

CC2014-03 INSURANCE BROKER FOR A PERIOD OF ONE YEAR WITH THE OPTION TO EXTEND TWO (2) ONE YEAR EXTENSIONS
OPENING DATE: 11/13/2014 AT 11:00AM

TERM OF CONTRACT: ONE (1) YEAR WITH THE OPTION TO ENTEND TWO (2) ONE YEAR EXTENSIONS	CC2014-06	WORKER'S COMPENSATION MANAGED CARE SERVICES
NUMBER OF RESPONDENTS:	2	
NAME OF BIDDER	QUAL-LYNX	FIRST MANAGED CARE OPTION, INC.
ADDRESS	100 DECADON MDRIVE	119 LITTLETON ROAD
CITY, STATE, ZIP	EGG HARBOR TWP, NEW JERSEY 08234	PARSIPPANY, NJ 07054
CONTACT NAME	ANN NOBLE	THOMAS MOONEY
TELEPHONE	609-653-8400	973-257-5246
FAX	N/A	973-257-5313
E-MAIL	ANOBLE@QUAL-LYNX.COM	TMOONEY@FIRSTCO.COM
STOCKHOLDER DISCLOSURE STATEMENT	INCLUDED	INCLUDED
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS QUESTIONAIRE	INCLUDED	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA	INCLUDED	INCLUDED
NJ BUSINESS REGISTRATION CERTIFICATE	INCLUDED	INCLUDED
NON-COLLUSION AFFADAVIT	INCLUDED	INCLUDED
AFFIRMATIVE ACTION STATEMENT	INCLUDED	INCLUDED
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE	INCLUDED	INCLUDED
CERTIFICATION AND DISCLOSURE OF POLITICAL CONTRIBUTIONS	INCLUDED	INCLUDED
DISCLOSURE OF INVESTED ACTIVITIES IN IRAN	INCLUDED	INCLUDED
EIC	CERT#7787 EXP. 4/15/2015	CERT#22338 EXP. 1/15/2015
60-DAY EXTENSION COMPLIANCE	YES	YES
EXCEPTIONS (IF ANY)	NONE	NONE
CERTIFICATE OF INSURANCE	NEEDED FROM AWARDED VENDOR	NEEDED FROM AWARDED VENDOR
WILLING TO PROVIDE PRIORITY EMERGENCY SERVICES	YES	YES
W-9	INCLUDED	INCLUDED
HOURLY RATE AND % OF SAVINGS FROM UCR	SEE ATTACHED BREAK-DOWN OF PRICING	SEE ATTACHED BREAK-DOWN OF PRICING
FATAL FLAW	NONE	NONE



City of Trenton
Managed Care Fee Proposal
30-Dec-14

Percentage of Savings Fee	20% of Savings from UCR
Nurse Case Management (Assigned Files Only)	\$75/hr
Field Case Management	\$75/hr Plus Expenses

* Qual-Lynx will maintain these fees for years 2 and 3 with no additional increase.



First Managed Care Option

119 Littleton Road Parsippany, New Jersey 07054-1849
 Tel: (973) 257-5200 Fax: (973) 257-2288

FEE PROPOSAL

CASE MANAGEMENT SERVICES

<p>Telephonic Case Management*</p> <ul style="list-style-type: none"> ○ First Report of Injury (State EDI Reporting) ○ Toll-Free (24/7) Claims Reporting ○ Med Only or Lost Time Claims (no charge for Report Only) ○ Registered Nurse Case Management ○ Medical Director Consult ○ Case Management in accordance with URAC guidelines ○ See below for detail description 	<p>\$145,000 per year (2015)</p> <ul style="list-style-type: none"> ● Unlimited number of claims per year: January 1 – December 31 ● Includes Takeover and Re-open Claims <p>2% increase each consecutive year, thereafter</p>
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*See Page 2 for Detail on Telephonic Case Management Services

NETWORK & BILL REPRICING SERVICES

<p>Network Access & Bill Repricing:</p> <ul style="list-style-type: none"> ○ PPO Network Access ○ Bill Review 	<p>15% of Savings (Savings will be calculated as the difference between Provider Charges and First MCO's recommended allowance.)</p>
<p>Out of Network Negotiations First MCO will negotiate with out-of-network providers to attempt to reduce their charges</p>	<p>15% of Savings - Out of Network Reduction Any outside attorney or outside consulting firm expenses incurred defending Out-of-Network Providers appeals will be handled on a pass-through expense cost, and paid by the City.</p>

ANCILLARY SERVICES

<p>Field Case Management</p> <ul style="list-style-type: none"> ○ Catastrophic Claims with Cost Projection ○ IME Coordination and attend appointment ○ Case Management in accordance with URAC guidelines 	<p>\$88 per hour plus expenses (tolls, etc.), (Per Mile/Per Diem: Federal Rate) (Tolls/Parking: Pass thru Expenses)</p> <p>(based on a case by case basis with prior approval or request from the Client or the Client's Claims Administrator)</p>
<p>Pharmacy</p>	<p>\$2.50 Administration Fee + Prescription Drug \$1.50 per card Generic: 25% off AWP; Brand: AWP</p> <p>(based on a case by case basis with prior approval or request from the Client or the Client's Claims Administrator)</p>
<p>Independent Medical Evaluations</p>	<ul style="list-style-type: none"> ○ \$175 Administrative Charge + Dr. Fee ○ \$100 No Show Fee <p>(based on a case by case basis with prior approval or request from the Client or the Client's Claims Administrator)</p>