

CC2013-04
WORKER'S COMPENSATION MANAGED CARE
OCTOBER 1, 2013 10/1/13 @ 11:00 A.M.

| | | | |
|---|--|--|--|
| PLEASE INSERT TERM OF CONTRACT: | ONE (1) YEAR WITH OPTION TO EXTEND TWO (2) 1 (1)YEAR OPTIONS | | |
| NUMBER OF RESPONDENTS: | 3 | | |
| NAME | QUAL CARE, INC. | AMERIHEALTH CASUALTY COMPS SERVICES, INC. | FIRST MANAGED CARE OPTION |
| ADDRESS | 30 KNIGHTSBRIDGE ROAD | 8000 MID ATLANTIC AVE | 119 LITTLEON ROAD |
| CITY, STATE, ZIP | PISCATAWAY, NJ 08854 | MT. LAUREL, NJ 08054 | PARSIPPANY, NJ 07054-1849 |
| CONTACT NAME | GUY J. BUONPANE, JR. | GLENN GIVEANS | THEA ISABELLA |
| TELEPHONE | 732-562-7882 | 856-745-2233 | 973-257-5299 |
| FAX | 732-465-7355 | 856-441-5329 | 973-257-2295 |
| E-MAIL | gbonpane@qualcareinc.com | glenn.giveans@compservicesinc.com | tisabella@firstmco.com |
| NEW JERSEY BUSINESS REGISTRATION | INCLUDED | NOT INCLUDED | INCLUDED |
| ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA | INCLUDED | INCLUDED | INCLUDED |
| STOCKHOLDER DISCLOSURE | INCLUDED | INCLUDED | DID NOT SUBMIT |
| AFFIRMATIVE ACTION STATEMENT | INCLUDED | INCLUDED | DID NOT SUBMIT |
| EIC | CERT #34021 EXP. 5/15/15 | CERT#40748 EXP. 10/15/13 | CERT#22338 EXP. 1/15/15 |
| AFFIRMATIVE ACTION MANDATORY LANGUAGE | INCLUDED | INCLUDED | DID NOT SUBMIT |
| AMERICANS WITH DISABILITIES ACT MANDATORY LANGUAGE | INCLUDED | INCLUDED | DID NOT SUBMIT |
| ACKNOWLEDGEMENT OF ADDENDA | INCLUDED | INCLUDED | INCLUDED |
| NON-COLLUSION AFFADAVIT | INCLUDED | INCLUDED | DID NOT SUBMIT |
| CERTIFICATION AND DISCLOSURE OF POLITICAL CONTRIBUTIONS | INCLUDED | INCLUDED | DID NOT SUBMIT |
| DISCLOSURE OF INVESTMENTACTIVITIES IN IRAN | INCLUDED | INCLUDED | DID NOT SUBMIT |
| DETAILED INFORMATION AS MENTIONED IN THIS REQUEST FOR PROPOSAL | INCLUDED | INCLUDED | INCLUDED |
| CERTIFICATE OF INSURANCE | INCLUDED | NEEDED PRIOR TO AWARD | INCLUDED |
| REFERENCES (IF REQUIRED) | INCLUDED | INCLUDED | INCLUDED |
| 60-DAY EXTENSION COMPLIANCE | INCLUDED | INCLUDED | DID NOT SUBMIT |
| EMERGENCY COMPLIANCE | INCLUDED | INCLUDED | DID NOT SUBMIT |
| TOTAL PRICE OF ENTIRE SCOPE OF SERVICES | SEE ATTACHED PRICE BREAKDOWN SHEET | SEE ATTACHED PRICE BREAKDOWN SHEET | SEE ATTACHED PRICE BREAKDOWN SHEET |
| EXCEPTIONS | NONE | NONE | NONE |
| FATAL FLAW | NONE | NONE | YES-DID NOT SUBMIT REQUIRED FORMS |

FLAT FEE PROPOSED PRICING:

| | |
|--------------------|-----------|
| Year 1: | \$150,000 |
| Additional Year 1: | \$153,000 |
| Additional Year 2: | \$156,000 |

All the services outlined in the previous pages would be included in this price, such as discounted network access, medical case management, bill review and repricing services. All reports that would track such data would be included in the price as well. Our attendance at regular meetings, telephonic case management, and all additional services such as client service administrator and audits are also included.

There will be no charge for taking over claims.

There are no additional hourly charges.

CSI agrees to be responsible for malpractice insurance, ensure levels of adequate staffing for the program as well as maintain all supplies and resources necessary for the functionality of our operations.

PROPOSAL

The undersigned respondent declares that he/she has read the Notice of Request for Proposal, Instructions to Respondents, Affidavits and Scope of Services, Requirements, Evaluation Criteria attached, that he/she has determined the conditions affecting the proposal agrees, if this proposal is accepted, to furnish and deliver the following:

Glenn R. Giveans

(ORIGINAL SIGNATURE BY AUTHORIZED REPRESENTATIVE)

The undersigned is a Corporation, Partnership or Individual under the laws of the State of

PA. having its principal office

at 1700 Market St. Philadelphia, PA. 19102.

COMPANY Comp Services, Inc.

ADDRESS 1700 Market St.

ADDRESS Philadelphia, PA, 19102.

FED. ID # 25-1686685

NAME Glenn Giveans

TELEPHONE 856-745-2233

FAX 806-441-5329

E-MAIL Glenn.Giveans@CompServices-INC.com

DATE 9/27/13

QualCare Fee Proposal for City of Trenton

| | Utilizing Qual-Lynx | Utilizing Other TPA |
|--------------------------------|-----------------------------|-----------------------------|
| New Claims | | |
| Claims Administration | \$ 145,000 | TBD |
| Provider Network Access | 18% of Savings from UCR | 25% of Savings from UCR |
| Medical Bill Review | No Charge | No Charge |
| Field Case Management | \$75 Per Hour Plus Expenses | \$85 Per Hour Plus Expenses |
| Loss Control | (1) | TBD |
| Remote Access to Claims System | No Charge | TBD |
| Standard and Ad Hoc Reporting | No Charge | TBD |
| Take Over Claims | | |
| Historical Data Conversion Fee | \$2,500 | TBD |
| Claims Administration | \$60,000 | TBD |

Notes:

Claims Administration Fees include all services outlined in the Qual-Lynx response to the RFP under "Capabilities and Services" with the exception of G.O.T.C.H.A. visits (if utilized) and required attendance at mediations. These charges will be billed at \$75 per hour plus travel expenses.

Loss Control services would be facilitated by Qual-Lynx through a preferred vendor Safety Management Resources. Fees would depend on size and scope of services needed.



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

FEE PROPOSAL

| Services | Fees |
|---|---|
| Telephonic Case Management Services <ul style="list-style-type: none"> ○ Med Only or Lost Time Claims (no charge for Report Only) ○ In accordance with URAC guidelines ○ See below for detail description | \$400 per claim/year <ul style="list-style-type: none"> • Unlimited number of claims per year: • Includes Takeover and Re-open Claims Year 2: \$410 per claim/year Year 3: \$420 per claim/year |
| First Report of Injury (State EDI Reporting) | \$20 per report |
| Subsequent Report of Injury (SROI) | \$15 per report |
| Network Access <ul style="list-style-type: none"> ○ Full and complete access to First MCO Network ○ Bill Review and Re-pricing | \$9.00 per bill – Reprice to U&C (80 th percentile of FairHealth) 15% of Savings – Below U&C (In & Out-of-Network) |

| Ancillary Services | Fees |
|---|---|
| Field Case Management: <ul style="list-style-type: none"> ○ Catastrophic Claims with Cost Projection ○ IME Coordination and attend appointment ○ Case Management in accordance with URAC guidelines | \$95 per hour plus expenses (tolls, etc.), with prior approval from by the City or the City's Claims Administrator (Per Mile/Per Diem: Federal Rate) (Tolls/Parking: Pass thru Expenses) |
| Cost Projection | \$150 per projection report |
| Medical Director Consult | \$50 per 15 minute segments |
| Pharmacy | \$2.50 Administration Fee + Prescription Drug \$1.50 per card Generic: 25% off AWP; Brand: 8% off AWP |
| Out-of-Network Negotiations First MCO will negotiate with out-of-network providers to attempt to reduce their charges | 15% of Savings - Out of Network Reduction |
| Independent Medical Examination | <ul style="list-style-type: none"> • Doctor Fee + \$150 Administrative Charge • \$100 No Show Fee |





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Telephonic Case Management Services:

- Immediate activation of First MCO's Case Management
- Physician Referral within 24 hours
- Case Management Triage including: Employer, Employee, and Physician
- Online access of information by TPA
- Physician treatment plan
- Preauthorization of all therapies & diagnostics
- Multiple physician and therapy visits set-up on a priority basis
- Return to Work program initiated from onset
- Close monitoring of treatment by case manager until maximum medical benefit is reached
- Continuous contact with employer, physicians, patient, and all other related parties
- On-going Utilization Review and Quality Assurance
- Case Conferencing



CITY OF TRENTON, NJ

DEPARTMENT: Administration

PURPOSE: Worker's Compensation Managed Care

REQUEST FOR PROPOSAL

DIVISION: Personnel

DUE DATE: 10/01/2013

RESPONDENT AND ACCEPTANCE

RESPONDENT

TO THE CITY OF TRENTON:

The Undersigned hereby offers and shall furnish the material or service in compliance with all terms, scope of work, conditions, specifications, and amendments in the Request for Proposal which is incorporated by reference as if fully set forth herein.

For clarification of this offer, contact:

First Managed Care Option, Inc.

Company Name

Name: Thea Isabella

119 Littleton Road

Address

Title: Dir. of Bus. Development

Parsippany, NJ 07054

City State Zip

Phone: (973) 257-5299


Signature of Person Authorized to Sign

Fax: (973) 257-2295

Thomas Mooney

Printed Name

E-mail: TIsabella@firstmco.com

President

Title