

# RideKC

## Kansas City Area Transportation Authority

### ADDENDUM NO. 1

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

RFP #G23-7023-38B

**Third-Party Administrator (TPA) Services for Vehicular Liability Claims,  
Workers' Compensation and General Claims; and Medical Bill Review Services**

Issue Date: June 15, 2023

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

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The following information has been updated for this Request for Proposal.

**1. Changes in this RFP document:**

Page 30, Section 4.5, Paragraphs D.4 and D.5 **Removed:**

- D.4: Debarment information
- D.5: Lobbying information

Page 39, Section 12 **Removed:**

- 12. Debarment and Suspension Certification

Page 46, Section 24 **Removed:**

- 24. Lobbying

Page 51, Section 35.E.3 items **Removed:**

- Debarment and Suspension & Lobbying

**2. Additional Documents have been added to the website:**

RFP # G23-7023-38B has been uploaded in Word format to notate any exception requests to the Sample Terms and Conditions, pending approval by KCATA.

**3. Revised Price Proposal Response Form attached, and Word format uploaded to FTP site.**

**END OF ADDENDUM 1**



**REVISED PRICE PROPOSAL RESPONSE FORM (PAGE 1 OF 3)**

**Third Party Administrator for Vehicular Liability Claims,  
Workers' Compensation Claims, and General Liability Claims;  
and Medical Review Services**

The proposer shall complete the attached pricing summary and provide firm, fixed pricing necessary to meet the requirements of the RFP. A detailed breakout for each category is attached, and they must be included as attachments in the Price Proposal submittal (Volume I). The quantities are estimates only and actual numbers may change.

Proposal responses submitted on any other form may be considered non-responsive and therefore rejected. The authorized person signing the proposal shall initial any erasures, corrections or other changes appearing on the Proposal Price Response Form. *No written comments, modifications or interlineations to the Proposal Cost Response Form will be accepted.*

<b>PRICING SUMMARY</b>				
	<b>Year One</b>	<b>Year Two</b>	<b>Year Three</b>	<b>Total</b>
Workers' Compensation				
General Liability				
Auto Liability - <b>Bodily Injury</b>				
Auto Liability - <b>Property Damage</b>				
Optional/Other Pricing				
<b>TOTAL PRICE SUMMARY</b>				

The undersigned, acting as an authorized agent or officer for the Offeror, does hereby agree to the following:

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 occurrences the Authority may experience during the contract period. Payments will be based on actual work performed at the rates quoted.
3. The undersigned agrees to 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 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 # \_\_\_\_\_ Email \_\_\_\_\_

**REVISED PRICE PROPOSAL RESPONSE FORM (PAGE 2 OF 3)**

**Third Party Administrator for Vehicular Liability Claims,  
Workers' Compensation Claims, and General Liability Claims;  
and Medical Review Services**

COMPANY NAME: \_\_\_\_\_

<b>WORKERS COMPENSATION</b>					
<b>Description</b>	<b>Estimated Quantities</b>	<b>Year One</b>	<b>Year Two</b>	<b>Year Three</b>	<b>Total</b>
Medical Only Claim	69				
Indemnity Claim – 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 (WC/AL/GL)				
Claim Index Fee	103				
CMS Reporting	15				
MBR Percent of Savings as Calculated per the Scope of Work Incorporated herein	1864 Bills				
Fee per Claim for Reducing to FS/UCR	1864				
Subrogation Recovery (Non-litigated) Percentage of Recovery	N/A				
PPO Percent of Savings Cap Level	1864				
Transitional Duty Program Management	69				
Note: PBM Discount Schedule separately (AWP-X%+Fill Fee) for retail and home delivery, brand and generic	~100 Rx				
<b>TOTAL WORKERS COMPENSATION</b>					

**REVISED PRICE PROPOSAL RESPONSE FORM (PAGE 3 OF 3)**

**Third Party Administrator for Vehicular Liability Claims,  
Workers' Compensation Claims, and General Liability Claims;  
and Medical Review Services**

COMPANY NAME: \_\_\_\_\_

<b>AUTO AND GENERAL LIABILITY</b>					
<b>Description</b>	<b>Estimated Quantities</b>	<b>Year One</b>	<b>Year Two</b>	<b>Year Three</b>	<b>Total</b>
General Liability	5				
Auto Liability - Bodily Injury	217				
Auto Liability - Property Damage	30				
<b>TOTAL AUTO &amp; GENERAL LIABILITY</b>					

**OTHER REQUIRED PRICING**

The proposer must state below all other applicable costs necessary to satisfy the *mandatory* requirements of the RFP. 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.

<b>DESCRIPTION</b>	<b>QUANTITY</b>	<b>UNIT PRICE</b>	<b>EXTENDED PRICE</b>
<b>TOTAL OPTIONAL / REQUIRED PRICING</b>			