1. How many WC staff do you have? I also need associated titles.

**Six – 5 Adjuster IIs; 1 Claims Adjuster-O; 1 Temp Adjuster**

1. Please confirm how WC claims are reported to you.

**Automatic diary on every claim assignment**

1. I need 3 years worth of data – how many claims per year broken out by med only v. indemnity? See Appendix D

**2021 Medical 364; Indemnity 150**

**2022 Medical 432; Indemnity 170**

1. **ical 458; Indemnity 158**

Q. How many of the transfer indemnity claims are PPD or death claims?

**GSD – 5 PPD; 0 death**

**WCA – 3 PPD; 0 death**

1. Average number of medical bills processed for a year – approximate.
2. **– Genex processed 9010 medical bills**

Q. Total spend, by year and for the past 3 years, on medical, indemnity and expense.

**2021 - $  6,754639.81**

**2022 - $12,689,431.10**

1. **- $13,370,823.54**

Q. Do you report all new claims to ISO?

**No but we will require TPA to report.**

1. Do you have a list of preferred providers for 24/7 triage, occ med and urgent care?  If so, who?

**We do not have a list of medical preferred providers.  PBM not included and will be a part of a separate RFP.**

1. Do you cap all medical bills or just specialty services?

**Bill cap required on all medical bills.**

1. Which law firms do you use for litigated WC claims?

Contracts with:

|  |
| --- |
| **Paul L Civerolo, LLC** |
| **Atwood, Malone, Turner & Sabin** |
| **Garcia Law Group** |
| **Cuddy & McCarthy, LLP** |
| **Hale & Dixon P.C.** |
| **Hinkle Shanor LLP**  **Miller Stratver** |
|  |
|  |

1. Are closed files in PCIS?  If so, how many?

**Only current work comp claims, and new, will be in our claims system.**

1. Do we have a nurse triage line for initial claims reporting?

**No.**

1. Please describe your expectation for how often the two-way data feed will run? Nightly, weekly or some other increment of time. **Two-way. Daily. Nightly.**
2. Please clarify if the five years of experience requirement for adjusters only applies to Indemnity adjusters and not Medical Only Adjusters. **Please review the RFP.**
3. Please explain what you mean by “rebadging”. **The potential process of bringing current State employees into the TPA system.**
4. The settlement form that we use is attached
5. Please explain retainage release **– this answer is in the RFP**
6. Please confirm that respondents must complete both pricing models (per claim/life of claim and cost plus.) **– this answer is in the RFP**
7. May we use salary plus benefits in the cost-plus model or should we include the cost benefits in the “salary factor to include overhead and profit?” **– this answer is in the RFP**
8. Please clarify your expectations for a dedicated program nurse **– Having a dedicated program nurse would be preferable but not mandatory.**
9. Can you please provide the Bidders with full and complete loss runs that include all takeover claims? **No.**
10. Is GSD’s RMD WC bureau requesting only life of claim pricing on the fee per claim model? **Please see pricing agreement pgs 75 and 76.** **This document has all of the pricing options listed. We are asking for Life of Claim and Cost plus – located on pages 71-76. Both must be completed and returned with the RFP.**
11. Will RMD unilaterally select the billing type during the selection process? **Please see pricing agreement pgs 75 and 76.** **This document has all of the pricing options listed. We are asking for Life of Claim and Cost plus – located on pages 71-76. Both must be completed and returned with the RFP.**
12. Is RMD willing to entertain an additional life of contract fee per claim quotation? **Not at this time.**
13. Will RMD continue to administer other lines of coverage**? Yes.**
14. What special investigation unit ancillary services in particular is the RMD requesting to be potentially unbundled? **Not at this time but potentially in the future.**
15. Who is the incumbent pharmacy benefit manager? **Mitchell International, Inc.**
16. Is the RMD intending to run an RFP for the PBM contemporaneously with this RFP? **Yes.**
17. Should the bidders plan to work with your current PBM provider? **Yes**
18. At what frequency does the State anticipate transmitting data from ClaimsVision to the Offeror’s data system**? Daily.**
19. How many users of our claims management system does the State require**?**

**1 to 3 users.**

* **For all questions related to submission of annual reports, financial statements or any other required documents, please refer to the RFP requirements.**