

ADDENDUM NO. 1

**Kansas City Area Transportation Authority
1350 E. 17th Street
Kansas City, Missouri 64108**

**NURSE CASE MANAGEMENT SERVICES
Request for Proposals #19-7004-28B**

Issue Date: January 9, 2019

This Addendum is hereby made a part of the Request for Proposals and Project Documents to the same extent as if it was originally included therein and is intended to modify and/or interpret the RFP documents by additions, deletions, clarifications or corrections. The Contractor shall acknowledge in the proposal the receipt of this Addendum.

SECTION I PROPOSAL CALENDAR

Delete: Proposal Closing 2:00 P.M., January 28, 2019

Replace with: Proposal Closing 2:00 P.M., February 5, 2019

SECTION II SCOPE OF SERVICES

1. How many service hours are you expecting to be covered by this contract?
 - A. KCATA estimates approximately 200-400 divided between telephone and field Nurse Case Management.**
2. How many years has KCATA had a nurse case management program in place?
 - A. Possibly 10 years**
3. How many WC claims are currently open?
 - A. 100+**
4. How many of the above actively open claims currently have NCM assigned to them?
 - A. Approximately 20**
5. How many active or open claims assigned to NCM are field case management vs telephonic case management?
 - A. All are field case management. We intend to make use of more telephonic case management**
6. What is the active employee population for KCATA?

A. 698 FT, 97 PT

7. Will the TPA claims entity be required to submit all open claims for NCM review for triage?

A. No

8. On page 17 (of the 58pg document) you make a reference completing Questionnaire Attachment J. There is no attachment J, however, Pg. 58 of 58 is attachment I and is a questionnaire. Is that the correct questionnaire?

A. Yes, Attachment I is the questionnaire that is required to be submitted with the Technical Proposal Response.

9. Will a week extension be given due to the proposal being released over a holiday period with loss of time for preparation of the BID?

A. Yes.

10. Volume anticipated with lost time claims that have utilized nurse case management in the past years, 2017 and 2018 with Workers Compensation?

A. We anticipate somewhat of a lower volume of claims for field nurse case management than in the past. There is expected to be a higher volume of telephonic nurse case management going forward. We still anticipate up to 400 hours of combined nurse case management going forward but that is not guaranteed

11. Number of lost time claims, and med only claims for Workers Compensation – 2017 and 2018?

A. Provided as addendum via Excel spreadsheet.

12. Number of General Liability/Auto Liability Bodily Injury claims for 2018, 2017?

A. Provided as addendum via Excel spreadsheet.

13. Number of litigated General Liability/Auto Liability Bodily Injury claims, 2018, 2017?

A. Approximately 25% of WC claims are litigated. We do not presently have the number of AL litigated claims.

14. We are a privately held small business that historically has not been required to provide audited financial statements to anyone. Will you consider waiving this requirement?

A.

15. The pricing attachment requests hourly rates with optional flat rates. Section 4.2A states that "KCATA anticipates awarding a fixed price contract". Please confirm we are only required to bid hourly rates.

A. Only hourly rates required. Please define how partial hours of work are calculated.

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Proposers shall return this **RECEIPT OF ADDENDA** form when submitting their bid. The form shall be signed and dated by an authorized representative of the firm. Failure to submit this form may deem the Bidder non-responsive.

We hereby acknowledge that the Addenda noted below have been received and all information has been incorporated into the Invitation for Bid as required.

Addendum #1 Dated _____ Date Received _____

Addendum #2 Dated _____ Date Received _____

Addendum #3 Dated _____ Date Received _____

Addendum#4 Dated _____ Date Received _____

Company Name _____ Date _____

Address/City/State/Zip _____

Authorized Signature _____ Printed Name _____

Telephone _____ Fax _____ Email _____