

ADDENDUM NO. 1

**NAME: Request for Proposals for
Third Party Admin for Workers Comp- TNH058-2015**

DATE: November 13, 2015

TO: All Prospective Proposers

This amendment is being issued to correct the following in the RFP.

On page 10, where it reads:

- a. The completed proposal should be sent to the following address in a sealed envelope marked "Request for Proposals: Employee Assistance Program (EAP) Services - TNH058-2015.

It should read

- a. The completed proposal should be sent to the following address in a sealed envelope marked "**Request for Proposals: Third Party Administrator for Workers Compensation Claims & Services**" - TNH058-2015.

And to answer questions submitted:

1. Could you provide the total number of loss time claims and the total number of medical claims currently open (a quick total snapshot of the plan, e.g., 130 open indemnity claims and 40 open medical-only claims)?
2. **Answer: Refer to Loss Runs report, below**
3. Can the town please provide a loss run report (preferably excel) that shows all claims for the past 10 years including claim type (Medical Only, Indemnity), claim status (open/closed), date opened/closed, accident description and incurred loss?
Answer: Refer to Loss Runs report, below
3. If a loss detail report is not available, can you provide the following:
 - a. Summary report showing the number of medical only and indemnity claims each year?
 - b. Summary report showing the claim duration for the indemnity claims?

- c. Summary report showing the total number of open claims by claim type (Medical Only, Indemnity)?

Answer: Refer to Loss Runs report, below

4. Please provide the most recent 12-month summary of bill review information. If possible, please break out the summary information by medical provider bills, inpatient hospital bills, outpatient hospital bills and pharmacy bills. Please include:
 - a. Number of Bills
 - b. Number of Line Items
 - c. Total Fee Schedule Reductions
 - d. Total PPO Network Access Reductions
 - e. Total Specialty Review
 - f. Any other information pertinent or charged for bill review services such as nurse or medical director review

Answer: Refer to Loss Runs report, below

5. Please provide the following information regarding utilization review:
 - a. Non-physicians: Number of reviews and total fees for FY 2014/2015 or calendar year 2014.
 - b. Physicians: Number of reviews and total fees for FY 2014/2015 or Calendar year 2014.

Answer: Refer to Loss Runs report, below

6. Can the town provide the contract or fees in place with the current provider for claims administration and case management services?

Answer: Refer to Loss Runs report, below

7. Is it possible for the town to provide answers to questions 1 and 2 prior to the stated date of 11/19/2015?

Answer: Refer to Loss Runs report, below

8. Workers compensation loss information

- a. listing of all open claims by accident year and type of claim (Lost time, medical only or record only) b. number of new claims by accident year last 3 years (lost time, medical only or record only) c. what is the incurred paid and reserves for each of the last 3 years d. what are the workers compensation payments (losses - medical, indemnity and expense) for each of the last 3 years

Answer: Refer to Loss Runs report, below

9. Effective date for the program is January 1, 2016 - can you confirm this date? In review it would appear the board approved a contract extension with Wright Risk for the 1/1/15-12/31/15 and 1/1/16-12/31/16 - at the April 21, 2015 meeting.

Answer: The effective date for the program will be January 1, 2016.

10. Any concerns with the existing TPA and/or issues?

Answer: There are no concerns with existing TPA.

Loss Runs as of 11/12/2015							
Year	Pre-2009	2009	2010	2011	2012	2013	2014
Incident	75	24	21	15	12	3	29
Lost Time	37	11	11	18	18	13	10
Medical Only	12	8	30	36	42	29	34
Totals	124	43	62	69	72	45	73

Open Claims as of 11/12/2015							
Year	Pre-2009	2009	2010	2011	2012	2013	2014
Lost Time	11	3	4	5	5	5	8
Medical Only	0	0	0	1	2	0	1
Totals	11	3	4	6	7	5	9

The "ADDENDUM NO. 1 RECEIPT ACKNOWLEDGEMENT FORM" on the last page of this Addendum NO. 1 must be signed and dated in the spaces provided and submitted with your Proposal. All Proposers must submit this form with its Proposal regardless of the content contained in each Addendum.

ADDENDUM NO.1 RECEIPT ACKNOWLEDGEMENT FORM

NAME: Third Party Admin for Workers' Comp- TNH058-2015

By signing this Acknowledgement and submitting same with its Proposal submission, the undersigned Proposer acknowledges receipt of this Addendum No. 1. Proposer further acknowledges that it has read and reviewed the information contained herein, understands same, and that its questions, if any presented, have been answered satisfactorily. Proposer agrees that it shall incorporate/consider the information contained in this Addendum No. 1 in preparing and providing its proposal price. In addition, this Addendum No.1 Receipt Acknowledgement Form must be signed and dated and attached to the proposal submittal.

Signature: _____

Company Name: _____

Proposer Acknowledgement Date: _____

Print & Sign Company Principal Name & Title: _____
