



CorVel's Supplemental Responses to Request for Proposal for the City of Hollywood

Solicitation #RFP-4522-16-RD / Workers' Compensation and Liability Claims Services

August 4, 2016

Contact: Debbie Popovich

1560 Sawgrass Corporate Parkway, Suite 100

Sunrise, Florida 33323

P: 954.218.4807

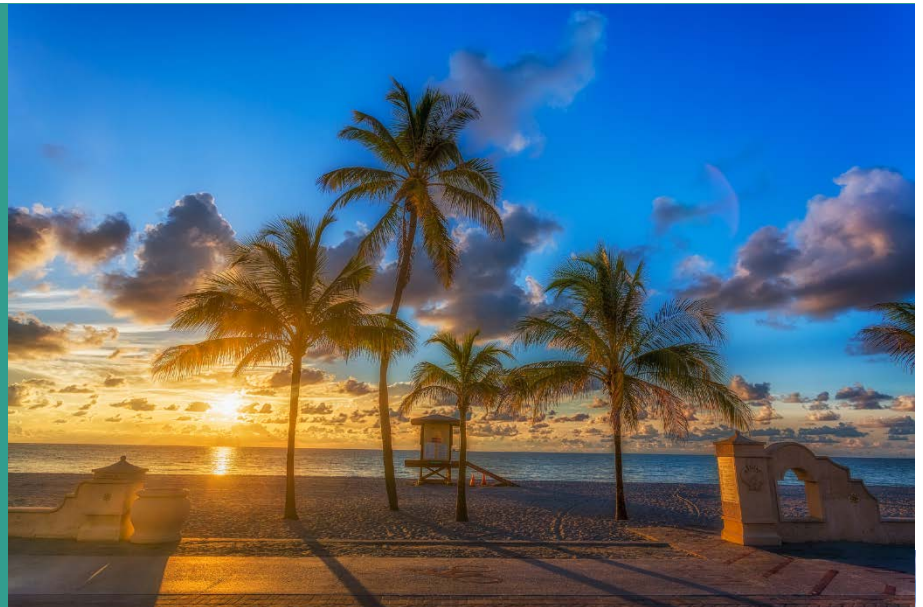


TABLE OF CONTENTS

Acknowledgement and Signature Page.....	3
Letter of Transmittal.....	4
Executive Summary.....	5
Required Forms – General Information.....	6
Required Forms - Workers' Compensation.....	10
Required Forms - Liability.....	15
Supplemental Information for Responses in the City's Forms.....	19
Profile of Proposer.....	22
Summary of Proposer's Qualifications.....	24
Project Understanding, Proposed Approach, and Methodology.....	26
Summary of the Proposer's Fee Statement.....	29
Project Time Schedule.....	30
CorVel's Cost Proposal.....	31
Required Forms - Miscellaneous.....	33

Issue Date _____

ACKNOWLEDGMENT AND SIGNATURE PAGE

This form must be completed and submitted by the date and the time of bid opening.

Legal Company Name (include d/b/a if applicable): CorVel Enterprise Comp, Inc. Federal Tax Identification Number: 42-1704550

If Corporation - Date Incorporated/Organized: CorVel Enterprise Comp, Inc. was incorporated on May 11, 2006.

State Incorporated/Organized: Delaware

Company Operating Address: 2010 Main Street, Suite 600

City Irvine State CA Zip Code 92614

Remittance Address (if different from ordering address): N/A

City _____ State _____ Zip Code _____

Company Contact Person: Debbie Popovich Email Address: debbie_popovich@corvel.com

Phone Number (include area code): 954.282.5100 Fax Number (include area code): 866.434.0686

Company's Internet Web Address: www.corvel.com

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER CERTIFIES ACCEPTANCE OF THE TERMS, CONDITIONS, SPECIFICATIONS, ATTACHMENTS AND ANY ADDENDA. THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER/PROPOSER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR THE PERIOD OF TIME STATED IN THE SOLICITATION.

Richard Schweppe 8/3/16
Bidder/Proposer's Authorized Representative's Signature: Date

Type or Print Name: Richard Schweppe, Secretary and Treasurer

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE BID/PROPOSAL NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID/PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.

ANY EXCEPTION, CHANGES OR ALTERATIONS TO THE GENERAL TERMS AND CONDITIONS, HOLDHARMLESS/INDEMNITY DOCUMENT OR OTHER REQUIRED FORMS MAY RESULT IN THE BID/PROPOSAL BE DEEMED NON-RESPONSIVE AND DISQUALIFIED FORM THE AWARD PROCESS.

CorVel reserves the right to negotiate all terms and conditions with the City.

August 4, 2016

City of Hollywood
2600 Hollywood Boulevard, Room 221
Hollywood, Florida 33020
Attn: Office of the City Clerk

RE: RFP-4522-16-RD TPA Services for Workers' Compensation and Liability Claims

Thank you for considering CorVel Corporation as a strategic partner to help the City reach its risk management goals. CorVel and its associates are acutely aware of the financial challenges faced by Florida municipalities such as union involvement and police and firefighter's presumption claims. Our innovative claims management and cost containment program was designed with this in mind, and we are delivering improved outcomes to customers facing similar challenges.

CorVel's approach to workers' compensation and liability is distinguished by these key differentiators:

- **Proactive programs that connect employees to the right care, immediately.** 24/7 nurse triage, rules-based technology that drives the delivery of care, an outcomes-focused claims process, and convenient "instant" access to our services moments instead of days after an injury occurs, address potentially complex claims at the onset – and significantly impact the total cost of risk.
- **Expertise in liability management.** CorVel's liability services include detailed investigation, file documentation, litigation management, preparation of mandated reports, as well as coordination and communication with the City's employees. The utilization of our prompt claims handling, government tort experience, and investigative expertise at the onset of a claim will significantly reduce your costs, including administrative fees, litigation fees and reserves.
- **A connected program that delivers results.** Unlike other claims solutions that promise to be fully "integrated," CorVel's solution was built from the ground up. Based on our depth of industry intelligence, the result is a fully connected solution that changes the claims landscape in your organization – we reduce the number of lost time claims by proactively managing claims from the moment an injury occurs. ***By changing the mix, our clients have seen a reduction in total claims costs of more than 10% in the first year alone.***

The program described in our proposal has been based on how we can meet the objectives you describe in your RFP. We look forward to working collaboratively with the City to tailor a program based on your company's philosophy and goals so we can help you achieve the same outstanding results realized by CorVel's other clients.

CorVel has received Addendum #1, and the City's response to bidders' questions.

Debbie Popovich will serve as the primary contact for this proposal shall any communication or questions arise. She can be reached by telephone at (954) 218-4807 or by email at debbie_popovich@corvel.com. Thank you again for your consideration.

Sincerely,



Richard Schweppe
Secretary and Treasurer

CorVel begins all of our programs with a single philosophy – partnership. Together with our clients, we innovate ways to improve risk management programs and return injured employees to work. Through partnership and collaboration, we can implement a proactive, healthcare driven process for injured employees while simultaneously working towards cost-conscious solutions that reduce your company’s costs. CorVel supports our partnerships by investing in technology and the critical tools we use to communicate with you every day. This integrated ecosystem is the foundation for our service offering. It allows us to work side by side with you, and deliver your program vision.

Caring for Your Employees

Our role is to care for your employees and return them to work. We provide immediate intervention for your employees with a 24/7 nurse hotline and access to our innovative telehealth services. Early interaction with a doctor can facilitate expedited prescriptions and referrals for additional care services. Telehealth is just one of the ways CorVel is here for your employees. By connecting your employees to appropriate care from the onset of an injury, we deliver better care in a timely manner.

Communication is Critical

We’re by your side for your day to day operations while strategically developing program initiatives to achieve your long term goals. We know that constant communication and access to vital information are essential factors to program success. The invaluable partnerships we’ve developed with clients like you allow us to learn every day, which helps us to create and execute innovative ways to manage your risk.

Your brand is secure.

We protect your brand as if it were our own. By embodying the City’s values as an extension of our service offering, we facilitate collaborative, strategic processes for prompt claims resolution. In and out with minimal exposure – that’s our philosophy and our promise.

A Single Source Solution

With CorVel, you have complete visibility into your entire program – from claims reserves and case notes to dashboards and analytics. We are the only partner that offers integrated claims management and managed care services via one platform. Our services are provided by CorVel employees all working together in real time. No silos, no delays. More access, more action. This means you have more control of your program, facilitating faster and better decision making.

Money Matters

We know what you’re thinking – every dollar counts. By doing more for your injured workers, we also impact your bottom line. We make it our business to save you money because we know your money *is* your business.

Partnership – it’s so simple, yet it makes all the difference. We work side by side with you to deliver the solutions your program needs and the care your employees deserve.

Together, let’s do more.

**CITY OF HOLLYWOOD, FLORIDA
REQUEST FOR PROPOSALS**

FOR

THIRD PARTY CLAIMS ADMINISTRATION

PROPOSAL FORMS

GENERAL INFORMATION

Use of the proposal forms will enable a faster more complete analysis of the Proposal(s) submitted. Please complete this general proposal form in addition to a separate proposal for each coverage proposed. Additional information can be attached to the forms.

Name of Third Party Administrator: CorVel Enterprise Comp, Inc.

Address: 2010 Main Street, Suite 600
Irvine, California 92614

Telephone Number: (954) 282-5100

Facsimile Number: (866) 434-0686

Primary Contact: Debbie Popovich

Email Address: debbie_popovich@corvel.com

Services being Proposed:

Workers' Compensation Yes No

Liability Yes No

Issue Date

State if Proposer is a national, regional or local organization

National

Provide a list and description of similar municipal engagements satisfactorily performed within the past two (2) years (use separate sheet if necessary)

Please see the section titled "Profile of Proposer" for a detailed response.

Has the Proposer been involved in litigation within the past five (5) years or is there any pending litigation arising out of the Proposer's performance? (if so, please provide details on separate sheet)

Yes _____ No

Identify the claim manager and each individual who will work as part of the engagement. Include resumes for each person to be assigned. The resumes may be included as an appendix.

(Claim Manager)

Please see the section titled "Summary of Proposer's Qualifications" for a detailed response.

Describe the organization of the proposed project team, detailing the level of involvement and field of expertise for each member of the team.

Please see the section titled "Summary of Proposer's Qualifications" for a detailed response.

Describe what municipal staff support you anticipate for the project.

Please see the section titled "Summary of Proposer's Qualifications" for a detailed response.

Will the Proposer charge a set up fee, an initial fee or maintenance fee?

Yes No _____

If so, please provide details

Please see CorVel's attached Cost Proposal for a detailed breakout of our fees.

Issue Date

Please explain required banking arrangements

Please see the section titled "Supplemental Information for Responses in the City's Forms."

Can the Proposer provide the required insurance?

Yes No

If not, please explain

Can the Proposer offer the City direct/online access to claim information?

Yes No

If so, please provide details and cost, if any.

Please see the section titled "Supplemental Information for Responses in the City's Forms."

Please provide the City and State where the physical administration will take place.

What is the current case load of the adjusters that will be assigned to the City's account?

Indemnity Adjuster: 125 – 150 files
Medical Only Adjuster: 200 – 250 files

Workers' Compensation

Liability

125 – 150 files

Please provide the number of active self-insured accounts being administered from the responsible office.

Governmental

12

Other

64

Issue Date _____

Please provide complete details on the proposer's ability to provide loss control engineering services as specified in this RFP. Include the cost of such services if not included in base fees. (use separate sheet if necessary).

Please see the section titled "Supplemental Information for Responses in the City's Forms."

The Proposer stated below is the authorized agent of the company or companies proposed, and is authorized to commit the proposing company to the terms and conditions stated above.

Richard Schweppe

Signature of Authorized Representative

8/3/16

Date

**CITY OF HOLLYWOOD, FLORIDA
REQUEST FOR PROPOSALS
FOR
THIRD PARTY CLAIMS ADMINISTRATION

PROPOSAL FORMS

WORKERS' COMPENSATION**

Use of the proposal forms will enable a faster more complete analysis of the Proposal(s) submitted. Please complete a separate form for each proposal. Additional information can be attached to the forms.

Name of Third Party Administrator: CorVel Enterprise Comp, Inc.

Address: 2010 Main Street, Suite 600
Irvine, California 92614

Telephone Number: (954) 282-5100

Facsimile Number: (866) 434-0686

Primary Contact: Debbie Popovich

Email Address: debbie_popovich@corvel.com

Does the Proposer agree to provide the following services for the price proposed?

Establish a claims file on all incidents reported by the City. Yes No

Issue Date

Establish and maintain reasonable reserves on all active claims. Yes No

Investigate all reported incidents and make a determination of the claim's compensability within 24 hours. Yes No

Obtain recorded statements from the claimant and all witnesses if any aspect of the claim is questionable. Yes No

Monitor the medical treatment of the claimant and pursue timely Maximum Medical Improvement (MMI) dates from the treating physician(s). Yes No

Pay all benefits in accordance with Florida Statutes. Yes No

Reduce all medical bills in accordance with the State Fee Schedule. Yes No

Coordinate with the City to determine the availability of light duty positions and obtain the opinions of the treating physicians regarding the claimant's ability to perform the duties of such positions. Yes No

Coordinate with the City and its defense counsel on all litigated matters. Yes No

Issue Date _____

Advise the City of all claims that could benefit from the assignment of Nurse Case Management and provide such services at the direction of the City. Yes No

Report claims that could possibly pierce the self-insured retention of the City to its Excess Insurer and provide periodic reports in accordance with the terms and conditions of its policies. Yes No

File necessary documentation to the City's Excess Insurer and obtain reimbursements on a timely basis. Yes No

Pursue all potential subrogation to the full extent of the law. Yes No

Electronically capture all claim costs and prepare detailed loss history reports on a monthly basis. Yes No

Provide loss history information In Microsoft Excel format. Yes No

Maintain detailed adjuster and Nurse case manager's notes documenting all claim activity. Yes No

Provide real time, online access to the City's claims to include adjuster and nurse case manager's notes. Yes No

Provide the City with written narrative reports every sixty (60) days. Yes No

File all State mandated reports on behalf of the City. Yes No

Issue Date _____

Arrange for the responsible adjuster and his/her supervisor to attend a minimum of four (4) claim review meetings annually. Yes ✓ No _____

Respond to all questions raised by the City or its representative(s) in a timely fashion. Yes ✓ No _____

Pursue timely and cost effective settlements in accordance with the City's approval and protocols. Yes ✓ No _____

Maintain all closed files for a period of time acceptable to the City and return such files to the City if requested. Yes ✓ No _____

Cooperate and assist the City in the performance of claim audits/reviews. Yes ✓ No _____

Make timely recommendations to the City regarding cost containment measures such as the use of private investigation, utilization reviews, independent medical exams, etc. Yes ✓ No _____

Attend mediations and trials as requested by the City's defense counsel. Yes ✓ No _____

All responses of "No" to the above questions must be fully explained.

Please provide experience of adjusters that will be assigned to the City's account with police and firefighter's presumption claims.

Please see the section titled "Supplemental Information for Responses in the City's Forms."

Issue Date _____

Quoted Price:

	Claims occurring after September 30, 2016	Claims occurring prior to October 1, 2016 (Assumed claims)
Proposed Monthly Fee		
Proposed Annual Fee		

Is an alternative pricing structure proposed? Yes No _____

If so, please specify
(use separate sheet if
necessary)

Please see CorVel's Cost Proposal.

Will a minimum fee apply to the contract? Yes No _____

If so, please provide full
details

Please see CorVel's Cost Proposal.

Please provide a complete
description and cost of ancillary
services not included in base
fee including but not limited to:
bill review, network access
discount(s), telephonic case
management, field case
management and hospital
bill audits, etc. (use separate
sheet if necessary)

Please see CorVel's Cost Proposal.

Are there any exceptions to
the specifications? Yes No _____

If so, please specify

Please see CorVel's Cost Proposal.

The Proposer stated below is the authorized agent of the company or companies proposed, and is authorized to commit the proposing company to the terms and conditions stated above.

Richard Schwapp
Signature of Authorized Representative

8/3/16
Date

CITY OF HOLLYWOOD, FLORIDA
REQUEST FOR PROPOSALS
FOR
THIRD PARTY CLAIMS ADMINISTRATION
PROPOSAL FORMS
LIABILITY

Use of the proposal forms will enable a faster more complete analysis of the Proposal(s) submitted. Please complete a separate form for each proposal. Additional information can be attached to the forms.

Name of Third Party Administrator: CorVel Enterprise Comp, Inc.

Address: 2010 Main Street, Suite 600
Irvine, California 92614

Telephone Number: (954) 282-5100

Facsimile Number: (866) 434-0686

Primary Contact: Debbie Popovich

Email Address: debbie_popovich@corvel.com

Does the Proposer agree to provide the following services for the price proposed?

Establish a claims file on all incidents reported by the City. Yes No

Issue Date

Establish and maintain reasonable reserves on all active claims.

Yes No

Investigate all reported incidents and make a determination of the City's negligence.

Yes No

Develop recommended defenses in a timely manner.

Yes No

Cooperate with the City's Attorney's Office on all claim matters.

Yes No

Coordinate with the City and its defense counsel on all litigated matters.

Yes No

Pursue all potential subrogation to the full extent of the law.

Yes No

Report claims that could possibly pierce the City's self-insured retention to its Excess Insurer and provide periodic reports in accordance with the terms and conditions of the City's policies.

Yes No

File necessary documentation to the City's Excess Insurer and obtain reimbursements on a timely basis.

Yes No

Provide the City with written narrative reports every sixty (60) days.

Yes No

Arrange for the responsible adjuster and his/her supervisor to attend a minimum of four (4) claim review meetings annually.

Yes No

Attend weekly case review meetings with the City Attorney & Risk Manager

Yes No

Issue Date

Respond to all questions raised by the City or its representative(s) in a timely fashion. Yes ✓ No _____

Pursue timely and cost effective settlements in accordance with the City's approval and protocols. Yes ✓ No _____

Electronically capture all claim costs and prepare detailed loss history reports on a monthly basis. Yes ✓ No _____

Provide loss history information In Microsoft Excel format. Yes ✓ No _____

Maintain detailed adjuster's notes documenting all claim activity. Yes ✓ No _____

Provide real time, online access to the City's claims to include adjuster's notes. Yes ✓ No _____

Maintain all closed files for a period of time acceptable to the City and return such files to the City if requested. Yes ✓ No _____

Cooperate and assist the City in the performance of claim audits/reviews. Yes ✓ No _____

Attend mediations and trials as requested by the City's defense counsel. Yes ✓ No _____

All responses of "No" to the above questions must be fully explained.

Issue Date _____

Quoted Price:

	Claims occurring after September 30, 2016	Claims occurring prior to October 1, 2016 (Assumed claims)
Proposed Monthly Fee		
Proposed Annual Fee		

Is an alternative pricing structure proposed?

Yes No _____

If so, please specify (use separate sheet if necessary)

Please see CorVel's Cost Proposal.

Will a minimum fee apply to the contract?

Yes No _____

If so, please provide full details

Please see CorVel's Cost Proposal.

Please provide a complete description and cost of ancillary services not included in base fee including but not limited to: subrogation fees. (use separate sheet if necessary)

Please see CorVel's Cost Proposal.

Are there any exceptions to the specifications?

Yes No _____

If so, please specify

Please see CorVel's Cost Proposal.

The Proposer stated below is the authorized agent of the company or companies proposed, and is authorized to commit the proposing company to the terms and conditions stated above.

Richard Schweppe

8/3/16

Signature of Authorized Representative

Date

Supplemental Information for Responses in the City's Forms

General Information Proposal Form

Will the Proposer charge a setup fee, an initial fee or maintenance fee? If so, please provide details.

Please see the Pricing Forms for a detailed breakdown of CorVel's fees.

Please explain required banking arrangements.

CorVel will establish a Wells Fargo bank account funded by the City to be used for guaranteed timely payment of all legitimate, authorized expenses associated with handling the City's claims. This includes medical bills, TTD payments, TPD payments, legal fees, investigation costs, rehabilitation expenses and other allocated loss expenses. Utilizing our Wells Fargo account, injured workers and providers have the option to setup direct deposit.

Checks are printed daily for most clients, although bi-weekly and weekly printing are available. Given there are adequate funds in the bank account, it is CorVel's policy to pay all bills within 14 days of receipt to avoid double payments and potential penalties. Funding for the bank account can be in the form of an ACH credit, ACH debit initiated by CorVel, wire or check. CorVel will send the City daily, weekly or monthly check registers that document all the payments processed. Additionally, CorVel will perform monthly bank reconciliations.

Upon set-up of the City's Wells Fargo account, we will need to determine how the account will be funded:

- Pre-funding – Amount will be determined based on the average claim payment amount, reimbursement frequency and reimbursement lag. We will work with the City to set an agreed upon amount for initial funding. On average, this roughly equates to three times the amount of the payments processed between reimbursements. Reimbursement to the account can occur monthly or every other month as designated by the City to provide adequate funding for payments. Pre-specified authorization levels will be pre-approved by the City.
- ACH debit – Based off the daily, weekly, or monthly check run, CorVel will initiate a debit against the City account. An email with check register back-up will be sent to the City to support the debit.
- ACH credit – This is similar to an ACH debit but rather than CorVel initiating the debit, the City will initiate it.

Can the Proposer offer the City direct/online access to claim information? If so, please provide details and cost, if any.

Yes, the City will have online access to your program's claim information. CorVel's proprietary claims management system has been developed and supported by our in-house, full time information systems division. We have invested millions of dollars into the development of our integrated system that offers tremendous cost and timesaving benefits. Unlike most industry platforms, we do not rely on data feeds from third parties that can delay critical information. Our system supports our claims and medical

management teams by supplying extensive, real-time information to better assist injured workers and improve outcomes.

We offer a secure system that provides the City with complete program visibility, streamlined processes, and allows you to stay connected throughout the entire claims process. The City will be provided with 24/7 access to real time data including claim activities, diaries, claim notes, reserves, medical bill documentation and financial information. Detailed reports can also be generated in various time periods and formats, and can be sorted in a variety of grouping and filtering options.

Features of CorVel's claim system include:

- Tailored User Setup – User ability to set up custom alerts and preferences
- Dashboards – User friendly dashboards intelligently organize data and provide useful tools for effective claims management
- Transparency – 24/7 online access to all claims and financial data
- Data Security – Password protected via a secure internet connection and HIPAA compliant

Please provide complete details on the proposer's ability to provide loss control engineering services as specified in this RFP. Include the cost of such services if not included in base fees. (use separate sheet if necessary).

CorVel delivers a variety of safety analysis reports that identify loss trends, analyze derivatives and detail financial impacts. We offer an interactive safety report that allows the City to tailor reports with specific parameters in an intuitive and user-friendly format. The Account Manager will regularly review loss data and inform the City of areas that may need further inquiry or analysis.

We find that most of our clients have different needs for safety and loss consulting (i.e. ergonomic, OSHA compliance, safety engineering, risk management, industrial hygiene, environmental control, etc.). In order to recommend the best consultants for the City's program, we will discuss your exact safety and loss control needs and identify local consultants with the required expertise.

Workers' Compensation Proposal Form

Investigate all reported incidents and make a determination of the claim's compensability within 24 hours.

CorVel will make a determination of compensability based on the facts gathered during the investigation phase and in accordance with jurisdictional statutes, rules or legal precedent. The initial plan of action will be initiated within two business days of claim receipt. On all open active claims where compensation benefits are being paid, the file will be updated at a minimum of every 30 days. For all other indemnity claims, the file will be updated every 90 days.

Please provide experience of adjusters that will be assigned to the City's account with police and firefighter's presumption claims.

CorVel's Adjusters comply with Florida Statute 112.18 of the Heart and Lung Bill and stay up-to-date on any new case law that arises.

Prior to accepting a Heart and Lung claim as compensable, CorVel investigates the employee's risk factors to assist in determining major contributing cause. Florida Statute equates major contributing cause as the cause being greater than 50%. Due to the cost of Heart and Lung claims, CorVel finds it essential to complete investigation in less than 14 days to prevent any unnecessary indemnity payments. Factors include:

- Age
- Obesity
- Stress
- Decreased activity
- Use of tobacco and alcohol
- Use of sodium/salt
- Family history of heart attack
- Diabetes
- Various other medical conditions

CorVel will rebut cases of congenital heart disease. For cases posted July 1, 2011, CorVel utilizes the reverse presumption for injured workers who are medically noncompliant.

Profile of Proposer

- a. **State whether your organization is national, regional or local.**

CorVel is a national organization with over 80 offices servicing all 50 states.

- b. **State the location of the office from which your work is to be performed.**

CorVel's Tampa, Florida will administer the City's claims.

- c. **Describe the firm, including the size, range of activities, etc. Particular emphasis should be given as to how the firm-wide experience and expertise in the area addressed by this Request for Proposal, will be brought to bear on the proposed work.**

CorVel has over 30 years of experience as a national provider of healthcare management solutions to employers, insurance companies and government agencies. We are publicly traded (NASDAQ:CRVL) and annual revenues exceeded \$490 million in fiscal year 2015. We have approximately 3,500 associates who serve more than 1,000 customers through a national branch office network covering all 50 states. Our continued customer growth is a testament to our financial stability and our significant investments in new systems and technologies allow us to continue to deliver industry-leading solutions to the marketplace.

We are an industry leader in claims administration and healthcare management solutions. Throughout the years, we have enjoyed long-term relationships with many of the largest and most innovative payors in the nation. Using the expertise gained in those relationships, our entire client base is able to take advantage of the pooled insights of many of the leaders in the casualty insurance industry.

CorVel's claims management program is a unique approach to claims administration, healthcare and disability management. We offer a comprehensive claims management solution directed toward the self-insured and municipal markets that proactively manages the entire episode of a claim. By incorporating a strong medical management component in claims management, CorVel is able to control the cost of claims more effectively than the traditional claims management model, saving municipalities like the City time and money.

Looking to the future, new information management tools are being added to the service line, further expanding the information processing capabilities that have always been the core of the Company's value proposition.

- d. Provide a list and description of similar municipal engagements satisfactorily performed within the past two (2) years. For each engagement listed, include the name, email, fax and telephone number of a representative for whom the engagement was undertaken who can verify satisfactory performance.

CorVel has successfully provided claims administration and healthcare management services to several municipalities in Florida and across the nation including:

- City of Miami Beach, Florida (please see the provided Reference Questionnaire)
- City of North Miami Beach, Florida (please see the provided Reference Questionnaire)
- City of Pompano Beach, Florida (please see the provided Reference Questionnaire)
- City of West Palm Beach, Florida
- City of Augusta/Richmond County, Georgia
- City of Durham, North Carolina
- Fairfax County, Virginia
- State of Tennessee

- e. Have you been involved in litigation within the last five (5) years or is there any pending litigation arising out of your performance?

In the last five years, there has not been any investigatory or regulatory action undertaken against CorVel that would affect our performance of any duties or responsibilities contemplated by the City other than as disclosed in our publicly-filed financial statements.

Summary of Proposer's Qualifications.

- a. **Identify the project manager and each individual who will work as part of the engagement. Include resumes for each person to be assigned. The resumes may be included as an appendix.**

CorVel understands the importance of a consistent, designated team for the most effective handling of the City's claims. The following staff will be designated to the City's account:

- Debbie Popovich, Vice President of Regional Sales
- Jenna Ando, Account Manager
- Valerie Crawford, Workers Compensation Claims Supervisor
- Felipe Benitez, Branch Manager
- Robert Shannon, Liability Claims Manager
- Liability Claims Adjusters
- Workers' Compensation Claims Adjusters

Please see Attachment A: Resumes of Key Personnel.

- b. **Describe the experience in conducting similar projects for each of the consultants assigned to the engagement. Describe the relevant educational background of each individual.**

CorVel is dedicated to providing the City with an experienced staff that will exceed the City's expectations. Our workers' compensation Claims Supervisors have an average of 16 years of experience. Claims Adjusters average 10 years of experience and Claims Assistants average more than 5 years of experience.

CorVel's Liability Supervisors have an average of 20 years of experience, and Liability Adjusters have an average of 15 years of experience.

Please see Attachment A: Resumes of Key Personnel, for details on educational background of the staff that will be designated to the City's program.

- c. **Describe the organization of the proposed project team, detailing the level of involvement, field of expertise and estimated hours for each member of the team.**

The designated Account Manager will be the point person for the City who is responsible for overseeing the program and ensuring compliance with established service standards and requirements. Ongoing communication will be maintained with the City to provide support for your day-to-day needs including any reporting and training requests. The Account Manager will address any inquiries or issues that may arise and is fully empowered with the required technical and management resources to ensure a timely resolution.

The estimated level of involvement of each CorVel staff member will be assessed during implementation.

Please see Attachment B: Organizational Chart for the City's Program.

d. Describe what municipal staff support you anticipate for the project.

The City will need to have both a business and Information Technology representative available for CorVel during implementation. These individuals will be necessary to answer questions, deliver all needed work (database(s), connectivity information, file layouts) and coordinate all meetings with the CorVel and the City implementation teams.

Project Understanding, Proposed Approach, and Methodology.

Describe your approach to performing the contracted work. This should include the following points:

- a. **Type of services provided. Discuss your role and that of other parties involved in the data gathering, data analysis and recommendation process.**

CorVel offers the City superior results by utilizing our completely in-house and integrated claims management and managed care solution. We have extensive expertise in both claims handling and managed care services allowing our clients to achieve the best possible outcomes. The City can obtain greater efficiency and earlier return to work on their claim files, while achieving greater reductions in the overall length and costs of medical treatment.

In addition to our claims administration services, the following proprietary managed care services are included in the program:

Network Solutions

Our innovative provider network and medical bill review program delivers savings up to 28% higher than industry averages. We have a complete medical savings solution for all in-network and out-of-network medical bills, including PPO management, medical bill re-pricing and professional review. Our medical bill review program offers an average savings of 63% per bill in Florida.

Networks: CorVel offers a proprietary national PPO network comprised of more than 30,000 providers and specialties in Florida and over 750,000 nationwide to offer the City local insight with national coverage. Providers are selected from a demanding criteria based on quality, range of services and location. We offer provider look-up on our website, www.corvel.com, healthcare portal, www.caremc.com and via mobile apps so users can easily locate providers in their area, see a map, get door to door driving directions or print a directory.

Pharmacy: CorVel's pharmacy solution provides comprehensive insight to your program data as well as maximum network penetration, a first fill program, formulary management, brand to generic conversion, a mail order program and utilization management. Combining these services with access to a network of over 4,500 retail pharmacies in Florida and management of all bills with prescription medications, the City can experience significant reductions in your pharmacy exposures and spend.

Physical Therapy: CorVel's physical therapy program is healthcare centric and cost effective. Through a series of frequent touch points throughout the therapy process, CorVel provides a treatment plan tailored to the injured worker's specific injury. In addition to an evaluation after the first appointment, we reassess treatment every six visits, rather than waiting until the end of a prescription, reducing overutilization and facilitating faster return to work.

Directed Care Network: CorVel offers a directed care network that provides access to specialty medical services which may be required to support an injured worker's medical treatment plan. We have contracted with the nation's best providers for diagnostic imaging, durable medical equipment, independent medical examinations, transportation and translation services in order to ensure guaranteed services with low prices. We manage the entire episode of care including

scheduling expedited appointments, coordinating the receipt of medical reports as needed, and handling payment resolution.

Patient Management Services

CorVel's patient management services address all aspects of case management and recovery including telephonic, field and catastrophic case management as well utilization review and vocational rehabilitation. We work to identify and categorize claims as soon as possible to ensure the patient follows the most appropriate care path, ultimately improving return to work (RTW) outcomes.

Our utilization review program provides prospective, concurrent and retrospective reviews of treatments. Our experienced staff of Case Managers, medical directors and peer review physicians utilize treatment protocols and expert systems technology to determine the medical appropriateness of care as well as frequency, duration and setting. The goal of the program is to avoid unnecessary treatments and their associated costs and ensure high quality medical care for injured workers.

Integrated Analytics

Predictive Analytics/ Risk Score: CorVel is able to proactively identify significant cost-drivers in pharmacy utilization before they become high dollar claims through clinical modeling analysis of all bill review data. We have a proprietary set of rules in our system to flag specific indicators such as high narcotics usage, multiple prescribers, and certain drug combinations that can contribute to rising costs or lead to harmful conditions such as addiction and prescription abuse. Integration with our bill review program provides us with full visibility into a patient's entire drug history so we can manage the total exposure. Once a potential costly or harmful claim is identified, it will be forwarded for intervention by our medication review program, with prior approval from the City.

CorVel's medication review program reduces costs by working with treating physicians to ensure injured workers get the most appropriate care in the most cost effective manner. Our locally based physicians consult with treating physicians to review prescriptions, determine medical necessity, consider alternative medications and obtain the physician's sign off for the new drug plan. This can result in significant reductions in overall medication costs and ensure the injured worker's safety during their episode of care.

b. Discuss your project plan for this engagement outlining major tasks and responsibilities, time frames and staff assigned.

CorVel will utilize the core principals of quality assurance and project management for the City's program, beginning with implementation through continued account management. Utilizing project management methodologies, CorVel and the City will work together to develop strategies, structure, processes and resources for implementation.

The plan will consist of major implementation categories including staffing, data transfer and conversion, claims management, banking, communications, personnel, training and information technology. The plan is separated into a pre and post implementation timeline, which includes the task owner and tracks ongoing program deliverables such as task status and date for completion.

Based on the implementation plan, we will develop an account management plan which contains the City's specifications, including a special handling section to ensure CorVel's solution is tailored to the exact needs and specifications of the City. The document will be reviewed and signed by the City and CorVel to ensure there is a complete understanding of the service and program deliverables. Next, the City's account management plan and special handling instructions are uploaded and maintained in our claims system to ensure all stakeholders are aware of the program deliverables to ensure compliance and quality.

The City's designated Account Manager will ensure that all components of implementation and service delivery are being delivered and all expectations are being met. Upon notification of any issues, the Account Manager will work with the appropriate parties to resolve the issue. The Account Manager will also keep the City fully informed of the status and plan for resolution. All quality assurance measures and best practices will be reviewed during formal claim review meetings. At CorVel, we are committed to providing quality services that exceed customer expectations and add value to the partnership.

Summary of the Proposer's Fee Statement.

The Proposal will show the fee schedule. Express your fee in a fixed monthly rate and a separate price for the components of the work shown in scope of service. Additionally, indicate your expectations concerning reimbursement for travel, per diem expenses, photocopying, telephone lines or other incidental expenses, if applicable. If additional work is required beyond the scope of this contract, how would those services be billed? This may include additional presentations or follow- up as requested.

Please see CorVel's Cost Proposal.

Project Time Schedule, if applicable.**Provide a detailed time schedule for this project.**

CorVel's designated Account Manager for the City's program will work closely with the City staff to design, implement, evaluate and facilitate the optimal program. The development of the program will begin with an initial set-up meeting between the City staff and CorVel's account management team to:

- Verify scope of service
- Initiate further needs analysis
- Establish agreed upon service model and workflow
- Review program design and requirements

A thorough implementation plan lays the foundation for a successful partnership. It is vital to set program goals during implementation. Resources will be allocated based on project specifications and the agreed upon service model. Qualified staff assigned to your program will facilitate successful service model development, implementation, evaluation and modification.

The implementation team will consist of key management, technical and operations staff level from both CorVel and the City. Pre-implementation planning efforts make for a successful program. Goals for each stage of the implementation process and each level of functionality will be set prior to implementation efforts. CorVel recommends 15, 30, 45 and 60 day evaluation meetings and program reviews. This helps to implement any necessary changes in a timely manner and identify potential opportunities for enhancements. During this time, detailed process flows will be formulated for use in training and education.

Please see Attachment C: Sample Implementation Timeline.



CorVel's Response
to Request for Pricing

Solicitation #RFP-4522-16-RD / Workers'
Compensation and Liability Claims
Services

Thank you for allowing CorVel to present our program and initial pricing options for the City of Hollywood. This proposal is valid for 90 days.

Claims Administration

Description	Pricing
Data Conversion	Included
First Notice of Loss Intake If submitted via Care ^{MC} or app If reported by phone or fax	Fee Waived (\$30 per claim) 35.00
Incident Only Reporting If submitted via Care ^{MC} If reported by phone or fax	Included
24/7 Nurse Triage	Included
Life of Contract Flat Annual Fee	\$250,000
Tail fee and fees beyond cap of 25 Indemnity 70 Medical only Medical-Only Indemnity Indemnity Tail Claims Liability fees beyond a cap 55	\$150 \$960 \$550 \$550
Bill review per line Case Management PPO Incremental Professional Review Total	1.50 92.00 hr 25% 25%
Annual Administration Fee start up one time 10,000 then 5,000 after first Includes all state filing requirements, etc.	\$10,000 then 5,000 annually after first
CareMC User IDs Up to 5 Users	Included
Annual Banking Fees (per account)	One account included
Carrier TPA Oversight Fees Tail Claims New Arising's	Bill from carrier to client Bill from carrier to client
Subrogation	25% of Recoveries
Indexing	\$10 per index

The above pricing per claim is based on handling of all claims that occur and are reported during the agreement period. They will be handled until closed or until the end of the agreement period, whichever comes first. Rates on claims that occur outside of the United States are subject to alternative pricing to be discussed prior to start of the contract. Pricing is valid for first year of the contract. At the end of the first year, all flat rate fees are subject to an annual increase not to exceed the greater of CPI or 3.5%. Medicare agent services at 300 a month for CMS.

Issue Date _____

HOLD HARMLESS AND INDEMNITY CLAUSE

(Company Name and Authorized Representative's Name)

, the contractor, shall indemnify, defend and hold harmless the City of Hollywood, its elected and appointed officials, employees and agents for any and all suits, actions, legal or administrative proceedings, claims, damage, liabilities, interest, attorney's fees, costs of any kind whether arising prior to the start of activities or following the completion or acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or omission, fault or negligence whether active or passive by the contractor, or anyone acting under its direction, control, or on its behalf in connection with or incident to its performance of the contract.

Richard Schweppe
SIGNATURE

Richard Schweppe, Secretary and Treasurer

PRINTED NAME

CorVel Enterprise Comp, Inc.

COMPANY OF NAME

8/3/16

DATE

Failure to sign or changes to this page shall render your bid non-responsive.

Issue Date _____

NONCOLLUSION AFFIDAVIT

STATE OF: California

COUNTY OF: Orange, being first duly sworn, deposes and says that:

- (1) He/she is Richard Schweppe, Secretary and Treasurer of CorVel Enterprise Comp, Inc., the Bidder that has submitted the attached Bid.
- (2) He/she has been fully informed regarding the preparation and contents of the attached Bid and of all pertinent circumstances regarding such Bid;
- (3) Such Bid is genuine and is not a collusion or sham Bid;
- (4) Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Bidder, firm or person to submit a collusive or sham Bid in connection with the contractor for which the attached Bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Bidder, firm or person to fix the price or prices, profit or cost element of the Bid price or the Bid price of any other Bidder, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- (5) The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(SIGNED) Richard Schweppe Secretary and Treasurer

 Title

Failure to sign or changes to this page shall render your bid non-responsive.

**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a) FLORIDA
STATUTES ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR
OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS

1. This form statement is submitted to the City of Hollywood, Florida
by Richard Schweppe, Secretary and Treasurer for CoVel Enterprise Comp, Inc.
(Print individual's name and title) (Print name of entity submitting sworn statement)
whose business address is 2010 Main Street, Suite 600, Irvine, California 92614
and if applicable its Federal Employer Identification Number (FEIN) is 42-1704550 If the entity has no FEIN,
include the Social Security Number of the individual signing this sworn statement.

2. I understand that "public entity crime," as defined in paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misinterpretation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in an federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that "Affiliate," as defined in paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime, or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that "person," as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

Neither the entity submitting sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

Issue Date _____

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime, but the Final Order entered by the Hearing Officer in a subsequent proceeding before a Hearing Officer of the State of the State of Florida, Division of Administrative Hearings, determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the Final Order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017 FLORIDA STATUTES FOR A CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Richard Schweppe

(Signature)

Sworn to and subscribed before me this 3 day of August, 2016.

Personally known Richard Schweppe, Secretary and Treasurer

Or produced identification _____ Notary Public-State of California

_____ my commission expires 3/1/2017
(Type of identification)

Stefanie Peterson, #2009148
(Printed, typed or stamped commissioned name of notary public)

Failure to sign or changes to this page shall render your bid non-responsive.

Issue Date _____

**CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER
RESPONSIBILITY MATTERS**

The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

Applicant Name and Address:

CorVel Enterprise Comp, Inc.

2010 Main Street, Suite 600

Irvine, California 92614

Application Number and/or Project Name:

Solicitation #RFP-4522-16-RD / Workers' Compensation and Liability Claims Services

Applicant IRS/Vendor Number: _____ Tax ID #: 42-1704550

Type/Print Name and Title of Authorized Representative:

Richard Schweppe, Secretary and Treasurer

Signature: _____

Richard Schweppe

Date: _____

8/3/16

Failure to sign or changes to this page shall render your bid non-responsive.

DRUG-FREE WORKPLACE PROGRAM

IDENTICAL TIE BIDS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program (if such is available in the employee's community) by, any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of these requirements.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



Richard Schweppe

VENDOR'S SIGNATURE

PRINTED NAME

CorVel Enterprise Comp, Inc.

NAME OF COMPANY

Issue Date _____

SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. - "No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, local government attorney, or candidate would be influenced thereby." The term "public officer" includes "any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

The City of Hollywood policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City does business.

The State of Florida definition of "gifts" includes the following:

- Real property or its use,
- Tangible or intangible personal property, or its use,
- A preferential rate or terms on a debt, loan, goods, or services,
- Forgiveness of indebtedness,
- Transportation, lodging, or parking,
- Food or beverage,
- Membership dues,
- Entrance fees, admission fees, or tickets to events, performances, or facilities,
- Plants, flowers or floral arrangements
- Services provided by persons pursuant to a professional license or certificate.
- Other personal services for which a fee is normally charged by the person providing the services.
- Any other similar service or thing having an attributable value not already provided for in this section.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.

	Richard Schweppe
_____ SIGNATURE	_____ PRINTED NAME

CorVel Enterprise Comp, Inc.	Secretary and Treasurer
_____ NAME OF COMPANY	_____ TITLE

Failure to sign this page shall render your bid non-responsive.

Issue Date _____

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Givng reference for: CorVel Corporation

Firm giving Reference: City of Miami Beach

Address: 1700 Convention Center Drive, Miami Beach, FL. 33139

Phone: 305-673-7000 ext. 6515

Fax: 305-673-7023

Email: SoniaBridges@miamibeachfl.gov

- 1. Q: What was the dollar value of the contract?
A: \$650,000
- 2. Have there been any change orders, and if so, how many?
A: No
- 3. Q: Did they perform on a timely basis as required by the agreement?
A: Yes
- 4. Q: Was the project manager easy to get in contact with?
A: Yes
- 5. Q: Would you use them again?
A: Yes
- 6. Q: Overall, what would you rate their performance? (Scale from 1-5)
A: 5 Excellent 4 Good 3 Fair 2 Poor 1 Unacceptable
- 7. Q: Is there anything else we should know, that we have not asked?
A: No

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: Sonia Bridges Title Risk Manager

Signature: Signature not available Date: 7/29/2016

Issue Date

City of Hollywood, Florida
Solicitation #RFP-4522-16-RD

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: CorVel Corporation

Firm giving Reference: City of North Miami

Address: 776 N.E. 125th Street, North Miami, FL 33161

Phone: 305-893-6511 ext. 12202

Fax: _____

Email: KMuir@northmiamifl.gov

1. Q: What was the dollar value of the contract? \$79,160
A:
2. Have there been any change orders, and if so, how many? NO
A:
3. Q: Did they perform on a timely basis as required by the agreement? Yes
A:
4. Q: Was the project manager easy to get in contact with? Yes
A:
5. Q: Would you use them again? Yes
A:
6. Q: Overall, what would you rate their performance? (Scale from 1-5)
A: 5 Excellent 4 Good 3 Fair 2 Poor 1 Unacceptable
7. Q: Is there anything else we should know, that we have not asked?
A: TPA IS VERY ACCOMMODATING AND COOPERATIVE

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: Karen Muir Title: RISK MANAGER

Signature: [Handwritten Signature] Date: 7/29/16

Attachments

- A. Resumes of Key Personnel
- B. Organizational Chart for the City's Program
- C. Sample Implementation Timeline

Attachment A

Resumes of Key Personnel

Tom Cassette

Area Vice President

Summary of Qualifications

Accomplished at building and organizing teams, business growth, and quality oversight with extensive experience

Public sector and municipality experience

Well versed in workers' compensation, CGL, BOP, and major medical insurance policies

Niche market experience including Professional Employer Organizations, self-insured retention and high deductible programs

Organizational & leadership management skillset within multi-office jurisdiction including: WC & CGL Claims Management, Medical Bill Review Center of Excellence, Nurse Case Managers, Florida & Puerto Rico region

Professional History

2009 – Present: CorVel Corporation – Area Vice President

2009: The Holmes Organization – Commercial Insurance Producer

2004 – 2008: Matrix One Source (Matrix Employee Leasing), Producer/Account Executive/Corporate Trainer

1993 – 2004: Printing & Advertising industry, Business Owner/Account Executive

Education and Credentials

Bachelor of Science, Business Administration

Licensed 2-20 All-lines Agent

Licensed 2-15 Health & Life Agent

Debbie Popovich

Vice President, Regional Sales

Summary of Qualifications

Acquisition sales and management of accounts to ensure service quality and governmental regulations.

Provide leadership and coaching to other sales associates.

Negotiate contracts with hospitals, physicians and private accounts.

Workers Compensation managed medical consulting expertise; 17 plus years in the Florida market.

Department of Financial Services Florida Educator for the administration of CEU's.

Professional History

2006 – Present: CorVel Corporation, Vice President of Regional Sales

Acquisition sales in Florida Region for Enterprise Comp Services. Consultative account executive for claims and medical management.

1997 – 2006: CorVel Corporation, Account Executive

Developed Florida area through the direct handling of Managed Care Programs. Identified key accounts, developed market plans and supervised/serviced multiple national clients and government programs.

1990 – 1997: CorVel Corporation, Account Manager

Managed the southern Florida client territory, functioning as a Marketing Account Manager for CorVel Corporation.

Education

Associate Degree in Science – Broward Community College 2004

Nursing – Broward Community College 2001

Credentials

Department of Financial Services Educator Provider No.: 366326

Member-PRIMA, FLORIDA-1998-Present

Member- RIMS-1998-Present

Jenna Ando

Account Manager

Summary of Qualifications

Responsible for set up, implementation and ongoing customer service for CorVel's total claims solution program

Accountable for the daily interactions between assigned CorVel clients both on an executive and claims handling level, communicate agreed upon expectations while providing excellent service and positive outcomes to our clients

Result and detail oriented, hands-on professional with the ability to manage multiple tasks in challenging environments.

Professional History

October 2015 – Present: CorVel Corporation, Account Manager.

Serves as a liaison between operations and customer teams for healthcare management programs in the state of Florida, including municipalities and government agencies. Monitored workers' compensation cost containment service offering for existing accounts.

May 2014 – October 2015: CorVel Corporation, Customer Service Representative.

Jenna Ando started her professional career six years ago in the healthcare industry. She began at CorVel as a Customer Service Representative and quickly moved into an account manager role where she displayed a passion for teamwork and working closely with her colleagues to achieve results. Prior to CorVel, Jenna was the Supervisor of the Durable Medical Equipment Dept. for Medicare Infusion Services, Inc.

Education and Credentials

Bachelor of Science, Business Healthcare Administration.

Florida Atlantic University, 2008

Felipe Benitez

Liability Claims Manager

Summary of Qualifications

Results-oriented leader with 35 years of extensive knowledge and experience in operations, logistics, financial and human capital management

Possesses outstanding record of achievement in operational profitability, expense control, continuous quality improvement and personnel management

Advanced skills in all aspects of operations and human resources leadership including Customer Relationship Management, Change Management, Budgeting, Business Process Reengineering, Human Capital Development, Quality Assurance, Business Development, General Liability, Workers' Compensation, Claims Management, Litigation, and Customer Service.

Professional History

2012 – Present: CorVel Corporation – Liability Claims Manager

Responsible for the management of the General Liability Unit

2010 – 2012: Ascendant Commercial Insurance – Vice President of Claims

2005 – 2010: AON Risk Services – Senior Claims Consultant

2004: AON Risk Consultants – Consultant

2002: Hicks, Anderson and Kneale – Consultant

1995 – 2001: Travelers Insurance Company – Associate Service Center Manager, Florida

Education and Credentials

Bachelor of Science – University of Connecticut Casualty

Claim Law Associate (Liability I & II, Legal Principles)

Florida All Lines Adjuster – 2010

Member of Workers' Compensation Claim Professionals

Valerie Crawford

Claims Supervisor

Summary of Qualifications

Familiar with many software products for claims handling to include CorVel's excellent Care^{MC} system.

23 years of Adjusting experience in Florida and several other states and holds all lines adjusting license.

7 years' experience handling Florida municipality Heart and Lung Presumption claims.

Well-versed in Microsoft Word and Excel Exceptional experience with Microsoft Office programs, including Word, Excel and Outlook.

Significant accomplishments include winning at hearings on litigated files to include my appearance as a witness for exposure and other heavily litigated files, as well as comprehension of merging statutes for heart and lung or presumption claims with workers' compensation making a new model of how claims need to be handled for this specialty of claim.

Professional History

CorVel Corporation, Claims Supervisor.

Responsible for working all aspects of workers' compensation claims in Florida jurisdiction on lost time and heavily litigated desk with complex claims. Clients include PEOs and nursing homes.

Gallagher Bassett, Senior Claims Adjuster.

Worked all aspects of workers' compensation claims in Florida municipality and multiple state jurisdictions, heavy litigation and complex claims to include subrogation resolutions. Clients include county government, trucking companies, nursing homes, and service/retail companies.

Unisource, Senior Claims Adjuster.

Worked all aspects of workers' compensation claims in Florida jurisdiction for municipalities, heavy litigation, exposure and complex claims. Clients handled were mostly municipalities (city and county).

Education and Credentials

Bachelor of Arts, Philosophy

Associate in Claims (2002)

Licensed Adjuster – Florida All Lines (1993)

WCCP, Board Certified Workers' Compensation Adjuster in Florida

Workers' Compensation Adjuster licenses in multiple state jurisdictions in Southeast US

Circle of Excellence Award Recipient- CorVel Corporation 1997, 2003, 2006, 2008, 2010, 2012

Robert Shannon

Liability Claims Manager

Summary of Qualifications

Over 20 years Property & Casualty Insurance claims experience with comprehensive knowledge of commercial and personal lines claim handling practices, procedures and principles

Extensive technical and supervisory experience in the delivery of quality liability claim services with an emphasis on attorney represented/litigation claim handling

Supervisory experience in multi-state jurisdictions to include: Arkansas, California, Florida, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Minnesota, Missouri, Nebraska, New Mexico, North/South Dakota, Oklahoma, Texas, Washington State, and Wisconsin

Professional History

2011–present: CorVel Corporation, Liability Claims Manager.

Responsibilities include supervision of a team of Liability Claim Specialists to administer quality automobile and general liability claim services for various clients.

Claim oversight of the liability pending

Provide training and direction to the Claim Specialists on claims handling and adjudication

1999–2010: Allstate/Encompass – CNA Insurance, Frontline Performance Leader.

Responsible for the management of 11 claim professional in the delivery of personal liability claim services, with an emphasis on quality litigation handling.

Supervisory oversight of property & casualty attorney represented and litigated claims.

Reduced pending litigation through an aggressive litigation handling protocol to include, ADR, trial, case evaluation and direct negotiation resolution.

1993–1999: Crum & Forster, Casualty Claims Supervisor.

Managed and trained a team of 5 claim professionals in the delivery of commercial auto, property and liability claim services with an emphasis on quality attorney represented/litigation claims handling.

Continued implementation and development of a litigation management process judged by a major reinsurer as “superior to other litigation management programs we have seen.”

Managed implementation and development of an Alternative Dispute Program resulting in an 85% success rate with measurable loss adjustment expense savings.

Education

Bachelor of Science, Public Administration/Political Science – University of Wisconsin

Claims Adjuster

Summary of Qualifications

Decades of experience working with both public and private employers

Knowledge of entire claim process, experience with claims ranging from medical only to complex only litigation and death claims

Professional History

2008 – Present: CorVel Corporation – Claims Adjuster

Responsible for proactive management of workers' compensation claims with a focus on specific jurisdiction

Responsible for proper reserving, investigation and regulatory filing for all claims, in addition to effective management of complex and litigated claims

Decades of experience working with both public and private employers

2006 – 2008: ABC Company – Senior Claims Adjuster

Duties included review of the claims and a complete investigation for compensability

Worked to verify coverage confirmation and mentored team members

Scheduled and performed numerous file reviews and individual clients

Education

Bachelor of Science – Occupational Safety – Health & Environment – 2010

Associate of Applied Science in Industrial Technology/Occupational Safety – Health & Environment - 2010

Credentials and Affiliations

Adjuster License

Liability Claims Adjuster

Summary of Qualifications

Over 15 years' experience as a claims adjuster in the property and casualty field.

Ability to handle to conclusion automobile, general and product liability on behalf of private entities, public entities and insurance carriers.

Skilled in handling claims ranging from minor to serious loss exposure.

Strong litigation management skills

Professional History

2016 – Present: CorVel Corporation, Senior Claims Adjuster

Responsible for handling general liability claims including slip and falls on behalf of a major restaurant chain. Also handle automobile liability claims on behalf of a public entity.

2004 – 2016: Progressive Insurance, Casualty and Litigation Claims Adjuster

Evaluate and negotiate bodily injury claims, handle litigated files through trial. Work with defense attorney's in managing the litigation process and developing a defense strategy. Evaluate risk, consider costs of litigation to include expert fees. Prepare cases for mediation, arbitration and trial. Evaluate and resolve coverage questions, significant injuries, limits issues, coverage and liability.

2001 – 2004: Gallagher Bassett Services, Casualty, Property Field Investigator and Adjuster.

Handled claims investigations in a variety of losses including general liability, documenting loss scene investigations for commercial properties, estimating and documenting first and third party commercial property losses. Evaluated and handled claims to conclusion. Clients included several municipalities, Broward County School Board, and restaurant chains such as Taco Bell, Hooters and Applebee's. Managed first and third party property claims for the Archdiocese of Miami, City of Miramar, City of Lauderhill and the Broward County School Board.

Education

Bachelors of Travel Management – California Polytechnic University, Pomona

Minor in Business – California Polytechnic University, Pomona

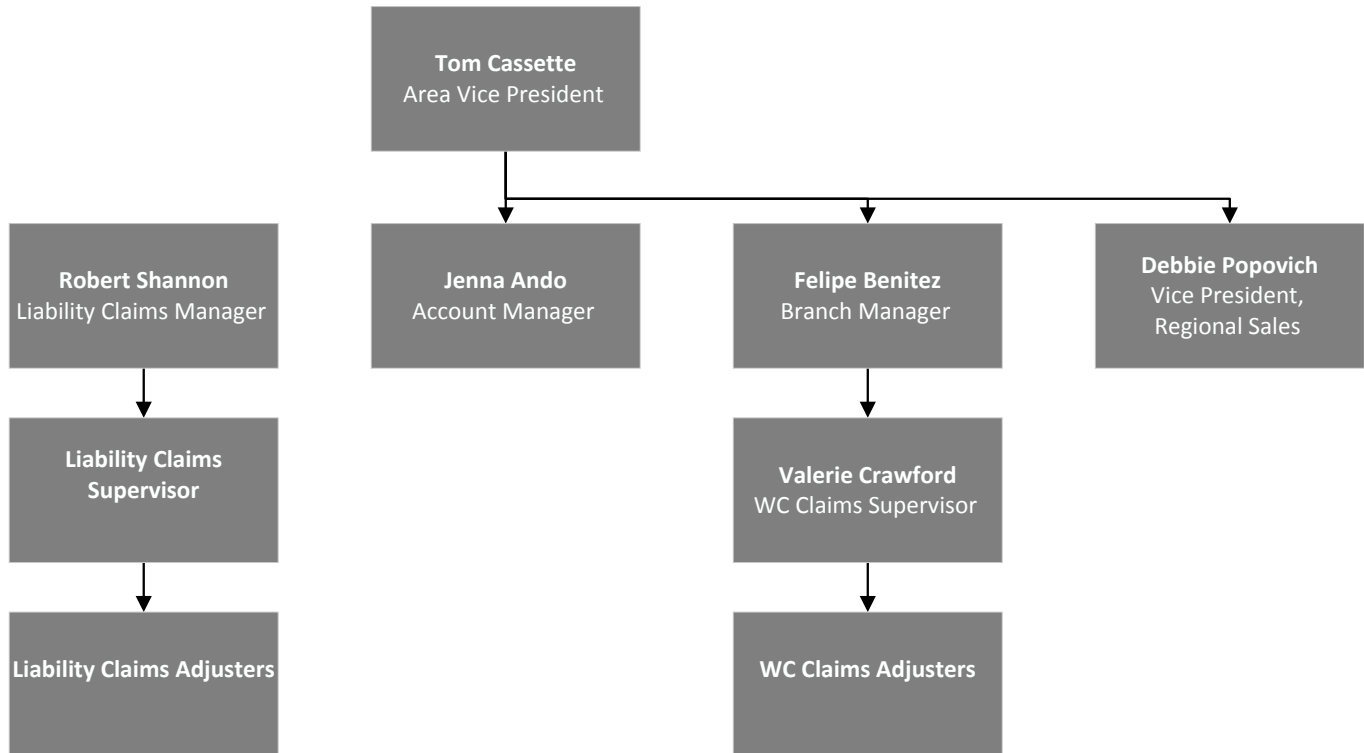
Credentials and Affiliations

AIC 33, AIC 34 and AIC36

Insurance Adjuster License, State of Florida

Attachment B

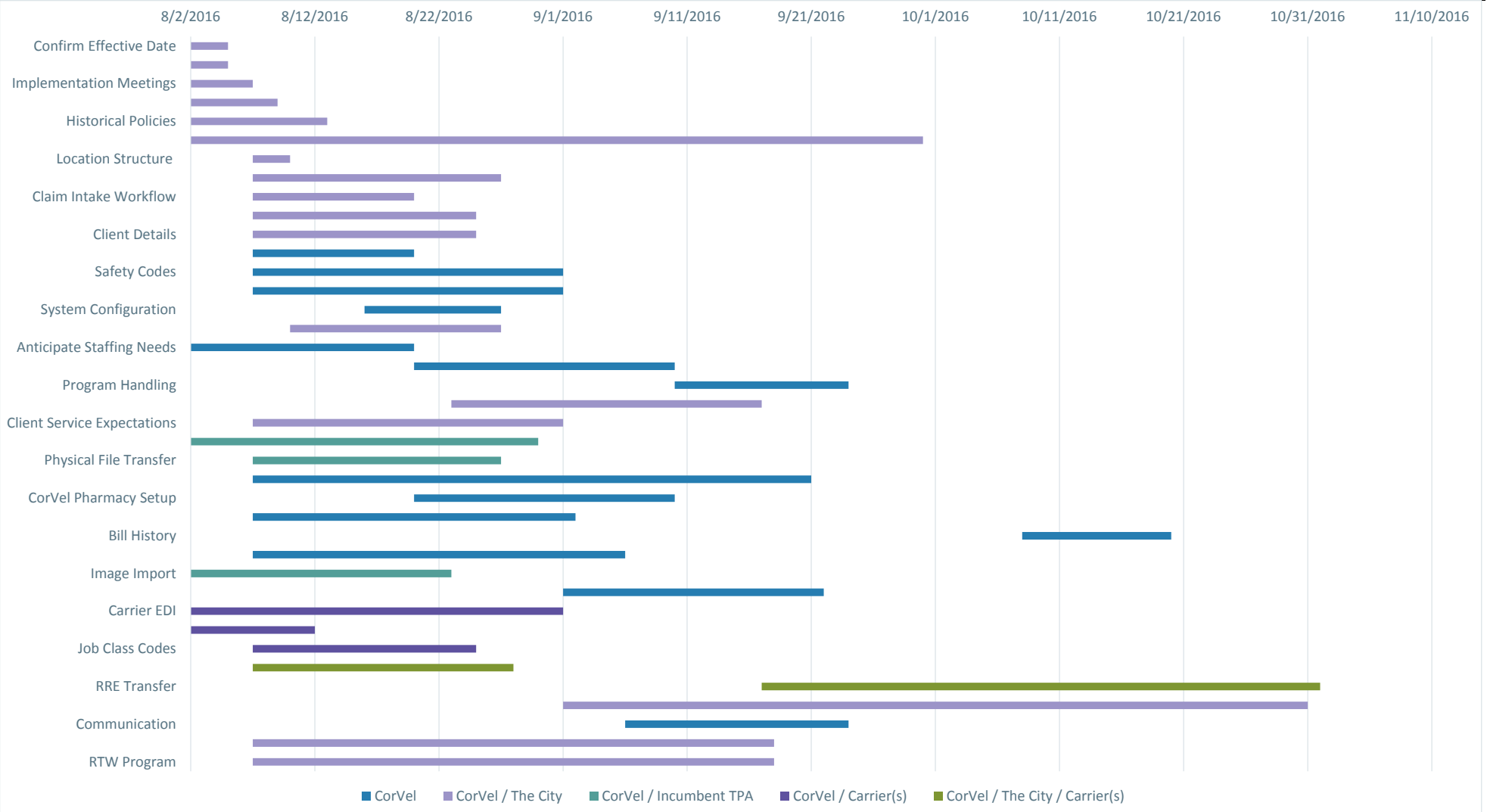
Organizational Chart for the City's Program



Attachment C

Sample Implementation Plan

Implementation Plan for The City of Hollywood, Florida



Go-Live Date **10/1/2016**
 Implementation Start Date **8/2/2016**

Id	Task	Responsible Party	Area	Date Initiated	Target Completion	Detail
1	Confirm Effective Date	CorVel / The City	Account Management	8/2/2016	8/5/2016	Confirmation of Go-Live Dates for new & tail claims
2	Implementation Team	CorVel / The City	Account Management	8/2/2016	8/5/2016	Identify implementation contacts from all parties (The City, carrier, broker, & incumbent TPA's). Prepare contact matrix & distribute
3	Implementation Meetings	CorVel / The City	Account Management	8/2/2016	8/7/2016	Initial implementation kick off meeting & ongoing implementation calls scheduled
4	Verify Carrier	CorVel / The City	Insurance Coverage	8/2/2016	8/9/2016	Verify Insurance Carrier(s) for each line of coverage, all jurisdictions, and all policy years included in tail claim transfer
5	Historical Policies	CorVel / The City	Insurance Coverage	8/2/2016	8/13/2016	Secure historical policy details to include policy declaration sheet for each policy in which claims will be handled by CorVel
6				8/13/2016	8/27/2016	Draft Master Policy Index outlining all policy years to be handled, all coverages, all deductibles, SIR's, and policy limits.
7	Contract	CorVel / The City	Contract	8/2/2016	9/30/2016	Contract prepared & sent to The City for review, response, & to execute contract
8	Location Structure	CorVel / The City	Location Structure	8/7/2016	8/10/2016	Secure existing location structure, identify structure enhancements, & prepare draft CorVel location structure for team's review
9				8/11/2016	08/16/2016	Review draft CorVel location structure with The City, finalize any changes & secure client approval
10	24/7 Process	CorVel / The City	24/7 Service	8/7/2016	8/27/2016	Complete 24/7 Guide to include client contact and provider preferences, identify need for 24/7 posters, & client training needs
11	Claim Intake Workflow	CorVel / The City	FNOL	8/7/2016	8/20/2016	Identify method of FNOL completion, outline intake workflow, and identify client training needs
12	Occupation Codes	CorVel / The City	New Account Setup	8/7/2016	8/25/2016	Secure list of occupations to be loaded to CareMC
13	Client Details	CorVel / The City	New Account Setup	8/7/2016	8/25/2016	Secure clients FEIN, SIC Code(s), and Fiscal Year
14	Transfer Date	CorVel	Tail Claim Setup	8/7/2016	8/20/2016	Outline transfer dates: physical file transfer, financial lock, history files, image files, & vendor payment processing cut off
15	Safety Codes	CorVel	Tail Claim Setup	8/7/2016	9/1/2016	Confirm Safety Codes utilized by Incumbent TPA are NCCI standard, if not complete mapping from Incumbent TPA to NCCI
16	Payment Codes	CorVel	Tail Claim Setup	8/7/2016	9/1/2016	Secure Incumbent TPA Financial Codes and complete mapping to CorVel standard Payment and Reserve Codes
17	System Configuration	CorVel	New Account Setup	8/16/2016	8/27/2016	Complete IT system setup requests to include hierarchy, safety codes, payment types, & any necessary mapping
18	Bank Account Setup and Check writing	CorVel / The City	Finance	8/10/2016	8/27/2016	Secure 12 month payment register & identify current funding arrangements with incumbent TPA(s)
19				8/17/2016	9/1/2016	Outline proposed replenishment process, identify funding option, confirm replenishment method, & frequency with The City
20				9/1/2016	9/15/2016	Bank account established at Wells Fargo, initial funding invoiced, and funding received
21				9/1/2016	9/8/2016	Distribution list for banking notifications, reconciliations, & replenishments established
22	Anticipate Staffing Needs	CorVel	Operations	8/2/2016	8/20/2016	Anticipate Claims, Case Management, & Bill Review Staffing needs based on historical claim volume

23	Claim Team	CorVel	Operations	8/20/2016	9/10/2016	Finalize claim team handling matrix to include assigned claim supervisor(s) and claim handler(s) and publish
24	Program Handling	CorVel	Operations	9/10/2016	09/24/2016	Hold program training sessions for CorVel team to orient to The City service instructions
25	Client Logins	CorVel / The City	Care ^{MC}	8/23/2016	09/17/2016	Secure list of requested City CareMC users, outline access controls for all users,, and submit user setup
26				9/17/2016	9/29/2016	Perform CareMC training and supply CareMC userID's upon either execution of contract or stand alone CareMC agreement
27				8/2/2016	09/30/2016	CareMC Agreement executed either within service agreement or stand alone
28	Client Service Expectations	CorVel / The City	Service Instructions	8/7/2016	09/01/2016	Secure & review existing account handling instructions, carrier reporting requirements, & The City opportunities for enhancement
29			Service Instructions	9/1/2016	09/08/2016	Draft Proposed CorVel Service Instructions
30			Service Instructions	9/8/2016	09/15/2016	Review proposed draft with The City, secure approval, and publish to CorVel SharePoint site
31	Tail Claim History File	CorVel / Incumbent TPA	Tail Claim Setup	8/2/2016	08/30/2016	Secure test claim history file to include format/layout documentation, control records/ loss run, and data dictionary Identify number of claim history files, anticipated file size, years of historical claims included, & date CorVel will receive final file
						Secure final claim history file and accompanying loss run valued as of day prior to go live. Secure 5 historical loss runs valued as of the transfer month and date and each of the 5 years prior for validation of financials at historical valuation points.
34	Physical File Transfer	CorVel / Incumbent TPA	Tail Claim Setup	8/7/2016	08/27/2016	Secure inventory of physical claim files to be shipped from incumbent to include claim number, jurisdiction, and incumbent TPA location
35				8/27/2016	09/10/2016	Secure anticipated date physical files to be shipped Supply shipping address & contact for claim file inventory to incumbent Identify party responsible to generate shipping labels
36				9/16/2016	9/26/2016	Confirm receipt of all physical files as outlined in inventory supplied by incumbent & identify any missing file detail
37				9/10/2016	10/10/2016	Identify files held in storage facility, identify owning party of the storage files, & establish transition of ownership to either CorVel or The City as appropriate
38	Indemnity Payments	CorVel	Tail Claim Setup	8/7/2016	09/21/2016	Request indemnity benefits to be prepaid for 30 days post transfer date by incumbent tpa, identify dates for issuance of prepaid indemnity, & confirm documentation accompanying prepayment to claimant.
39				10/1/2016	10/3/2016	Secure payment report of All indemnity payments issued in December 2015 for verification of indemnity benefits prepaid and dates next benefits are due
40	CorVel Pharmacy Setup	CorVel	New Account Setup	8/20/2016	09/10/2016	Establish pharmacy group number & confirm utilization of standard formulary
41				9/10/2016	09/17/2016	Provide first fill program details & identify process for distribution to The City

42	Pharmacy Transfer	CorVel	Tail Claim Setup	8/7/2016	09/02/2016	Establish current pharmacy vendor & secure open eligibility report
43				9/2/2016	9/23/2016	Provide temporary pharmacy benefit cards to those tail claims with active pharmacy vendor cards
44				10/1/2016	10/2/2016	Confirm pharmacy vendor deactivation effective midnight of the transfer date and that denial message to pharmacies of any fills after this date notify to contact CorVel pharmacy call center. Secure 6 month drug history from incumbent pharmacy vendor Issue permanent pharmacy card to those claims with open eligibility
47	Bill History	CorVel	Bill Review Tail Claim Setup	10/8/2016	10/20/2016	Secure Medical Bill Review History from current vendor & load file for bill review utilization to identify duplicates & ability to process reconsiderations
48	Case Management	CorVel	Open Case Management	8/7/2016	9/6/2016	Confirm case management vendor for Field, Telephonic, & Vocational Case Management and list of open cases by service
49	Image Import	CorVel / Incumbent TPA	CareMC Tail Claim Setup	8/2/2016	8/23/2016	Identify Image types to be transferred, volume of claim images, & method to transfer images
50				10/15/2016	11/19/2016	Secure Final Image files & accompanying index file Load images to CorVel CareMC Files
51	Benchmarking & Reporting	CorVel	Account Management	9/1/2016	09/22/2016	Identify reporting needs of The City, identify preferred report format, frequency of reports, & method of delivery
52				9/22/2016	09/29/2016	Publish sample reporting portfolio for review & feedback from client
53				9/29/2016	10/04/2016	Publish reporting matrix to outline account reporting requirements
54	Carrier EDI	CorVel / Carrier(s)	Carrier(s) Requirements	8/2/2016	09/01/2016	Verify for all carriers expectation for client inclusion within CorVel EDI file(s)
55				10/1/2016	11/15/2016	Secure last carrier(s) file sent by incumbent and establish [shortclientname] in any applicable carrier(s) EDI's
56	Carrier(s) Expectations	CorVel / Carrier(s)	Carrier(s) Tail Transfer	8/2/2016	08/12/2016	Secure from all carriers written approval of transfer, specific tasks that must be completed and expectations for tail transfer
57	Job Class Codes	CorVel / Carrier(s)	Insurance Coverage	8/7/2016	08/25/2016	Secure for each policy to be handled applicable NCCI job class codes to be loaded by applicable jurisdiction
58	RRE Setup	CorVel / The City / Carrier(s)	Medicare Reporting	8/7/2016	08/28/2016	Confirm Existing RRE(s) setup, secure profile reports of all RRE(s), & initiate process to request any new RRE's required
59	RRE Transfer	CorVel / The City / Carrier(s)		9/17/2016	11/1/2016	For any RRE(s) to be transferred to CorVel, RRE(s) authorized representative to request change in reporting agent to CMS agent following completion of last quarterly submission by incumbent TPA
60	Jurisdictional Requirements	CorVel / The City	New Account Setup	9/1/2016	10/31/2016	Identify state requirements for notification of change in claim handling or managed care service company. Complete all notification requirements
61	Communication	CorVel	Tail Claim Setup	9/6/2016	09/24/2016	Notification sent for all open claims to claimants or attorneys of transfer by incumbent TPA Notification of transfer sent to current vendors & defense counsel panel to include new claim number & billing address
62				9/16/2016	09/30/2016	CorVel handling matrix provided to incumbent to refer all calls, mail, & correspondence effective transfer date
63	Job Descriptions	CorVel / The City	Account Management	8/7/2016	9/18/2016	Secure current job descriptions from The City & publish under client handling portal
64	RTW Program	CorVel / The City	Account Management	8/7/2016	9/18/2016	Identifying existing RTW program & process, secure documentation, & publish