

**CC2022-02 RE-ADVERTISEMENT FOR THIRD PARTY ADMINISTRATOR FOR THE CITY OF TRENTON, DEPARTMENT OF ADMINISTRATION
PROPOSAL OPENING DATE: 8/9/2022 AT 11:00AM**

CC2022-02 RE-ADVERTISEMENT FOR THIRD PARTY ADMINISTRATOR FOR THE DEPARTMENT OF ADMINISTRATION PROPOSAL OPENING DATE: AUGUST 9, 2022 AT 11:00AM			
NUMBER OF RESPONDENTS:	3		
NAME OF BIDDER	CLAIMS RESOLUTION CORPORATION, INC.	INSERVCO INSURANCE SERVICES, INC.	SCIBAL ASSOCIATES, INC. D/B/A QUAL- LYNX
ADDRESS	323 S. PITNEY ROAD - SUITE 200	2 NORTH SECOND STREET	100 DECADON DRIVE
CITY, STATE, ZIP	GALLOWAY, NJ 08205	HARRISBURG, PA 17101	EGG HARBOR TOWNSHIP, NJ 08234
CONTACT NAME	DAVID HARRIS, PRESIDENT	STACI L. ULP, PRESIDENT	ALICE H. LIHOU, PRESIDENT/CEO
TELEPHONE	973-731-5700 EXT. 201	717-230-8300 EXT. 4057	609-833-2175
FAX	609-241-0400	717-221-6060	609-653-2928
E-MAIL	DHARRIS@CRCTPA.COM	SULP@PNAT.COM	ALIHOU@QUAL-LYNX.COM
OWNERSHIP DISCLOSURE STATEMENT	INCLUDED	INCLUDED	INCLUDED
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS QUESTIONNAIRE	INCLUDED	INCLUDED	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA #1 7/27/2022	INCLUDED	INCLUDED	INCLUDED
NJ BUSINESS REGISTRATION CERTIFICATE	INCLUDED	INCLUDED	INCLUDED
NOTICE OF INTENT TO SUBCONTRACT EXHIBIT A EQUAL EMPLOYMENT OPPORTUNITY	NONE INCLUDED	NONE INCLUDED	NONE INCLUDED
NON-COLLUSION AFFIDAVIT	INCLUDED	INCLUDED	INCLUDED
EIC	CERT.#52331 EXP. 03/15/2028	CERT.#5867 EXP. 10/15/2024	CERT#7787 EXP.10-15-2022
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE	INCLUDED	INCLUDED	INCLUDED
DEBARMENT NOTICES	INCLUDED	INCLUDED	INCLUDED
DISCLOSURE OF INVESTED ACTIVITIES IN IRAN - MANDATORY	INCLUDED	INCLUDED	INCLUDED
ETHICS COMPLAINT DISCLOSURE	INCLUDED	INCLUDED	INCLUDED
CITY OF TRENTON RESIDENT EMPLOYMENT POLICY	INCLUDED	INCLUDED	INCLUDED
CERTIFICATE OF INSURANCE	REQUIRED FROM AWARDED RESPONDENS WITH SIGN CONTRACTS	REQUIRED FROM AWARDED RESPONDENT WITH SIGN CONTRACTS	REQUIRED FROM AWARDED RESPONDENT WITH SIGN CONTRACTS
W-9	INCLUDED	INCLUDED	INCLUDED
HOLDING PRICE FOR SIXTY (60) DAYS	YES	YES	YES
COMPLIANCE WITH EMERGENCY SERVICES	YES	YES	YES
TOTAL FOR YEAR ONE (1)	\$125,950.00	\$175,000.00	SEE ATTACHED BREAKDOWN
REFERENCES	INCLUDED	INCLUDED	INCLUDED
EXCEPTIONS	NONE	NONE	NONE
FATAL FLAW	NONE	NONE	NONE



Claims Resolution Corporation, Inc.

Fee Schedule

City of Trenton

August 9, 2022

<i>Services:</i>	
Third Party Claims Administrator Fees	
Flat Annual Fee Year 1	\$125,950.00
<p>Included in the above Fee:</p> <ul style="list-style-type: none"> ▪ All claims management functions ▪ Claims investigation ▪ Subrogation ▪ State filings and reporting ▪ Creation of client handling instructions ▪ Creation of implementation plan ▪ Establishment of data hierarchy ▪ Set up of client users in RMIS system ▪ Creation and funding of loss fund account, establish funding, and check writing protocols ▪ Participation in monthly claims reviews ▪ Quarterly stewardship meeting ▪ Reporting to excess/fronting carrier ▪ Risk Management Information System cost to include: 10 User ID's, internet access to claim files, the ability to e-mail your adjuster, and access to our library of template risk management reports together with initial training and ongoing support ▪ Monthly loss runs and loss fund activities reports ▪ Medicare Reporting and claim filing 	

**CLAIMS
RESOLUTION
CORPORATION, INC**



Services:	
Bill Review & Managed Care Services Fees	
Included in the above Fee: <ul style="list-style-type: none"> ▪ All bill review and multiple PPO access ▪ Set up of all managed care services including medical bill review and PPO networks 	14-28% of Savings
Loss Control Services (Hourly)	\$95.00
Fully Automated OSHA/PEOSHA Record Keeping/Reporting (optional)	Included
Flat hourly rate for any accident or occurrence resulting in ten (10) or more multiple claimants	\$75/hr.

**PROPOSAL
RESPONDENT MUST COMPLETE**

**THIRD PARTY ADMINISTRATOR SERVICES FOR THE CITY OF TRENTON,
DEPARTMENT OF ADMINISTRATION**

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: **RESPONDENT IS WELCOME TO SUBMIT THEIR OWN PROPOSAL PAGES WITH THE PROPOSAL SUBMITTAL.**

TOTAL AMOUNT FOR ONE (1) YEAR

\$175,000.00

One Hundred Seventy-Five Thousand Dollars and Zero Cents



(SIGNATURE BY AUTHORIZED REPRESENTATIVE)

The undersigned is a Corporation, Partnership or Individual under the laws of the State of Pennsylvania having its principal office

at 2 North Second Street, Harrisburg PA 17101

COMPANY Inservco Insurance Services, Inc.

ADDRESS 2 North Second Street

ADDRESS Harrisburg PA 17101

FED. ID # [REDACTED]

NAME Staci L. Ulp

TELEPHONE 717-230-8300 Ext. 4057

FAX 717-221-6060

E-MAIL sulp@pnat.com

DATE July 19, 2022



MANAGEMENT FEES

City of Trenton

August 9, 2022

FEE DESCRIPTION FOR THIRD PARTY CLAIMS ADMINISTRATION	FEE
<u>TPA Services</u>	
General Liability Bodily/Personal Injury/Public Officials Liability	\$1,100 per claim
General Liability Property Damage	\$750 per claim
General Liability Record Only Claims	\$25 per claim
Workers' Compensation Lost Time	\$1,100 per claim
Workers' Compensation Medical Only	\$250 per claim
Workers' Compensation Record Only	\$25 per claim
Annual Administration Fee	No Charge
<u>TAKEOVER OF OPEN/REOPENED CLAIMS</u>	\$175 per claim*
<u>CONVERSION OF HISTORICAL CLAIMS DATA</u>	Included in Flat Annual Fee
<u>Managed Care Services</u>	
Provider Network Access - Qualcare Provider Network	15% of Savings
Medical Bill Repricing	Included in Provider Access Charge
Telephonic Case Management	\$89 per hour
Field Case Management	\$89 per hour plus expenses
<u>LOSS CONTROL SERVICES (Provided by Safety Management Resources LLC)</u>	\$115 Per Hour

*Willing to negotiate total due based on known claims at time of transfer.

<u>CHARGES FOR OTHER AND/OR OPTIONAL SERVICES:</u>	
Account Management	Included
Ad Hoc Reporting	Included
On-Line Claim Reporting	Included
Medicare/CMS Reporting	Included
Internet Access to Claims and RMIS Systems	Included
Month End Loss Run Reports (Claim Experience Summary, Claims Activity Analysis, Payment Registers)	Included
Excess and Reinsurance Full Captioned Reporting as Required, With Monthly Loss Runs and Other Data Reports	Included
Subrogation and Third Party Recovery Services	15% of recovery to be paid on the claim file
Litigation Management	Included
Participation in and Attendance at required City Meetings	Included
Ad Hoc Client Meeting Attendance, as Needed	Included
Participation in Client Educational and Risk Management/Safety Forums/Seminars	Included
Full Financial and Loss Fund Bank Management and Reporting, Check Issuance, Treasurer Support and Reporting, Payment Register	Included
OFAC Compliance	Included
1099 Reporting	Included
Catastrophic Claims Handling, Any accident or occurrence resulting in Ten (10) or More Claimants	\$75.00 per hour

The ANNUAL FEE QUOTE does not include Allocated Loss Expenses, which include but are not limited to the following:		
Central Index Bureau Fees	Legal Fees	Copy Fees
Outside Adjuster/Surveillance/Activity Checks, etc.	Professional Fees	State and Federal Reporting Fees
NJ EDI Portal Fees	Official Reports	Carrier takeover fees, if applicable