## Kansas City Area Transportation Authority 1350 E. 17<sup>th</sup> Street Kansas City, Missouri 64108

# THIRD PARTY ADMINISTRATOR FOR VEHICULAR LIABILITY CLAIMS, WORKER'S COMPENSATION CLAIMS, AND GENERAL LIABILITY CLAIMS AND MEDICAL BILL REVIEW SERVICES Request for Proposals #19-7006-28B

Issue Date: February 6, 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., February 8, 2019

Replace with: Proposal Closing 2:00 P.M., February 13, 2019

### ATTACHMENT K PRICE PROPOSAL RESPONSE FORM

- 1. The form refers to quantity estimates shown in the Scope of Services, but in multiple reviews of the Scope of Services, the quantities for "Number of Indemnity", "Number of Medical Only", etc. are shown. Is the intent of this form to show rates instead of costs?
- A. The form has been revised to reflect estimated quantities and is attached to this Addendum.

# COST/PRICE PROPOSAL RESPONSE FORM – LIFE OF CLAIM THIRD PARTY ADMINISTRATOR FOR VEHICULAR LIABILITY CLAIMS, WORKER'S COMPENSATION CLAIMS, AND GENERAL LIABILITY CLAIMS AND MEDICAL BILL REVIEW SERVICES

#### Life of Claim

The proposer shall complete the attached pricing table(s) and provide firm, fixed pricing necessary to meet the requirements of the RFP. The quantities are estimates only and actual numbers may change.

|  |                   | WORKERS COM | IPENSATION |             |       |
|--|-------------------|-------------|------------|-------------|-------|
| Description  | Quantities        | Year One    | Year Two   | Year Three  | Total |
| Medical Only Claim   | 69                |             |            |             |       |
| Indemnity Claim<br>Life of Claim   | 34                |             |            |             |       |
| Annual Administrative Fee  | 1                 |             |            |             |       |
| RMIS System Access up to 5 users   | 1                 |             |            |             |       |
| Set-up Fees  | 1                 |             |            |             |       |
| Bank Account Fees  | 1                 |             |            |             |       |
| Direct Online Claim Reporting through KCATA Incident Management Program  | 225<br>(WC/AL/GL) |             |            |             |       |
| WC Claim Index Fee   | 103               |             |            |             |       |
| CMS Reporting  | 15                |             |            |             |       |
| MBR Percent of Savings as<br>Calculated per the Scope<br>of Work Incorporated<br>herein                              | 1864 bills        |             |            |             |       |
| Fee per Claim for Reducing to FS/UCR   | 1864              |             |            |             |       |
| Subrogation Recovery<br>(Non-litigated) Percentage<br>of Recovery  | N/A               |             |            |             |       |
| PPO Percent of Savings<br>Cap Level  | 1864 bills        |             |            |             |       |
| Note PBM Discount<br>Schedule separately (AWP-<br>X%+Fill Fee) for retail and<br>home delivery, brand and<br>generic | ~ 100 Rx          |             |            |             |       |
| Benefic  |                   |             | <u> </u>   | Grand Total |       |

### **REVISED 2/6/19 ATTACHMENT K -Continued**

### COST/PRICE PROPOSAL RESPONSE FORM

| AUTO AND GENERAL LIABILITY        |             |          |          |            |       |  |
|-----------------------------------|-------------|----------|----------|------------|-------|--|
| Description                       | Quantities  | Year One | Year Two | Year Three | Total |  |
| General Liability                 | 5           |          |          |            |       |  |
| Auto Liability                    | 217         |          |          |            |       |  |
| Auto Liability Property<br>Damage | 30          |          |          |            |       |  |
|                                   |             |          |          |            |       |  |
|                                   | Grand Total |          |          |            |       |  |
| Combined Grand Total              |             |          |          |            |       |  |

### PRICING TABLE 2: OTHER REQUIRED PRICING

The proposer must state below all other applicable costs necessary to satisfy the *mandatory* requirements of the RFP. <u>Unless stated in this Pricing Section</u>, the KCATA shall assume that absolutely no other fees, expenses or charges, will be assessed to the KCATA whatsoever in connection with the products/services provided herein and to satisfy the RFP requirements.

| DESCRIPTION/COMMENTS | UNIT OF<br>MEASURE | UNIT PRICE  | EXTENDED PRICE |
|----------------------|--------------------|-------------|----------------|
|                      |                    |             |                |
|                      |                    |             |                |
|                      |                    |             |                |
|                      |                    |             |                |
|                      |                    | GRAND TOTAL | \$             |

### **COST/PRICE PROPOSAL RESPONSE FORM**

- 1. The offer submitted is complete and accurate, including all forms required for submission in accordance with the terms and conditions listed in this Request for Proposals and any subsequent Addenda. The Offeror shall immediately notify the KCATA in the event of any change.
- 2. The quantities specified are based upon the best available estimates and do not determine the actual amount the Authority shall order during the contract period. The quantities are subject to change. Payments will be based on actual quantities order based on the unit rates quoted.
- 3. The undersigned agrees to furnish and deliver the items or perform services as described herein for the consideration stated in accordance with the terms and conditions listed in the KCATA RFP. The rights and obligations of the parties to any resultant purchase order/contract shall be subject to and governed by this document and any documents attached or incorporated herein by reference.

| Company Name (Type/Print) |      |  |
|---------------------------|------|--|
|                           | Date |  |
| Address/City/State/Zip    |      |  |
| Authorized Signature      |      |  |
|                           |      |  |
| Name (Type/Print)         |      |  |
| Telephone #               | Fax# |  |
| E-mail address            |      |  |

# COST/PRICE PROPOSAL RESPONSE FORM – LIFE OF CONTRACT THIRD PARTY ADMINISTRATOR FOR VEHICULAR LIABILITY CLAIMS, WORKER'S COMPENSATION CLAIMS, AND GENERAL LIABILITY CLAIMS AND MEDICAL BILL REVIEW SERVICES

#### **Life of Contract**

The proposer shall complete the attached pricing table(s) and provide firm, fixed pricing necessary to meet the requirements of the RFP. The quantities are estimates only and actual numbers may change.

|   | WORKERS COMPENSATION |          |                    |       |  |  |
|---|----------------------|----------|--------------------|-------|--|--|
| Description   | Year One             | Year Two | Year Three         | Total |  |  |
| Medical Only Claim  |                      |          |                    |       |  |  |
| Indemnity Claim<br>Life of Contract   |                      |          |                    |       |  |  |
| Annual Administrative Fee   |                      |          |                    |       |  |  |
| RMIS System Access up to 5 users  |                      |          |                    |       |  |  |
| Set-up Fees   |                      |          |                    |       |  |  |
| Bank Account Fees   |                      |          |                    |       |  |  |
| Direct Online Claim Reporting through KCATA Incident Management Program                 |                      |          |                    |       |  |  |
| Claim Index Fee   |                      |          |                    |       |  |  |
| CMS Reporting   |                      |          |                    |       |  |  |
| MBR Percent of Savings as<br>Calculated per the Scope<br>of Work Incorporated<br>herein |                      |          |                    |       |  |  |
| Fee per Claim for Reducing to FS/UCR  |                      |          |                    |       |  |  |
| Subrogation Recovery<br>(Non-litigated) Percentage<br>of Recovery                       |                      |          |                    |       |  |  |
| PPO Percent of Savings Cap Level  |                      |          |                    |       |  |  |
| Note PBM Discount<br>Schedule separately (AWP-<br>X%+Fill Fee) for retail and           |                      |          |                    |       |  |  |
| home delivery, brand and generic  |                      |          |                    |       |  |  |
|   |                      |          | <b>Grand Total</b> |       |  |  |

### **REVISED 2/6/19 ATTACHMENT K -Continued**

### COST/PRICE PROPOSAL RESPONSE FORM

| AUTO AND GENERAL LIABILITY        |             |          |            |       |  |
|-----------------------------------|-------------|----------|------------|-------|--|
| Description                       | Year One    | Year Two | Year Three | Total |  |
| General Liability                 |             |          |            |       |  |
| Auto Liability                    |             |          |            |       |  |
| Auto Liability Property<br>Damage |             |          |            |       |  |
|                                   | Grand Total |          |            |       |  |
| Combined Grand Total              |             |          |            |       |  |

### PRICING TABLE 2: OTHER REQUIRED PRICING

The proposer must state below all other applicable costs necessary to satisfy the *mandatory* requirements of the RFP. <u>Unless stated in this Pricing Section, the KCATA shall assume that absolutely no other fees, expenses or charges, will be assessed to the KCATA whatsoever in connection with the products/services provided herein and to satisfy the RFP requirements.</u>

| DESCRIPTION/COMMENTS | UNIT OF<br>MEASURE | UNIT PRICE  | EXTENDED PRICE |
|----------------------|--------------------|-------------|----------------|
|                      |                    |             |                |
|                      |                    |             |                |
|                      |                    |             |                |
|                      |                    |             |                |
|                      |                    | GRAND TOTAL | \$             |

### **COST/PRICE PROPOSAL RESPONSE FORM**

- 1. The offer submitted is complete and accurate, including all forms required for submission in accordance with the terms and conditions listed in this Request for Proposals and any subsequent Addenda. The Offeror shall immediately notify the KCATA in the event of any change.
- 2. The quantities specified are based upon the best available estimates and do not determine the actual amount the Authority shall order during the contract period. The quantities are subject to change. Payments will be based on actual quantities order based on the unit rates quoted.
  - 4. The undersigned agrees to furnish and deliver the items or perform services as described herein for the consideration stated in accordance with the terms and conditions listed in the KCATA RFP. The rights and obligations of the parties to any resultant purchase order/contract shall be subject to and governed by this document and any documents attached or incorporated herein by reference.

| Company Name (Type/Print) |       |  |
|---------------------------|-------|--|
|                           | Date  |  |
| Address/City/State/Zip    |       |  |
| Authorized Signature      | Title |  |
| Name (Type/Print)         |       |  |
| Telephone #               | Fax#  |  |
| E-mail address            |       |  |

## Kansas City Area Transportation Authority 1350 E. 17<sup>th</sup> Street Kansas City, Missouri 64108

# THIRD PARTY ADMINISTRATOR FOR VEHICULAR LIABILITY CLAIMS, WORKER'S COMPENSATION CLAIMS, AND GENERAL LIABILITY CLAIMS AND MEDICAL BILL REVIEW SERVICES Request for Proposals #19-7006-28B

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 \_\_\_\_\_\_

Addendum #4 Dated \_\_\_\_\_\_ Date Received \_\_\_\_\_\_

Addendum #4 Dated \_\_\_\_\_\_ Date Received \_\_\_\_\_\_

Company Name \_\_\_\_\_\_ Date \_\_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Kansas City Area Transportation Authority 1350 E. 17<sup>th</sup> Street Kansas City, Missouri 64108

# THIRD PARTY ADMINISTRATOR FOR VEHICULAR LIABILITY CLAIMS, WORKER'S COMPENSATION CLAIMS, AND GENERAL LIABILITY CLAIMS AND MEDICAL BILL REVIEW SERVICES Request for Proposals #19-7006-28B

Issue Date: January 17, 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 II SCOPE OF SERVICES**

- 1. Will KCATA consider or accept a response for TPA services for Auto Liability and General Liability claim services separate from the Worker's Compensation claim scope of services?
- A. It is KCATA's intent to combine these services. We will not consider proposals for TPA services for Auto Liability and General Liability claim services separately from Worker's Compensation.
- 2. What does "Claim In" represent on the price page?
- A. Please disregard. A revised price proposal response is attached.
- 3. How often does the TPA have to attend trials, mediations or board meetings? Are there specific requirements?
- A. No. But it may be required to be available for depositions. AL claim mediations would be more productive with the adjuster present.
- 4. Can optional pricing be submitted?
- A. Yes, if clearly defined.
- 5. Are the claims "Life of Claim or Life of Contract? Industry standard is "Life of Contract." Please clarify.
- A. Submit your proposal for both

- 6. How many open claims will be transferred?
- A. It has yet to be determined if open WC and GL claims will be transferred. If they are, the open claim count is 100 WC and 75-100 AL. Submit your pricing for picking up tail claims.

#### ATTACHMENT K

# COST/PRICE PROPOSAL RESPONSE FORM – LIFE OF CLAIM THIRD PARTY ADMINISTRATOR FOR VEHICULAR LIABILITY CLAIMS, WORKER'S COMPENSATION CLAIMS, AND GENERAL LIABILITY CLAIMS AND MEDICAL BILL REVIEW SERVICES

#### Life of Claim

The proposer shall complete the attached pricing table(s) and provide firm, fixed pricing necessary to meet the requirements of the RFP. The quantities are estimates only and actual numbers may change.

| WORKERS COMPENSATION   |          |          |             |       |  |
|--|----------|----------|-------------|-------|--|
| Description  | Year One | Year Two | Year Three  | Total |  |
| Medical Only Claim   |          |          |             |       |  |
| Indemnity Claim<br>Life of Claim   |          |          |             |       |  |
| Annual Administrative Fee  |          |          |             |       |  |
| RMIS System Access up to 5 users   |          |          |             |       |  |
| Set-up Fees  |          |          |             |       |  |
| Bank Account Fees  |          |          |             |       |  |
| Direct Online Claim Reporting through KCATA Incident Management Program                                  |          |          |             |       |  |
| Claim Index Fee  |          |          |             |       |  |
| CMS Reporting  |          |          |             |       |  |
| MBR Percent of Savings as Calculated per the Scope of Work Incorporated herein                           |          |          |             |       |  |
| Fee per Claim for Reducing to FS/UCR   |          |          |             |       |  |
| Subrogation Recovery<br>(Non-litigated) Percentage<br>of Recovery  |          |          |             |       |  |
| PPO Percent of Savings Cap Level   |          |          |             |       |  |
| Note PBM Discount Schedule separately (AWP- X%+Fill Fee) for retail and home delivery, brand and generic |          |          |             |       |  |
| 8  |          | 1        | Grand Total |       |  |

# ATTACHMENT K -Continued COST/PRICE PROPOSAL RESPONSE FORM

| AUTO AND GENERAL LIABILITY        |             |          |            |       |  |
|-----------------------------------|-------------|----------|------------|-------|--|
| Description                       | Year One    | Year Two | Year Three | Total |  |
| General Liability                 |             |          |            |       |  |
| Auto Liability                    |             |          |            |       |  |
| Auto Liability Property<br>Damage |             |          |            |       |  |
|                                   | Grand Total |          |            |       |  |
| Combined Grand Total              |             |          |            |       |  |

### PRICING TABLE 2: OTHER REQUIRED PRICING

The proposer must state below all other applicable costs necessary to satisfy the *mandatory* requirements of the RFP. <u>Unless stated in this Pricing Section</u>, the KCATA shall assume that absolutely no other fees, expenses or charges, will be assessed to the KCATA whatsoever in connection with the products/services provided herein and to satisfy the RFP requirements.

| DESCRIPTION/COMMENTS | UNIT OF<br>MEASURE | UNIT PRICE  | EXTENDED PRICE |
|----------------------|--------------------|-------------|----------------|
|                      |                    |             |                |
|                      |                    |             |                |
|                      |                    |             |                |
|                      |                    |             |                |
|                      |                    | GRAND TOTAL | \$             |

# ATTACHMENT K COST/PRICE PROPOSAL RESPONSE FORM

- 1. The offer submitted is complete and accurate, including all forms required for submission in accordance with the terms and conditions listed in this Request for Proposals and any subsequent Addenda. The Offeror shall immediately notify the KCATA in the event of any change.
- 2. The quantities specified are based upon the best available estimates and do not determine the actual amount the Authority shall order during the contract period. The quantities are subject to change. Payments will be based on actual quantities order based on the unit rates quoted.
- 3. The undersigned agrees to furnish and deliver the items or perform services as described herein for the consideration stated in accordance with the terms and conditions listed in the KCATA RFP. The rights and obligations of the parties to any resultant purchase order/contract shall be subject to and governed by this document and any documents attached or incorporated herein by reference.

| Company Name (Type/Print) |      |  |
|---------------------------|------|--|
|                           | Date |  |
| Address/City/State/Zip    |      |  |
| Authorized Signature      |      |  |
|                           |      |  |
| Name (Type/Print)         |      |  |
| Telephone #               | Fax# |  |
| E-mail address            |      |  |

#### ATTACHMENT K

# COST/PRICE PROPOSAL RESPONSE FORM – LIFE OF CONTRACT THIRD PARTY ADMINISTRATOR FOR VEHICULAR LIABILITY CLAIMS, WORKER'S COMPENSATION CLAIMS, AND GENERAL LIABILITY CLAIMS AND MEDICAL BILL REVIEW SERVICES

#### **Life of Contract**

The proposer shall complete the attached pricing table(s) and provide firm, fixed pricing necessary to meet the requirements of the RFP. The quantities are estimates only and actual numbers may change.

| WORKERS COMPENSATION   |          |          |             |       |  |
|--|----------|----------|-------------|-------|--|
| Description  | Year One | Year Two | Year Three  | Total |  |
| Medical Only Claim   |          |          |             |       |  |
| Indemnity Claim<br>Life of Contract  |          |          |             |       |  |
| Annual Administrative Fee  |          |          |             |       |  |
| RMIS System Access up to 5 users   |          |          |             |       |  |
| Set-up Fees  |          |          |             |       |  |
| Bank Account Fees  |          |          |             |       |  |
| Direct Online Claim Reporting through KCATA Incident Management Program                                  |          |          |             |       |  |
| Claim Index Fee  |          |          |             |       |  |
| CMS Reporting  |          |          |             |       |  |
| MBR Percent of Savings as<br>Calculated per the Scope<br>of Work Incorporated<br>herein                  |          |          |             |       |  |
| Fee per Claim for Reducing to FS/UCR   |          |          |             |       |  |
| Subrogation Recovery<br>(Non-litigated) Percentage<br>of Recovery  |          |          |             |       |  |
| PPO Percent of Savings<br>Cap Level  |          |          |             |       |  |
| Note PBM Discount Schedule separately (AWP- X%+Fill Fee) for retail and home delivery, brand and generic |          |          |             |       |  |
| genent   |          | <u> </u> | Grand Total |       |  |

## ATTACHMENT K -Continued COST/PRICE PROPOSAL RESPONSE FORM

| AUTO AND GENERAL LIABILITY        |          |          |                      |       |  |
|-----------------------------------|----------|----------|----------------------|-------|--|
| Description                       | Year One | Year Two | Year Three           | Total |  |
| General Liability                 |          |          |                      |       |  |
| Auto Liability                    |          |          |                      |       |  |
| Auto Liability Property<br>Damage |          |          |                      |       |  |
|                                   |          |          | Grand Total          |       |  |
|                                   |          |          | Combined Grand Total |       |  |

### PRICING TABLE 2: OTHER REQUIRED PRICING

The proposer must state below all other applicable costs necessary to satisfy the *mandatory* requirements of the RFP. <u>Unless stated in this Pricing Section</u>, the KCATA shall assume that absolutely no other fees, expenses or charges, will be assessed to the KCATA whatsoever in connection with the products/services provided herein and to satisfy the RFP requirements.

| DESCRIPTION/COMMENTS | UNIT OF<br>MEASURE | UNIT PRICE | EXTENDED PRICE |
|----------------------|--------------------|------------|----------------|
|                      |                    |            |                |
|                      |                    |            |                |
|                      |                    |            |                |
|                      |                    |            |                |
| GRAND TOTAL          |                    |            | \$             |

# ATTACHMENT K COST/PRICE PROPOSAL RESPONSE FORM

- 1. The offer submitted is complete and accurate, including all forms required for submission in accordance with the terms and conditions listed in this Request for Proposals and any subsequent Addenda. The Offeror shall immediately notify the KCATA in the event of any change.
- 2. The quantities specified are based upon the best available estimates and do not determine the actual amount the Authority shall order during the contract period. The quantities are subject to change. Payments will be based on actual quantities order based on the unit rates quoted.
  - 4. The undersigned agrees to furnish and deliver the items or perform services as described herein for the consideration stated in accordance with the terms and conditions listed in the KCATA RFP. The rights and obligations of the parties to any resultant purchase order/contract shall be subject to and governed by this document and any documents attached or incorporated herein by reference.

| Company Name (Type/Print) |       |  |
|---------------------------|-------|--|
|                           | Date  |  |
| Address/City/State/Zip    |       |  |
| Authorized Signature      | Title |  |
| Name (Type/Print)         |       |  |
| Telephone #               | Fax#  |  |
| E-mail address            |       |  |

## Kansas City Area Transportation Authority 1350 E. 17<sup>th</sup> Street Kansas City, Missouri 64108

# THIRD PARTY ADMINISTRATOR FOR VEHICULAR LIABILITY CLAIMS, WORKER'S COMPENSATION CLAIMS, AND GENERAL LIABILITY CLAIMS AND MEDICAL BILL REVIEW SERVICES Request for Proposals #19-7006-28B

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 \_\_\_\_\_\_

Addendum #4 Dated \_\_\_\_\_\_ Date Received \_\_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Printed Name \_\_\_\_\_\_

Telephone \_\_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Kansas City Area Transportation Authority 1350 E. 17<sup>th</sup> Street Kansas City, Missouri 64108

# THIRD PARTY ADMINISTRATOR FOR VEHICULAR LIABILITY CLAIMS, WORKER'S COMPENSATION CLAIMS, AND GENERAL LIABILITY CLAIMS AND MEDICAL BILL REVIEW SERVICES Request for Proposals #19-7006-28B

Issue Date: December 31, 2018

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 II SCOPE OF SERVICES**

- 1. The last contract, I believe, was effective 10/1/17, why is KCATA obtaining bids again before two years have been completed? Any changes and/or issues with the current TPA provider? What is the potential contract effective date? RFP indicates Notice of Contract Award, March 2019.
- A. KCATA needs for TPA services has evolved resulting in consolidation of services. KCATA has a good relationship with its current provider and is happy with the services they provide. KCATA anticipates a 90-day transition period for these services. With the contract projected to be awarded March 2019, the contract start date could begin June 2019.
- 2. Why are the terms only an initial 1 year then four 1-year options per page 2? However, page 7, Section B indicates 3-year initial contract term, then annual 1-year options for up to 2 years.
- A. The term of the contract is 3 years with 2 one-year options to renew.
- 3. Please provide loss details (Excel spreadsheet preferable) including line of coverage and state of claim occurrence. Plus, separation of data to include medical paid, ALAE and total paid.
- A. See attached. Nearly 5 years of data is provided
- 4. Any issues if we cannot attend the pre-proposal conference? The actual RFP indicates January 8, 2018, on page 2. Assuming it is January 8, 2019?
- A. Attending the Pre-Proposal Conference is not required. However, it is strongly encouraged. The conference will also be available via tele-conference at the following number: 816-346-0338, participant code: 0164951

- 5. Reference required on page 25 indicates 3 but page 73 indicates 2 references. How many are needed?
- A. KCATA is requesting a minimum of 3 references.
- 6. Please clarify the pricing requirement:
  - a. The pricing form indicates a life of claim pricing for Indemnity files but not for MO files. When the contract expires and KCATA decides to contract with another TPA, does that mean the any open MO claims will be transferred to the new TPA and the IN claims will remain with the incumbent TPA?
  - b. What is KCATA's definition of life of claim pricing?
  - c. Will KCATA consider a flat fee inclusive of PPO access fee for Bill Review services?
- A. Life of claim includes indemnity and medical only. Life of claim is defined as handling the claim to its ultimate development and closure. Yes, the Authority will consider a flat fee for medical bill review inclusive of PPO access, utilization review, negotiations, and reconsiderations.
- 7. Please provide the following statistics:
  - a. Total number of medical bills in the last 12 months along with the corresponding total billed medical charges.
  - b. What is the gross savings? Of that, how much is the fee schedule savings and how much was derived from PPO.
  - c. What is the total medical review fee?
  - d. What portion of the medical bills reviewed are pharmacy bills?
- A. We do not have a total medical bill count. Our medical expense runs around \$500,000. Our net savings on Rx = 22-23%; Facility Bills = 42%; Physician bills = 44%. All are net. Missouri is a UCR state. Pharmacy is a very low percentage of total medical and nearly inconsequential.
- 8. What is the average number of subrogation claims per year broken down by LB and WC along with the average net recovery for each line.
- A. Subrogation data may be calculated from the detail claims loss runs. This is nearly 5 years' worth of data.
- 9. What is the total number of open WC claims to be transferred and the total number of closed WC claims? Are the claim files paperless or hard copy files?
- A. No claims will be transferred to the new TPA. While it has not been determined if historical claims will be transferred to the new TPA for statistical evaluation, there could be a total of 4-5,000 electronically transferred.
- 10. What is the average annual volume of new WC claims please break it down by MO and IN claims.
- A. The number of annual WC claims runs between 100 -120
- 11. What is the average claim duration of WC claims?

- A. Our loss triangle indicates that at 12 months WC claims have a development factor of between 1.2-1.50. 50% of claims, on average, close at 12 months.
- 12. Please provide the following information:
  - a. Total number of open LB claims broken down by AL, GL, AL PD claims, IN Claim
  - b. Average annual volume of LB claims broken down by AL, GL, AL PD claims, IN Claim
  - c. Average claim duration
- A. The detail loss runs will address these questions. We run an average of 100 -120 WC and 250 275 AL claims per year.
- 13. Who is the current TPA?
- A. The current provider is Thomas McGee, L.C.
- 14. What is the current annual contract value?
- A. This information must be formally requested via the Freedom of Information Act or Missouri Sunshine Law to:

Kansas City Area Transportation Authority Attn: Jill Spurling, Legal Analyst 1200 E. 18<sup>th</sup> Street Kansas City, MO 64108

- 15. Please provide 10 years of historical number of reported claims by Line of Insurance *and* Claimant Type, i.e., Workers' Compensation (Indemnity/Medical), Vehicular Liability claims and General Liability claims (GL Bodily Injury and GL Property).
- A. We have nearly 6 years of data in the 2-detail loss runs provided.
- 16. Workers' Compensation Claims:
  - a. Please provide the number of open indemnity workers' compensation claims.
  - b. Please provider the number of open medical only claims.
  - c. Do all employees seeking medical treatment call a nurse triage call center? Please provide the approximate number of calls to nurse triage each year.
  - d. Do all employees not seeking medical treatment, but are reporting record only incidents, call a nurse triage line? Please provide the approximate number of record only incidents to nurse triage each year.
  - e. Who provides nurse triage services?
- A. See detail loss runs valued 10/31/2018. All employees, excluding those seeking emergent care, first call nurse triage. The nurse triage program has only been in place for 4 months. Its immaturity does not provide us with enough data to suggest the total number of annual calls. CompAlliance's NurseNow provides nurse triage services.
- 17. Who provides nurse case management services?
- A. CompAlliance presently provides nurse case management services.

- 18. Who does the current TPA use for medical bill review services? What are the current fees for medical bill review and PPO Network access?
- A. CompAlliance presently provides medical bill review services. Actual fees paid are confidential per contract terms.
- 19. Vehicular Liability Claims
  - a. Please provide the current number of open vehicular liability claims.
- A. Detail loss run for nearly 6 years is provided.
- 20. General Liability Claims
  - a. Please provide the current number of open general liability claims by claimant type (GL Bodily Injury, GL property damage).
- A. Only one GL claim is presently open. The KCATA has not determined if it will move its GL insurance program to the new TPA. Regardless, the number of GL claims per year is very low and of low dollar value.
- 21. Who is the excess carrier for the Workers' Compensation claims?
- A. Safety National (Tokio Marine)
- 22. Who is the excess carrier for the Vehicular Liability claims?
- A. Munich Re
- 23. Who is the excess carrier for the General Liability Claims?
- A. General liability is insured through a group program with Midwest Public Risk
- 24. Who is the broker for the KCATA?
- A. Lockton Companies

## Kansas City Area Transportation Authority 1350 E. 17<sup>th</sup> Street Kansas City, Missouri 64108

# THIRD PARTY ADMINISTRATOR FOR VEHICULAR LIABILITY CLAIMS, WORKER'S COMPENSATION CLAIMS, AND GENERAL LIABILITY CLAIMS AND MEDICAL BILL REVIEW SERVICES Request for Proposals #19-7006-28B

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 \_\_\_\_\_