



OHIO TURNPIKE AND INFRASTRUCTURE COMMISSION

682 Prospect Street
Berea, Ohio 44017
(440) 234-2081

REQUEST FOR PROPOSALS FOR THIRD PARTY ADMINISTRATOR (TPA) SERVICES WORKERS' COMPENSATION

RFP ISSUE DATE

MONDAY, AUGUST 6, 2018

INQUIRY PERIOD EXPIRATION

FRIDAY, AUGUST 24, 2018, 5:00 P.M.

RESPONSE DUE DATE

5:00 P.M. FRIDAY, SEPTEMBER 7, 2018

Q&A NO. 1

posted August 28, 2018

1. Please provide a Loss Run report for the last 10 years, if not available, the last 5 years.

ANSWER: This information is available on the Crain, Langner web portal.
<https://clcpportal.link/RFP2>



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2. Please provide the SI-40 Report for the last 2 years.

ANSWER: This information is available on the Crain, Langner web portal.
<https://clcpportal.link/RFP2>

3. Please provide the number of Industrial Commission hearings and location of those hearings, if possible, for 2017 and 2018 YTD.

ANSWER: 28 hearings in 2017
17 hearings in 2018 (as of 8/24/2018)
152 hearings since January 1, 2013
Those 152 hearings were held at the following locations:
12 in Akron
1 in Canton
41 in Cleveland
12 in Columbus
2 in Mansfield
53 in Toledo
31 in Youngstown

4. Please provide the average number of lost-time, medical only and recordable claims for the last 5-10 years.

ANSWER: See the Loss Run data on the Crain, Langner web portal.
<https://clcpportal.link/RFP2>

5. Is the Commission seeking proposals for both life of contract and life of claim?

ANSWER: Please provide options for both Life of Contract and Life of Claim.

6. The RFP requires "Audited Financials". Our organization does not have audited financials. Please advise if our proposal will be rejected based on this one issue.

ANSWER: We encourage you to submit a proposal containing unaudited or reviewed financial statements or stating reasons or conditions for failing to meet specified criteria.



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7. Please advise if our proposal should be submitted to the web portal in separate parts or as one document.

ANSWER: Feel free to submit proposals to the web portal in the format you deem most suitable. We just ask that if submitting multiple parts, you label file documents as belonging to your specified company.

8. Please advise how answers to questions will be provided.

ANSWER: Questions and Answers will be uploaded to the web portal and proposers will be notified via email that new information has been made available on the web portal.

9. Please provide the PMIQ sheet and score sheet referenced in the RFP document.

ANSWER: Please see attached.

10. In the Claims Reporting section of the RFP, Page 19. Section 3 says injuries “may be reported via email or telephonically”. Most nurse triage programs require telephonic correspondence. Please clarify.

ANSWER: State your specifications for these services in your response and confirm that the service, whether provided telephonically or via email, is included in your proposed Contract price.

11. In the Nurse Case Management section of the RFP, Page 20. Section 4 says the service shall be billed as part of the Contract Fee. Please clarify if the vendor can quote these services, with hourly rates for nurse case management services, other than nurse triage, as an allocated loss adjustment expense.

ANSWER: Your response should specify whether these services are available, offered and how they are charged and the Commission will decide, if presented options vary, which method it prefers and weigh the presented options accordingly.

12. Page 7, Section 5 indicates a “separate Bid form and Excel spreadsheet”. Please clarify.

ANSWER: Please disregard this specification. The Bid Form and Excel Spreadsheet have requirement has been removed for this process.



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13. Please indicate if any open/reopened cases or “pending caseload” will be transferred to the TPA. If yes, approximately how many open indemnity cases? Approximately how many open medical only cases?

ANSWER: The Commission proposes to transfer all self-insured, open cases to the TPA for management. However, the Commission reserves the right to award the contract based on the responses received and the pricing options offered.

The Commission currently has 45 opens claims, of which 30 are inactive but not expired cases.

14. Please provide the number of newly reported indemnity claims for the past five years. The number of newly reported medical only claims for the past five years. The number of newly reported incident only records and/or first aid incidents for the past five years.

ANSWER: See SI-40s for last 3 years. If additional information is needed, please advise.

15. Page 25, Section B. Fees – Can the Vendor submit pricing structure options that are industry standard?

ANSWER: Yes, please submit pricing per your preferred method of compensation with explanations for any areas that you feel deviate from the requested pricing options.

16. Will the Commission allow for clarification to answers to questions after the August 24, 2018 cutoff, if necessary?

ANSWER: Yes, if further clarification is needed to any of the answers provided, clarification questions will be answered only.

17. Has any consideration been given to extending the proposal due date to say, September 14th?

ANSWER: At this time the Commission does not expect to extend the proposal due date.

18. Are there any special handling guidelines outside of what is mentioned in the RFP?

ANSWER: No.



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19. Are there any particular vendors the Commission would like to continue to work with, *ie*, legal, surveillance, *etc*?

ANSWER: The Commission intends to reserve its rights to hire outside legal counsel, which will be determined on a case by case basis. The Commission has hired the following firms to represent the Commission at hearings on currently pending claims: Matty, Henrikson & Greve LLC; O'Halloran & Ohanian LLC; and Morrow & Meyer LLC.

20. Is it possible for the Commission to tell us the cost to self-administer the current program?

ANSWER: No. The Commission does not organize its files or accounting system to be able to identify with specificity the cost to self-administer the current workers' compensation program.

21. Who is the excess carrier and what is the per occurrence and aggregate attachment?

ANSWER: The Commission does not have an excess carrier. All claims and costs are self-administered.

22. Who is the current Pharmacy Benefit Manager?

ANSWER: The Commission does not currently employ a pharmacy benefit manager.

23. Does the Commission currently use Nurse Triage services? If so, who does the Commission utilize for these services?

ANSWER: No. The Commission does not currently hire a nurse triage service.

24. Who does the Commission currently use for medical bill review and PPO Network access?

ANSWER: The Commission is self-administered and reviews all invoices internally. The Commission uses Compensate software program to manage all claims.



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25. Is OTIC looking for a bundled claims and cost containment offering?

ANSWER: Please provide options for bundled and unbundled services.

26. Who is the current Medical Bill Review Vendor?

ANSWER: None. The Commission currently handles all claims in-house. We use Compensate claim software to process invoices and perform all reviews internally.

27. Please provide the following Bill Review and PPO information for the last two year period:

- Total Fee Schedule Reductions/Savings
- Total Audit Reductions / Savings
- Total Other Reductions / Savings
- Total PPO Reductions / Savings
- Total Paid
- Total Annual Bill Volume
- Total Annual Bill Charges
- What are you current paying for Medical bill view (per line, per bill)
- Total Audit, Enhanced and Out of Network Fees

ANSWER: The Commission's workers' compensation program is entirely self-administered and all open and active cases are managed by Commission's staff. The records are not organized in a manner to answer this question.

28. Who is the current Case management vendor?

ANSWER: None. See #26 above. The Commission's workers' compensation program is entirely self-administered and all open and active cases are managed by Commission's staff.

29. How many current TCM (Telephonic Case Manager) cases are open and active. How long have they been open?

ANSWER: See #13 above. The Commission's workers' compensation program is entirely self-administered and all open and active cases are managed by Commission's staff. The Commission's workers' compensation records are not categorized by TCM status.



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30. How many current FCM (Field Case Manager) cases are open and active. How long have they been open?

ANSWER: See #13 above. The Commission's workers' compensation program is entirely self-administered and all open and active cases are managed by Commission's staff. The Commission's workers' compensation records are not categorized by FCM status.

31. How many FCM referrals were made in each of the last five years.

ANSWER: The Commission's workers' compensation program is entirely self-administered and all open and active cases are managed by Commission's staff. The records are not organized to be able to answer this question.

32. How many TCM referrals were made in each of the last five years.

ANSWER: The Commission's workers' compensation program is entirely self-administered and all open and active cases are managed by Commission's staff. The records are not organized to be able to answer this question.

33. What are you currently paying for TCM and FCM?

ANSWER: The Commission's workers' compensation program is entirely self-administered and all open and active cases are managed by Commission's staff. The records are not organized to be able to answer this question.

34. How many Utilization Review referrals have been made for the last two year period.

ANSWER: The Commission's workers' compensation program is entirely self-administered and all open and active cases are managed by Commission's staff. The records are not organized to be able to answer this question.

35. How many Pre-authorization referrals have been made for the last two year period.?

ANSWER: The Commission's workers' compensation program is entirely self-administered and all open and active cases are managed by Commission's staff. The records are not organized to be able to answer this question. Pre-authorizations are granted on a case-by-case basis.



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36. Does OTIC want nurse triage on all new MO (Medical Only) and LT (Lost Time) claims?

ANSWER: Yes. Please provide options for both Medical Only and Lost Time claims.

37. On the Loss Run provided in the web portal, what does “DN” stand for in the Type column Q?

ANSWER: DN = denied
LT = lost time
MO = medical only
IO = incident only