

**Request for Proposals: Workers' Compensation Claims
Administration and Cost Containment Services
RFP # OWC07-1
Issued: August 29, 2007**

**ADDENDUM 1
Issued September 14, 2007**

This Addendum incorporates certain general comments, general corrections to the RFP, and answers to questions posed during the optional pre-proposal conference held on September 10, 2007.

GENERAL

Verbal responses to questions at the optional Pre-Proposal Conference on September 10, 2007 are unofficial and are not binding. Only these written responses may be relied upon by offerors.

Participants at the Optional Pre-proposal Conference were required to register their attendance and to provide their business cards and fax numbers. A list of all attendees at the conference is enclosed for informational purposes.

Change to RFP:

Please note there are two changes in the RFP:

On page 49, section 4, D, number 9: The dates should read as July 1, 2005 – June 30, 2007, also in the chart the years should be FY06 and FY07 rather than 2005 and 2006.

On page 59, the last sentence of the last paragraph should read, "The decision of the Purchasing Agency shall be final."

Questions and Answers:

Questions from Pre-proposal Conference

1. What is the state of the current people you have? Would the vendor need to bring in a complete staff?

You are responsible for selection of staff. To the extent they are not bound by contractual agreements, you may choose or replace existing staff.

2. Are there any restrictions by the current vendor regarding recruitment of their employees?

CorVel – Yes for six months

MHayes – No

Managed Care Innovations, LLC – No

Frank Gates Service Company – Claims Manager and IT Manager have non-compete agreements.

3. Who is the current vendor of the contract?

Managed Care Innovations, LLC is the General Contractor.

4. Would you have qualification of individuals you are looking for to fill the positions?

See Attachment D.

5. How long has the current contract been in place?

Since July 1, 2003.

6. Are all the current employees employed by TPA or are they part time? Are there any Commonwealth employees?

All employees performing services under the RFP are contract staff employed by the General Contractor and sub-contractors. Oversight of the program is handled by Commonwealth employees. The Purchasing Agency has no intention of replacing any current Commonwealth employee with contract staff.

7. Regarding section 3.22.2, can you give some examples of what you are looking for regarding loss control? Are you looking for onsite investigations and emergency personnel? In an emergency situation would you want a Commonwealth employee or the vendors' employee?

Loss Control Consultants are available to agencies of the Commonwealth for on-demand telephonic consulting, which typically includes questions on OSHA compliance, hazard abatements, and other technical safety and loss control advice. Telephone calls should be returned within four hours. Additionally, certain types of claims may result in assignment of a member of the contractor's Loss Control Consultant staff to perform on-site investigations for the purpose of documenting accident/incident facts and providing recommendations to prevent future incidents and control the incident at hand.

8. Regarding section 3.25 – Claims Procedure Manual – Are you looking for the vendor to provide a system to take over your data? Are you looking for a minimum of seven?

3.25 is system reporting, not Claims Procedure Manual. The question addresses system reporting. The vendor should provide a claims and risk management software system to replace the Frank Gates Service Company and the CorVel bill adjudication systems and convert all claims and payment information from these systems into the Contractors system. The Contractor shall provide a minimum of seven DHRM log in rights to all of the contractors software systems used on the contract in addition to the log in rights required for contract claims staff.

9. Is there a preference for the Commonwealth to keep the current Corvel Network?

No.

10. Regarding the proposal response, should the budget information be submitted separately from the remainder of the proposal?

Pricing should be segregated from the rest of the proposal in a separate section. There is no requirement for separate binding.

11. In Section 4.1 the proposals should be submitted October 9, 2007, since the addendum will not go out until later this week would you consider an extension on the submission date?

Not at this time.

12. In Section 6, page 29 regarding percentage breakout, can you give us additional explanation of the SWaM category? Are you looking for dollars, diversity or number of groups? How is this spelled out?

The Commonwealth has a goal of increasing the dollars spent on services or products which are provided by companies certified by the state Department of Minority Business Enterprises as being Small, Women-Owned, or Minority Owned businesses.

13. In order to qualify for the SWaM category must the SWaM Vendor be certified in Virginia?

Yes.

14. Is there a list of approved SWaM Vendors available?

Yes, on the Department of Minority Business Enterprises website.

15. Is there a specific criteria or threshold you are looking for in SWaM? Does it way more if you have a certified SWaM vendor versus a non-certified SWaM vendor?

Credit in this category is only obtained through DMBE (Department of Minority Business Enterprises) certified small, women-owned, or minority-owned businesses.

16. Will the evaluation committee weight criteria be available for review?

The evaluation committee will estimate weight for SWaM participation. The evaluation criteria will not be public until the contract is awarded. After the contract is awarded it may be requested under the Freedom of Information Act.

17. Could you explain the eVA registration process to us and why?

eVA is a web-based purchasing system used by Virginia government. State agencies, colleges, universities and many local governments use eVA to announce bid opportunities, invite bidders, receive quotes, and place orders for goods and services. Please see www.eva.virginia.gov for registration processes.

18. What has the history of the liquidated damages been and how many people do you currently have the working with them?

Not pertinent to this RFP.

19. The Contract Pricing form, is that a mandated format you want?

You must use our pricing format. You may add services with additional pricing, but the core requested services must be priced as indicated in the RFP.

20. Would the vendor be required to be onsite? Could you explain what comes with the space available? Would there be cubicles or is it a blank space? Is the vendor expected to provide the computers and land system?

Claims staff, loss control staff, clerical support staff and key personnel under Section 3.4.4 are required to be on-site. Successful bidder will be entitled to existing Herman Miller workstations and chairs. Vendor is responsible for computers and all information technology hardware and software needed to run the operation. The vendor shall provide seven work stations for DHRM personnel set up identical to the Contractors staff such that they may actively enter/retrieve data, file notes, etc.

21. What is the annual amount of the current contract?

\$7,852,800.20

22. Regarding the info structure, would the new vendor have access to your computer system and equipment?

No.

23. Is the site is in this building? Are we able to take a look at the site?

Yes. Tour conducted following pre-bid conference.

24. Would the vendor need to provide the telephone solution?

Yes.

25. Is there anything in the current program that you feel is a particular strength or weakness?

Not pertinent to this RFP.

26. Is there any sort of involvement with Northrop Grumman, are there deliverables that the contractor may have to provide?

No.

27. Where are future questions to be directed? Is there a deadline for questions?
There is no deadline for questions.

Future questions should be directed to:

Mr. William G. Gregory
Department of Human Resource Management
James Monroe Building, 13th Floor
Richmond, VA 23219
Fax number: 804-225-2790

28. What mechanism will you provide with answers to any additional questions?

The same process identified in the RFP, submit all questions to Bill Gregory, and any answers provided would be via a contract addendum available to all.

29. Do you have the claims value and employees staffing statistical information?

We do not understand this question.

30. Could you clarify the claims, are you talking about claims of injuries or medical bills?

Injuries.

31. The claims information provided in the Request for Proposal are those for a calendar year?

Claims information is provided on a Fiscal Year basis (July 1 – June 30)

32. Is the list of employees reference in the RFP [Page 6, Item 3.4.4(a)] the actual number of employees currently on the contract, or the desired number? If not how many are currently dedicated to this contract?

Item 3.4.4(a) are the same positions that work on the account today since this section did not provide exact numbers for all positions. Each vendor should evaluate their own business program to determine the exact number of staff needed. These are the minimum that we would expect based upon our program's volume of work to be required.

33. If a company has a current year SAS 70 audit and a designated auditing firm, please confirm if the contractor will still be subject to an additional audit by the State's Contract Administrator. If so, will this cost be incurred by the State?

The Purchasing Agency will do a SAS 70 of the operations here in our independent Richmond Office and would be conducted annually. It is possible that parts of the SAS 70 would involve a corporate home office visit.

34. If a different medical bill adjudicator subcontractor is utilized, will they also need to submit a separate SAS 70 audit report? Do you require that both vendors provide a current SAS 70 audit prior to bid submission (i.e. will lack of certification upon submission disqualify a vendor or result in lower scoring in the grading of the proposal)?

We would likely do a SAS 70 on a subcontractor medical bill adjudicator. Yes we would require both vendors to provide current SAS 70 audit reports with your bid submission. It would not disqualify them but they would but scored lower for this section.

35. Does the contract currently utilize loss control services from the contractor? If so, how many hours have been included historically to fulfill the Commonwealth's expectations in this area? How many dedicated loss control consultants are currently assigned to the State's program?

A subcontract currently provides loss control services. These services are position based. There are currently two dedicated loss control consultants working on the program.

36. Please confirm the number of training sessions required on an annual basis & the position and number of individuals typically involved in these sessions. Who is responsible for creating the materials for the seminars (Commonwealth or Contractor)?

This would be up to you to recommend as part of your proposal. Our training programs can involve as small an audience as 4-5 customers, or as large as several hundred at an annual conference meeting. The Contractor would be responsible for creating the materials for the seminars and submitting them for review and approval in advance.

37. Are the 20 IS reports specified in the RFP (Page 22, Item 3.25) new or current reports. If current will the Commonwealth share samples?

The 20 claims reports allow us to add to the numerous "canned" reports that your company already supplies customers. This allows us to tailor special reports to our clients needs and to also preserve continuity on annual/monthly reports they may use now in their data analysis.

38. What is the Commonwealth's procedure or process for removing a contractor's employee? Is the same as a Commonwealth's employee? Has this occurred during the current contract?

If an employee's performance on the account continues to be sub-standard after the Commonwealth provides the contractor with warnings about an employee's performance, we simply reserve the right to ask that they be removed from working on our account. This would have nothing to do with continued employment by the Contractor; it is simply refusal to allow them to work on our account any longer. In addition, if an employee fails to pass the background check, they would immediately be removed from working on our account.

39. How many times has the Commonwealth deducted payment from a contractor for failing to fill a vacancy in 30 days as outlined in the RFP?

This happens several times a year when the contractor cannot fill a vacancy within 30 days.

40. How much and how often has the rental charge increased over past 5 years (Page 3, Item 2.2)?

Chart provided below.

JLARC Approved Rate History							
Type of Space	Fiscal Years						
	2002	2003	2004	2005	2006	2007	2008
Rates Per Square Foot							
Office	\$11.00	\$11.47	\$11.47	\$12.19	\$12.19	\$13.83	\$13.83
Storage	\$3.75	\$3.75	\$3.75	\$3.75	\$3.75	\$4.00	\$4.00
Laboratory	\$18.90	\$19.56	\$15.45	\$15.49	\$15.49	\$17.55	\$17.55
Vacant	\$6.08	\$0.00*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Library	\$8.60	\$9.03	\$9.48	\$9.48	\$9.48	\$9.48	\$9.48
Mansion	\$12.60	\$13.23	\$13.23	\$13.23	\$13.23	\$13.23	\$13.23

* Vacant rate no longer used as of 7-1-03. 20% vacant factor was calculated into the office rate for FY03.

41. Please confirm the State's desire to have all services provided under the contract be housed on the state site. Will the State allow for bill adjudication services to be performed "off-site?" Are bill processing services being provided "on-site" currently by Corvel?

Bill adjudication can be provided off site assuming the bills are imaged in to a system starting here on premises. The original bills after imaging are given to the Purchasing Agency and the adjudication process can occur off site. However, no original bill will

leave the premises. CORVEL operates an imaging center here on site but adjudicates the bills off site.

42. The RFP states the requirement of on-site database reporting training at the Purchasing Agency's location for up to 200 people (Page 21, Item 3.23.6) and "access" to a reporting database for up to 500 clients shall be available (Page 22, Item 3.25). Please confirm the number agencies and individuals currently accessing and receiving reports from the incumbent's database.

These 200 and 500 numbers are fairly accurate as to the number of users. Each agency and sub-agency may have one to three human resource professionals with access rights, a few loss control representatives, and payroll staff. These three groups only have rights to view certain data and may not be able to see all fields of data stored in the claim system. Typically the 200 users are trained at one of two annual conferences a year or in our IT training center located in the Monroe Building.

43. How many medical bills were/are received in the last calendar/fiscal year(s)?

See Attachment C for 7/1/2006 through 6/30/2007 Corvel Reports.

44. What were the total charges, payments and savings for medical bills processed in the last calendar/fiscal year(s)?

See Attachment A and Attachment C.

45. What percentage of medical bills were received from a preferred provider network (PPN)?

See Attachment A and Attachment C.

46. What is the current PPN penetration rates on submitted bills and paid bills?

See Attachment A and Attachment C.

47. What PPN(s) does the current program utilize? Is it a single network or multiple networks?

CORVEL's network.

48. How many cases for medical payments were disputed by a provider were referred to the VWC for resolution on an annual basis? What was the success rate for those cases?

Unknown.

49. Does the current program meet the requirements of Rule 14 (requiring medical bills be processed at the prevailing community rate versus usual & customary)?

Not pertinent to this RFP.

50. What is the current program's success at prevailing community rate defense?

Unknown.

51. What are the current pharmacy program results for the Commonwealth? Please include various details such as billed charges, paid charges, savings, percentage of generic utilization, percentage of mail order/home delivery versus retail?

See Attachment A.

52. Of the approximate 2,499 "open" indemnity claims how many are actually receiving ongoing indemnity payments? How many are "open" and qualify as a long-term maintenance claim (i.e. statute for indemnity has run but open for medical payments only, death claims, permanent total claims, subrogation recover only, etc)?

We do not have exact data. However, we do have a desk that manages most of the cases that have been deemed to expect payments to be ongoing for the full 500 weeks.

53. How many heart/lung claims are reported each year?

FY07 18 Heart, FY07 127 Lung, FY06 24 Heart and FY06 199 Lung.

54. Recognizing that claim settlement may not happen very often, can you quantify how many settlements occur in a given year?

In FY 07 there were 9 settlements.

55. How many claims are you currently pursuing subrogation recovery? What is the average annual amount of recovery?

In FY 06 there were 169 subrogation files. In FY 07 there were 163 subrogation files.

56. How many claims are denied each year?

In FY 06, 703 claims were denied. In FY 07 855 claims were denied.

57. How many claims go to hearing monthly/yearly?

Unknown.

58. Page 9, Item 3.4.10 c. indicates that the contractor has authority to make compensability decisions on medical only claims. Are we to assume that acceptance/denial of indemnity claims must be cleared through the Purchasing Agency? Does this require a written assessment and recommendation, e-mail communication or verbal authority only?

Yes, all indemnity claims denial/acceptance require pre-approval of the Purchasing Agency. Yes it is a written assessment that is signed off by the claim handler and their supervisor. If approved the Purchasing Agency's Quality Assurance Specialist

approves the claim. If she does not agree, she forwards her recommendation for either more investigation or case law on why she disagrees with the decision to the Program Director. If the Program Director agrees with the Quality Assurance Specialist, she meets with the Claims Manager who works with the staff to further evaluate.

59. Page 12, Item 3.4.15 notes the contractor's responsibility to pursue Anthem reimbursements on denied claims. Does this mean that the Commonwealth requires that bills be paid through the date of denial and that the contractor is then required to look to Anthem for reimbursement? If not, please explain the current process.

Yes, an employee is sent an assignment of benefit form on a denied claim and if they sign it and return it within 30 days then we pay bills up through date of denial on injury by accident only claims. In addition the agency must have submitted the claim to the TPA within 10 days of the accident, it must have been an injury by accident claim, and the agency must have offered a panel of physicians and the employee sought treatment from the panel doctor. Copies of those approved are sent to Anthem and they issue reimbursement checks to the program up to their benefit pay rate. This process is handled by the benefit coordinator who works the 500 week desk.

60. Page 57, Section VII (Schedule of Liquidated Damages), Items 1-19 outlines various "failures" that require the contractor to reimburse the Purchasing Agency, can you quantify the number of "failures" and the annual amount that has been reimbursed by the current contractor?

Not pertinent to this RFP.

61. Page 3, Item 2.3 – What responsibility (if any) does the Contractor perform for services relative to calculating or billing/collecting each agencies fee?

No responsibility other than providing claims data reports required under the RFP.

62. Page 4, Item 3.1 – Please provide more information and or clarification of the payroll classification audit services to be performed by the selected vendor.

There are times when we will select agencies to have a payroll audit performed using NCCI codes. In addition, in the future we may contract to have a cross walk from SOC codes to NCCI codes for all of unique state job types.

63. Page 6, Item 3.4.4 – Please explain the roles and responsibilities of the Learning Management Specialist position.

The Learning Management Specialist is responsible for providing technical expertise to produce and narrate web-based training modules for into the Commonwealth of Virginia Knowledge Center, a learning management system. This will include, but not be limited to, converting presentations and scripts developed by Commonwealth and contractor staff, developing and narrating new material and scripts based on manuals or other resources, and recording and transcribing live presentations for conversion into web-based programs. The Learning Management Specialist will work extensively with PowerPoint and Articulate software.

64. Please confirm if the employees/positions designated by ** should be included in the total cost quote provided to the Commonwealth. Are these employees on the payroll of the Contractor or the Commonwealth?

Yes. They are all contract employees.

65. Page 8, Item 3.4.8 indicates the required claim accuracy expected from the vendor. Please indicate the historical accuracy of the current vendor when compared to these performance standards.

Not pertinent to this RFP.

66. Page 40, Item 12.3 (Cancellation of Contract) – Under what circumstances would the contractor be allowed to terminate any resulting contract?

After 12 months notice.

67. Page 41, Item 12.7 – Please indicate any flexibility on the 120 day timeframe on the furnishing of audited financial statements. Will the Commonwealth allow any extension of time for a finalized report?

If there is a valid reason that they could not be provided within timeframes, we would work with the Contractor.

68. The RFP states that the current contractor has servers hosted on the 13th floor. Is it a requirement that all computers hosting the contractor's business software be located on the state site?

No.

69. If the contractor's business software is used to manage more than the Commonwealth of Virginia's business do enhancements made as general enhancements and benefit other contractor clients as well as the Commonwealth of Virginia fall under the category of being considered the property of the state?

Only if they were requested by the Commonwealth of Virginia at a special cost to the Commonwealth.

70. Please provide job descriptions for those identified as key personnel as they specifically relate to expected activities supporting this contract.

See Attachment D. These are copies as submitted five years ago by the current vendor so they may not be totally accurate as of duties assigned now.

71. Changes/enhancements made to the contractor's business software specifically for this contract would normally function only in conjunction with other software used by the contractor in support of its entire business. Per section 10.0 **Right to Ownership** and Item 3.17, only the specific code developed for this contract belongs to the state and the

state is not claiming rights to the other software not developed under the contract but required to run the state specific changes, is this accurate?

If stand alone software is developed for the state it would become the property of the state. Otherwise you are accurate.

72. Is third party software not developed specifically for the contractor and is used by the contractor in the service of this contract subject to the escrow requirement?

If the software is available for purchase on the market, it is not necessary to escrow. However, if the software is created by the contractor for their organization, the software is subject to escrow requirements.

73. Please define "advertising" as it relates to item 12.15 of the RFP.

Merriam-Webster defines advertising as follows:

Main Entry: **ad·ver·tise**

Pronunciation: 'ad-v&r-"tIz

Function: *verb*

Inflected Form(s): **-tised; -tis·ing**

Etymology: Middle English, to pay heed to, observe, notify, from Anglo-French *advertiss-*, stem of *advertir*

transitive verb

1 : to make something known to : **NOTIFY**

2 a : to make publicly and generally known <*advertising* their readiness to make concessions> **b** : to announce publicly especially by a printed notice or a broadcast **c** : to call public attention to especially by emphasizing desirable qualities so as to arouse a desire to buy or patronize : **PROMOTE**

intransitive verb : to issue or sponsor advertising <*advertise* for a secretary>

- **ad·ver·tis·er** *noun*

The vendor SHALL NOT state in any of its advertising or product literature that the Commonwealth of Virginia or any agency or institution of the Commonwealth has purchased or uses its products or services.

74. If all of the information and report generation capabilities required by the state as defined in this contract are available through the contractor's Risk Management Information System is there still a requirement for employees of the purchasing agency to access the same transaction-level system that the contractor's employees utilize in the daily management of claims?

Yes.

75. Please define the Purchasing Agency's dress code as indicated on Page 24, Item 3.28.6.

Staff (non management) is typically business casual unless they are meeting with clients, agencies, injured workers or going to a meeting on/off site. Managers, supervisors and the receptionist dress in business attire Monday through Thursday and

Friday Business Casual. These guidelines are subject to change by the DHRM Agency Head at any time.

76. Page 60 (Contract Pricing) – Please confirm if pricing will be reduced if staffing position vacancy is greater than 30 days?

Yes.

77. Regard the last 12 months of contract data, what was the total number of medical bills processed for both in-state and out-of-state services?

See ATTACHMENT B: COV/MCI Bill Review Program CorVel Status Report – 07/03/2007

78. What were the total charges for medical bills processed for both in-state and out-of-state services?

See ATTACHMENT A: Managed Care Innovations ANNUAL REPORT Fourth Quarter/Annual Fiscal Year 2007

79. What was the number of medical bills receiving a Prevailing Community Rate (PCR) reduction?

See ATTACHMENT B: COV/MCI Bill Review Program CorVel Status Report – 07/03/2007

80. What were the Total PCR savings?

See ATTACHMENT A: Managed Care Innovations ANNUAL REPORT Fourth Quarter/Annual Fiscal Year 2007

81. What was the number of medical bills receiving a PPO reduction?

Unknown.

82. What were the total PPO savings?

See ATTACHMENT A: Managed Care Innovations ANNUAL REPORT Fourth Quarter/Annual Fiscal Year 2007

83. What was the number of medical bills requiring inpatient hospital fee schedule reviews?

Unknown

84. What were the total savings for inpatient hospital bills?

The savings would be co-mingled with the PPO and PCR reductions.

85. What was the average turn around time from receipt to payment for all medical bills?

WE DON'T UNDERSTAND THE QUESTION.

86. What reports do you currently require from the current medical bill review vendor?

Not pertinent to this RFP. Required reports will be based on medical bill system provided under the new contract.

87. Has the current bill review vendor escrowed their system source code with the Commonwealth?

No.

88. What is the dollar amount for liquidated damages paid out by the current bill review vendor?

Liquidated damages are not charged to the current bill review vendor. All liquidated damages are charged to the General Contractor. We have no idea if there is a charge back to the bill review vendor.

89. Why is the service program being marketed? Is it just normal due diligence?

Current contract expires June 30, 2008.

90. Are there any areas of the current service program the Commonwealth is unhappy with / would like to see improved?

Not pertinent to current RFP.

91. What is the expectation in regards to existing claims staff? Are we to use them or replace them?

You are responsible for selection of staff. To the extent that they are not bound by contractual agreements, you may chose or replace existing staff.

92. Is there any flexibility on how we can price our services? Do we have to strictly follow the sample format?

You must use our pricing format. You may add services with additional pricing, but the core requested services must be priced as indicated in the RFP.

93. How is the Commonwealth currently charged for medical bill review? How many medical bills (approximately) are there per year?

The program pays \$844,600.00 for all medical bill review/adjudication, PPO contracts, and PCR services other than non-PPO hospital bills greater than \$3,000 where there is a negotiated reduction separate from PCR. In the case of a negotiated discount there is a 21.5% of savings file charge.

94. What is the annual indemnity / medical only / record only claim counts? If exact counts are not available, what are the approximate % of the total for each?

Go to <http://www.dhrm.virginia.gov/workerscomp/statisticalreports.html> , select Policy Cost Summary reports. There are four reports each titled Policy Cost Summary as the first three words. One report Policy Cost Summary as of 7 1 07 includes every claim, and the three others break the claims down by medical only claims, incidents, and indemnity claims.

95. Does the Commonwealth have a list of minority and / or disability vendors we can use?

The Department of Minority Business Enterprises (DMBE) is responsible for certifying businesses as Small, Women-Owned, or Minority Owned. Their website <http://www.dmb.e.virginia.gov/> , has various “searchable” methods to identify SWaM vendors.

96. What is the number and dollar amount of penalties for failure to meet service standards that have been issued for the last three years? If exact figures are not available, what are the approximate totals?

Not pertinent to this RFP.

97. Regarding Section 2, in addition to the reports of historical data referenced at <http://www.dhrm.virginia.gov/workerscomp/statisticalreports.html>, can the Department please indicate the average weekly medical bill volume (by bill type) the existing contractor processes? Of the identified medical bills volume, what number of medical bills (by bill type) is transmitted to the contractor via electronic transmission? Please specify the electronic transmission type(s).

The current vendor using a scanning system and operates the mail room. No mail is received electronically other than by fax. All medical mail is scanned in daily into the Corvel system. Non-medical mail is date stamped by CORVEL and delivered to the TPA’s mailroom for distribution to the claim file.

98. Can the Department please provide information on the types (categories) of documents received by the mailroom of the current contractor? How are these document sorted (batched) by the existing contractor? What is the weekly document volume for each identified batch/sort category?

VWC correspondence, medical bills, medical records, interrogatories, letters, invoices, etc. Weekly document volume unknown.

99. Can the Department please provide the average daily or weekly call volumes received by the existing contractors call center by call category? How many FTE’s currently support the contractors call center? What is the average call duration? What is the average call abandon rate?

There is no call center.

100. Can the Department please provide an organization chart for the current contractor? As part of the organization chart, please include an FTE count so that the total number of contractor employees are shown.

See Attachment G.

101. Can the Department please provide either a daily or weekly average of medical bills that are considered pending for review prior to final adjudication and payment?

See Attachment F.

102. Can the Department please identify the data files (e.g. claims history file, eligibility file, etc) that would need to be converted by a new contractor? Can the Department identify the file format for each of the aforementioned files (e.g. VSAM, DB2, etc) and the record count for each file?

Claims history files, client record files, no information on format or record count. Currently the information is housed in the CORVEL system and the Frank Gates Service Company Claim System.

103. Can the Department provide the Total Contract Value (TCV) for the current contract?

See Attachment E.

104. Is the contractor responsible for telephone expenses and must they provide their own telephone and LAN/WAN switching equipment?

Yes.

105. Regarding section 3.19.5, can the Department please identify the number of image files that would need to be converted by a new contractor? Would the image files and index records be provided to the new contractor in a non-proprietary format?

Unknown.

106. Regarding section 3.27, does the State require the Corvel PPO provider network to be retained?

No.

107. Page 7 – 3.4.5 Coordination with Commonwealth’s Virginias Sickness and Disability Short and Long Term Disability Program (VSDP): Can you clarify the request to add fields to the claims system for VSDP?

The claims system shall maintain data of active VDSP participants provided by a monthly data file from the Virginia Retirement System (VRS). In addition, the system shall be capable of automatically flagging each new claim upon claim entry Yes/No VSDP Participant. The Yes/No selection is based upon the information provided in the

monthly data file submitted by the VRS. Thirdly, there must be claim fields for each individual claim that can be entered VSDP claim filed Yes/No and the date the filing was reported to the Contractor.

108. What information are you looking to capture?

As stated in section 3.4.5.

109. Can this be supplied by a report?

No, this information must be visible claim by claim to the UNUM staff and only if the field "VSDP claim filed?" has Yes in the field.

110. It appears the request is for VRS/Unum staff to have access to the system? Please provide the parameters of that access? Limited access? Full access? Confidentiality, etc.

Indemnity payment information, claim status, compensability, disability dates approved, disability dates denied, return to work information, and certain types of file notes of agreed upon categories.

111. On an ongoing basis, who will be responsible for completing and maintaining these fields?

It is expected that the STD/LTD Disability Coordinator will complete the field "VSDP claim filed?"

112. Is VRS completes and maintains these fields, what will the BC and the STC/LTD Disability be responsible to perform or support?

VRS/UNUM will have no rights to enter data into the Contractor's claim system. They will have view only rights to particular fields of information.

113. Currently the OWC provides computers for two Loss Control Positions, the STD/LTD Disability Coordinator, and the two Program Assistants. Will computers be provided for these positions by the OWC in contract OWC07-1?

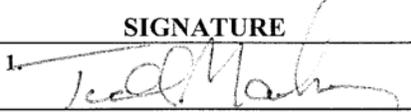
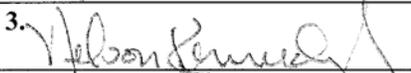
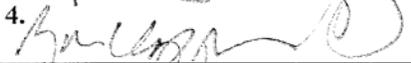
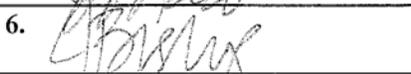
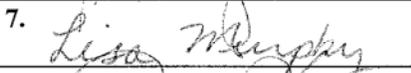
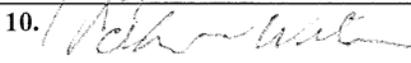
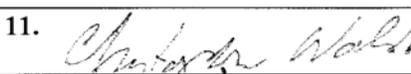
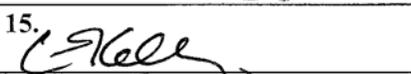
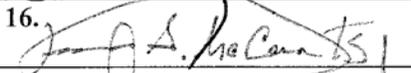
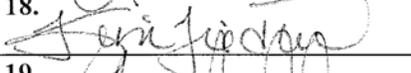
A computer owned by the DHRM will be provided for the WC Program Assistant and the Learning Management Specialist. However, the WC Program Assistant will also need a computer connected to the Contractor's system under this contract.

**Vendors in Attendance of the Pre-Proposal Conference
Held Monday, September 10, 2007**

ACS
Cambridge Integrated Services Group, Inc.
Corvel Corporation
Cypress Care
Gallagher Bassett Services, Inc.
Helmsman Management Services, LLC
Johns Eastern Company, Inc.
Key Risk
Managed Care Innovations
Viable Solutions Management, LLC

RFP #OWC07-1 Workers' Compensation Claims Administration and Cost Containment Services
 Optional Pre-Proposal Conference
 Monday, September 10, 2007; 2:00 p.m.

Sign In Sheet

FIRM	PRINT NAME	SIGNATURE
1. ACS	1. Todd Marker	1. 
2. ACS	2. MATT MOREAU	2. 
3. ACS	3. Nelson Kennedy	3. 
4. Nelmsman	4. Greg Clapper	4. 
5. " "	5. JOE MORRIS	5. 
6. ACS	6. Jennifer Bishop*	6. 
7. Cambridge	7. Lisa Murphy	7. 
8. Key Risk	8. Len Burt	8. 
9. ConVal	9. Dave Braun	9. 
10. "	10. K. Wilson	10. 
11. "	11. C. Warwick	11. 
12. MCI	12. Monty McFadden	12. 
13. Johns Eastern	13. Chad Riedinger	13. 
14. Cypress Care	14. Christine Thompson	14. 
15. Key Risk	15. ED KELLY	15. 
16. VIABLE SOLUTIONS Mgmt	16. VANESSA McCants	16. 
17. Gallagher Bassett Services	17. Dean Barnett	17. 
18. Key Risk	18. Kim Fiedler	18. 
19. Key Risk	19. Penny Gough	19. 
20.	20.	20. 