

Date: January 17, 2025

Solicitation: ITN 268-2025 Third-Party Administrator (TPA) for the Self-Funded Liability, and Workers' Compensation Programs

Replies Due: January 28, 2025, at 2:00 P.M. EST

Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

Please be advised that the changes below are applicable to the original specifications of the above-referenced solicitation. Added or new language to the ITN is highlighted in yellow, while deleted language has been stricken.

Change #1:

Revises Attachment V, Respondent's Reference Form (See Attached)

This Addendum provides the Board's written answers to the timely written questions received.

	Question	Answer	
1.	Please provide a 5-year loss run of all claims open and closed for all lines of business included in the ITN.	Information is posted at: https://www.leonschools.net/Page/59467	
2.	Please clarify if the new TPA will take over the open claim inventory; if so, please provide a breakdown of all open claims, by line of business.	A new TPA will be required to take over the openclaim inventory. The current volume is:Auto Liability13General Liability46Workers' Compensation82	
3.	Please provide the number of medical bills process and paid amounts for the 3 previous policy periods.	Total Amount # Processed \$3,689,951. 12,808	
4.	Please provide the number of nurse case management assignments – workers compensation – for the previous 3 years.	The number of nurse care management assignments for the previous three years is eight (8).	
5.	Please provide the nurse case management expenses for the previous 3 years.	The nurse case management expenses for the previous three (3) years are \$9,669.	
6.	Please provide managed care savings report to include – gross billed, net billed, and the percent of saving charged.	The District does not have managed care.	



	Question	Answer
7.	Please provide a copy of the current TPA contract.	Information is posted at: https://www.leonschools.net/Page/59467
8.	Please provide a copy of any special claim handling instructions.	Information is posted at: <u>https://www.leonschools.net/Page/59467</u>
9.	Page 15 – 2.6.6 (O). How many work comp claims review are currently conducted per year? What is the expectation for the New TPA?	Current Worker's Compensation claims review are less than 20 cases. Worker's Compensation claim reviews are currently conducted three (3) times a year.
10.	Page 20 – 2.9 – Performance Guarantees – Does the LCS currently have a Performance Guarantee in place? If so, please provide a copy of the PG.	The current TPA contract does not contain a performance guarantee.
11.	If a PG program is currently in place, who is responsible for scoring the claim files? Please attach a copy of the annual Performance Guarantee results and associate reimbursement charges.	Please see the answer to Question #10.
12.	Does LCS currently have preferred legal counsel, if so, please provide that information.	Legal counsel may vary by the type of case. The District's preferred legal counsel is McConnoughhay, Rumberger, and Pennington.
13.	Page 25 – Tab F References, second paragraph indicates that the reference forms need to be certified by a Notary. However, the forms do not designate an area for the Notary's signature/certification. Is a notary required for these forms?	Please see Change #1.
14.	Page 27 – Technical Evaluation – scoring – references. It appears 50 points are available. If the respondent submits the minimum number of references (3), and all receive a 5 by the evaluators, will 50 points be awarded or is it necessary to submit 5 references to receive the total of 50 points?	Respondents are required to submit three (3) references. Evaluators will score based on the quality, not the quantity of the references.
15.	Does the current TPA provide loss control services to Leon County Schools? If not, is that a service LCS is interested in?	The current TPA provider does not provide loss control services to Leon County Schools. The District is not interested in this service at this time.



Question	Answer
16. Are there any issues/problems or concerns with the current TPA?	The District's contract with the current TPA is terming out. The solicitation is predicated on awarding a new contract for services.
17. Does the current TPA provide a client account manager in addition to the claim team?	The current TPA provider provides a client account manager in addition to the claims team.
18. How many adjusters/supervisors/account managers are currently assigned to the program?	There are four (4) adjusters/supervisors/account managers currently assigned to the program.
19. What is the District's desired program start date?	The District's desired start date is May 28, 2025.
20. Please provide a copy of the current contract in	Information is posted at:
place with your TPA and any amendments.	https://www.leonschools.net/Page/59467
21. Please provide a detailed 5-year loss run in Excel	Information is posted at:
format.	https://www.leonschools.net/Page/59467
22. Please provide the total number of open claims for all years broken down by claim type. If you can break legal out separately, please provide the number of open legal, lost time, medical only, BI and PD claims.	The District is unclear as to how many years are being requested.
23. Davies offers case management services as part of our offerings. Is the District interested in this offering?	The District will consider case management services as an offering.
24. How is Telephonic Case Management (TCM) currently assigned to claims?	TCM is used only if a claimant requests it and is currently seldom utilized.
25. Is TCM to be included in the Flat Annual Fee or is this an allocated expense based on authorization from the District for referral?	The District prefers a separate charge for TCM.



Question	Answer
26. Will you provide staffing details on the current TPA's team structure handling the District's claims?	The staffing details for the current TPA provider are as follows: Civil Adjuster 1 Workers' Compensation Adjusters 3
27. Can you specify the specific areas of program performance improvement sought by the District?	The District is seeking program performance improvement options to be provided by the solicitation Respondents.
28. Will the new TPA be handling all tail claims that are currently being handled by the existing TPA?	Please see the answer to Question #2.
29. Does the District consider bill review an ALAE?	Yes, the District considers bill review an ALAE.
30. Who is the District's current provider for Medical Bill Review Services?	The District's current TPA provider is Corvel.
31. How many medical bills, including hospital & pharmacy, has the Bill Review Vendor processed for the District per year, for the last three (3) years?	Fiscal Year 2022 6,404 Fiscal Year 2023 3,387 Fiscal Year 2024 3,017
32. What has the District paid in bill review fees to include: per bill, percentage of savings (inclusive of PPO), flat fee, and/or per line charges?	# of Bills Reviewed Cost of Charges 24 \$83,245
33. Please provide total amount billed, the total fee schedule savings, total PPO and other savings, as well as net paid per year for the District for the past three (3) years.	Fiscal Yr Fee Scheduled Savings PPO & Other Savings Net Paid 22 \$3,922,578 \$2,077,603 \$1,844,975 23 \$1,867,227 \$957,626 \$909,601 24 \$2,055,551 \$1,119,976 \$935,375



34. In section 3.1.2 of the Insurance Requirements, under Professional Liability Insurance, it says that "The policy shall contain a maximum deductible of \$25,000.00 per claim." Would the District accept a \$150,000.00 per claim deductible instead?	Yes, the District will accept a \$150,000 per claim deductible.
35. How does the District define "Information Security Incident" as used in Section 4.7 Insurance Requirements?	The District defines "Information Security Incident" as any data breach.

Attachment V

Respondent's Reference Form

In the spaces provided below, the Respondent shall list all names under which it has operated during the past five (5) years.

On the following pages, the Respondent shall provide the information indicated for three (3) separate and verifiable references. The references listed must be for businesses or government entities for whom the Respondent has provided services of similar scope and size to the services identified in the ITN. The same reference may not be listed for more than one (1) organization and confidential references shall not be included. In the event that the Respondent has had a name change since the time work was performed for a listed reference, the name under which the Respondent operated at that time must be provided in the space provided for the Respondent's Name.

Current or former employees of the District or current or former members of the Board may not be used for more than one reference.

References that are listed as subcontractors in the Reply will not be accepted as references under this solicitation. Additionally, References shall pertain to current and ongoing services or those that were completed before January 1, 2025. References shall not be given by:

- Persons currently or formerly employed or supervised by the Respondent or its affiliates. ٠
- Board members within the Respondent's organization. •
- Relatives of any of the above. •

References must be signed and notarized to be accepted.

Additionally, the District reserves the right to contact references other than those identified by the Respondent to obtain additional information regarding past performance.

ADDENDUM #002 Respondent's Reference Form Attachment V ITN 268-2025 Third-Party Administrator (TPA) for the Self-Funded Liability, and Workers' Compensation Programs

Respondent's Reference Form

Reference #1

Respondent's Name:		
Reference Company Name:		
Address:		
Contact Person		
Contact Title		
Contact Phone		
Contact Email		
Performance Period		
Brief description of the services perfo	ormed for this reference	
·		dequate O Good O Excellent
Would you contract with this vendor	again? O Yes O No	
STATE OF FLORIDA COUNTY OF Aut	horized Representative (Print)	Authorized Representative (Signature)
The foregoing instrument was acknowled	ged before me by means of []	physical presence or [] online notarization
this day of Date Month	, 20, by	Authorized Representative
	or	
Position Title	Company Nar	ne
(NOTARY SEAL)	Notary Signature	

Name of Notary (Typed, Printed or Stamped)

ADDENDUM #002 Respondent's Reference Form Attachment V ITN 268-2025 Third-Party Administrator (TPA) for the Self-Funded Liability, and Workers' Compensation Programs

Respondent's Reference Form

Reference #2

Respondent's Name:		
Reference Company Name:		
Address:		
Contact Person		
Contact Title		
Contact Phone		
Contact Email		
Performance Period		
Brief description of the servic	es performed for this reference	
Overall contract performance	e O Poor O Fair O Adequ	ate O Good O Excellent
Would you contract with this	vendor again? O Yes O No	
STATE OF FLORIDA	Authorized Representative (Print)	Authorized Representative (Signature)
The foregoing instrument was ac	knowledged before me by means of [] phys	cal presence or [] online notarization
this day of	, 20, by onth Yr Autho	as
Date M	onth Yr Autho	ized Representative
	for	
Position Title	Company Name	
(NOTARY SEAL)	Notary Signature	

Name of Notary (Typed, Printed or Stamped)

ADDENDUM #002 Respondent's Reference Form Attachment V ITN 268-2025 Third-Party Administrator (TPA) for the Self-Funded Liability, and Workers' Compensation Programs

Respondent's Reference Form

Reference #1

Respondent's Name:	
Reference Company Name:	
Address:	
Contact Person	
Contact Title	
Contact Phone	
Contact Email	
Performance Period	
Brief description of the servic	es performed for this reference
Overall contract performance	e O Poor O Fair O Adequate O Good O Excellent
Would you contract with this	vendor again? O Yes O No
STATE OF FLORIDA	Authorized Representative (Print) Authorized Representative (Signature)
The foregoing instrument was ac	knowledged before me by means of [] physical presence or [] online notarization
this day of	, 20 , by as
Date M	, 20, byasasas
	for
Position Title	Company Name
(NOTARY SEAL)	Notary Signature

Name of Notary (Typed, Printed or Stamped)