

SANTA CLARA COUNTY OFFICE OF EDUCATION

ADDENDUM #1

RFP#08-22-23 WORKERS' COMPENSATION CLAIM ADMINISTRATION SERVICES

This Addendum forms a part of the RFP Documents for above project and modifies the original project specifications as noted below. Please acknowledge receipt of this Addendum#1 in your RFP response. See attached "ADDENDUM ATTACHMENT FORM" below.

Failure to do so may subject your response to disqualification.

ADDENDUM NO. 01

Dated: 04/21/2023

Key Updates:

- Q&A
- Due Date for all proposals remains the same at **3:00pm, Tuesday, April 25, 2023.**

Q&A:

Question 1:

In order to provide accurate and competitive pricing, we would need the following information:

Five (5) years of detailed Workers' Compensation claims data in MS Excel format. It should include but not be limited to:

- a. Dates: Loss Date, Report Date, Close Date, Coverage Year / Calendar Year
- b. Claim Status: Open, Closed, Re-Opened
- c. Claim Type: Lost Time, Medical-Only, Incident/Report Only, or other
- d. Expenses to include:

[1] Reserves, [2] Paid, [3] Total Incurred

Answer 1: Unfortunately, we are unable to provide this level of data as part of the RFP. Please refer to the Exhibits in the RFP for Open Inventory; Paid Total Loss Days by Year; and Temporary Disability, Salary Continuation, and Wage Loss Payments by Fiscal Year.

Additional Information: In the 5 full years pre-COVID, we averaged approximately 150 new claims per year (average of approximately 64 Indemnify/86 Medical Only)

Question 2: Total open claim inventory by claim type: Lost Time, Future Medical, Medical-Only. It is unclear by the chart provided of the 2022/2023 is total open for all years or if each year listed stands on its own to be aggregated together for totals.

Answer 2: Please combine all together (115). We are unable to provide additional data as part of the RFP.

Question 3: Does SCCOE have a preferred open indemnity caseload per adjuster; 125, 150, or other?

Answer 3: We leave this to your expertise. Per the RFP, we do not anticipate the maximum number of claims assigned to each adjuster to exceed 150 claims.

Question 4: What is the current claim staff model? How many adjusters at what seniority level?

Answer 4: Staffing Model: One (1) senior level claim examiner, one (1) claims assistant (not dedicated to our account), one (1) claims supervisor (not dedicated to our account), and one (1) claims manager (not dedicated to our account).

Question 5: May we have a copy of the current TPA service agreement and/or current through 2022-2023 addendum?

Answer 5: Attached to the RFP is a copy of our boilerplate contract. We are unable to provide a copy of the actual contract with our current TPA as part of the RFP.

Question 6: Please provide the number of medical only and indemnity claims reported for the last few policy years:

Policy Year	Medical Only	Indemnity
2022-23		
2021-22		
2020-21		
2019-20		
2018-19		

Answer 6: See above Answer #1

Question 7: What is the current staffing model?

Answer 7: See above Answer #4

Question 8: What is the current annual administration fee?

Answer 8: We are unable to provide this data as part of the RFP.

Question 9: If the annual self-insurance report is available to review, can it please be provided?

Answer 9: We are unable to provide this data as part of the RFP.

Question 10: Can you please provide the current total number of open claims broken down by indemnity, medical only and future medical care?

Answer 10: Please refer to the Exhibits in the RFP for Open Inventory; Paid Total Loss Days by Year; and Temporary Disability, Salary Continuation, and Wage Loss Payments by Fiscal Year. We are unable to provide additional data as part of the RFP.

Question 11: Is there any UR, Bill Review and other managed care information available? If so, can you please provide?

Answer 11: We are unable to provide this data as part of the RFP.

NOTE: All RFP documents are located at:

<https://www.sccoe.org/depts/bizserv/purchasing/Pages/Bids-Posting-System.aspx>

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ADDENDUM ATTACHMENT FORM

Please sign and send this attachment with your RFP proposal response.

Addenda Acknowledgement. Receipt and acceptance of the following addenda is hereby acknowledged:

No. <u>1</u> , Dated _____	No. _____, Dated _____
No. _____, Dated _____	No. _____, Dated _____
No. _____, Dated _____	No. _____, Dated _____

Contractor Name: _____

Print Signer's Name: _____

Signature: _____

END OF ADDENDUM No. 01.