaging Services	Varies by State and Diagnostic
Independent Medical Exam	See 2023-24 IME/Peer Fee Schedule
Physical and Occupational Therapy	Varies by State
Durable Medical Equipment	Varies by State and Equipment
IME Peer Review - Per Hour	See 2023-24 IME/Peer Fee Schedule
Transportation	Varies by State and Service
Translation	Varies by State and Service Level

Medicare Agent Reporting

Description	Pricing
Set up and engagement	Included
Monthly Maintenance	Included
Quarterly Reporting	Included

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California Lien Program

Description	Pricing
Set up fee/minimum fee - Per Lien ¹	\$50.00
Percent of savings off Fee Schedule	20% of savings
Lien Cap	\$3,000.00
Lien Conference	\$500.00
Lien Trial	
Half Day	\$500.00
Full Day	\$750.00
DOR Filing	Included
Service and Review of Initial Discovery	Included
Litigation Review and Support - Per Hour	\$125.00

¹ Deducted from total fee if over \$100.00

State Certified Managed Care Networks

Description	Pricing
Implementation, Filing, Setup (one-time fee) ¹	
Standard Network - CA MPN, TX HCN, IL PPP, KY MCO, NY Certified	\$2,500.00 per network
Standard Network - CA MPN & CA Kaiser	\$3,500.00 per network
Custom Network (CA MPN)	\$5,000.00 per network
Administration ²	CA MPN, TX HCN: +\$2.50/bill IL PPP, KY MCO, NY Certified : +\$1.25/bill All other State MCOs ¹ : Included
Optional Services (Appointment Scheduling, Training, Panel Creation, etc)	Varies by State

¹ Implementation & administration for all other MCOs (AR MCO, CT MCO, FL MCA, GA MCO, MN MCO, NE MCO, NH MCO, NJ MCO, OK CMP & WV MHCP) are included in bill review fees. Each applicable state represents a separate network.

² Additional bill fee is applied to all Bill Review transactions relating to the applicable state regardless of the bill's network utilization.

The above pricing per claim is based on handling of all claims that occur and are reported during the agreement period. Life of contract pricing has been selected, claims will be handled until closed or until the end of the agreement period, whichever comes first.

Any service not identified in this proposal will be provided at a later time.