



**ATTACHMENT A
RFP No. 459-2020**

**Third-Party Administration (TPA) for Property & Casualty,
General Liability, Workers' Compensation & Errors & Omissions Claims**

Flat Fee Proposal

Annual Flat Fee for Services in accordance with the Performance Requirements/Specifications of this RFP.

\$

Will the annual flat fee be billed in twelve (12) monthly installments? YES NO

If not, what is the TPA's billing preference?

Do these fees apply on claims that are currently open? YES NO

If not, please provide all related rates/costs for the adjusting of currently open claims in the space below.

Provide all other costs associated with this Contract in the space provided below *(use additional attachments if required)*.

| Contract Year | Year 1 | Year2 | Year 3 | Optional Year 4 | Optional Year 5 |
|------------------------------|--------|-------|--------|-----------------|-----------------|
| 1099 Processing | | | | | |
| Bill Review | | | | | |
| PBM | | | | | |
| PPO Savings Retention | | | | | |
| Field Case Mgt./hourly | | | | | |
| Peer Review | | | | | |
| Utilization Review | | | | | |
| Medicare Mandatory Reporting | | | | | |
| RMIS Licensing | | | | | |
| RMIS Training | | | | | |

**This pricing is current, accurate, complete and is presented as the Total Pricing, including "out-of-pocket" expenses (if any), for the performance of this Contract in accordance with the Performance Requirements/Specifications of this RFP. The proposer certifies this by signing and submitting their proposal.*



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**Third-Party Administration (TPA) for Property & Casualty,
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Fee per Claim Proposal

| | Fee per Claim | Explanation (if required) |
|--|---------------|---------------------------|
| (New) Professional Liability Claim | | |
| Professional Liability | | |
| (Open) Professional Liability Claim | | |
| Professional Liability | | |
| (New) Property Claim | | |
| Buildings | | |
| Personal Property | | |
| (Open) Property Claim | | |
| Buildings | | |
| Personal Property | | |

Provide proposed fees. Be sure to include any fees related to implementation, transitioning from existing provider, or any other fees that will be billed for any Workers' Compensation service. It is understood that quoted fees will be for the duration of the initial contract period.

| Workers' Compensation Claims | Fee per Claim | Explanation (if required) |
|--|---------------|---------------------------|
| (New) Workers' Compensation Claim | | |
| Record Only | | |
| Medical Only | | |
| Indemnity | | |
| Transition from Medical to Indemnity | | |
| (Open) Workers' Compensation Claims | | |
| Medical Only | | |
| Indemnity | | |



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Fee per Claim Proposal

| Employer's Liability Claims | Fee per Claim | Explanation (if required) |
|---------------------------------------|----------------------|----------------------------------|
| (New) General Liability Claim | | |
| Bodily Injury | | |
| Personal Injury | | |
| Property Damage | | |
| Medical Payment | | |
| (Open) General Liability Claim | | |
| Bodily Injury | | |
| Personal Injury | | |
| Property Damage | | |

| Automobile Liability Claims | Fee per Claim | Explanation (if required) |
|--|----------------------|----------------------------------|
| (New) Automobile Liability Claim | | |
| Bodily Injury/Property Damage | | |
| Physical Damage | | |
| (Open) Automobile Liability Claim | | |
| Bodily Injury/Property Damage | | |
| Physical Damage | | |

| Public Official Liability Claims | Fee per Claim | Explanation (if required) |
|---|----------------------|----------------------------------|
| (New) Public Official Liability Claim | | |
| Public Official Liability | | |
| Employment Practice Liability | | |
| (Open) Public Official Liability Claim | | |
| Public Official Liability | | |
| Employment Practice Liability | | |



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Fee per Claim Proposal

| Other Services | Fee | Explanation (if required) |
|---|-----|---------------------------|
| Systems – Interface & Reporting | | |
| Standard Reports | | |
| Loss Control Services – Expenses (if required) | | |
| Rehabilitation Services – Expenses (if required) | | |
| Conversion fee for data or transfer of claim from previous TPA | | |
| Medical Bill Fee Scheduling | | |
| Telephonic Nurse Case Management | | |
| On-site training charges to include fees related to facilitation, travel, per diem, materials etc. | | |