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# Fee Proposal

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County of DuPage

Third Party Claims Administration Services

RFP #20-110-HR

September 18, 2020



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**Workers' Compensation Claims Administration**

County of DuPage

| Description  | Pricing |
|--|---------|
| Life of Contract Claims Handling Fee - Per Claim   |         |
| Medical-Only   | \$165   |
| Indemnity <sup>1</sup>   | \$984   |
| Employer's Liability   | \$984   |
| <sup>1</sup> Claim fee applies to AOS with the exception of premium states (CA, HI, AK, NY, TX and FL) |         |

**Auto Claims Administration**

| Description  | Pricing |
|--|---------|
| Liability Handling Fee - Per Claimant <sup>1</sup>   |         |
| Auto Liability   |         |
| Bodily Injury  | \$758   |
| Property Damage  | \$431   |
| Auto Physical Damage   |         |
| Auto Collision Damage  | \$273   |
| Auto Comprehensive Damage  | \$273   |
| General Liability  |         |
| Bodily Injury  | \$868   |
| Property Damage  | \$541   |
| Product Liability  |         |
| Bodily Injury  | \$995   |
| Property Damage  | \$695   |
| <sup>1</sup> Liability pricing for both life of claim and life of contract for all class codes<br>Other Liability Claim type pricing may apply |         |

**Program Management**

| Description                                 | Pricing  |
|---|----------|
| Data Conversion - Per Data Source           | Waived   |
| Administration Fee - Per Annum <sup>1</sup> | \$5,150  |
| Implementation Fee - One Time Fee           | Waived   |
| CareMC Access - Per Annum <sup>2</sup>      |          |
| First 5 Full Access Users                   | Included |
| Each User over 5 - Per User, Per Year       | \$1,000  |

<sup>1</sup> Includes Assistance with Self-Insured Data for State Reports, State Statistical Reporting & All State Filing Requirements

<sup>2</sup> Includes Executive Dashboard, Claim Details, Claims Summary Screen & Claims Reporting



**Account Management and Technical Support**

| Description  | Pricing                     |
|--|-----------------------------|
| Account Management Staff                                       | Included                    |
| Electronic Data Transmission - (Per Month, Based on Frequency) |                             |
| Monthly File   | \$250                       |
| Weekly File  | \$600                       |
| Daily File   | \$2,000                     |
| Training – Onsite and Online                                   | Included                    |
| Technical Support  | Included                    |
| State EDI Files  | Included                    |
| Monthly Reporting  | Included                    |
| Ad hoc Report Programming - Per Hour                           | \$200                       |
| Communication Materials/Posters                                | Pass through printing cost  |
| Annual Banking Fees  | One account included        |
| Additional Account(s) - Per Account                            | \$1,000                     |
| Carrier TPA Oversight Fees <sup>1</sup>                        | Bill from Carrier to Client |

<sup>1</sup> Fees charged by the carrier (Oversight fees, Tail Claim transfer / takeover fees, etc.) are the responsibility of the client and will be billed directly to the client by the carrier or by CorVel should CorVel be invoiced for such fees.

**Intake and Immediate Intervention Services**

| Description  | Pricing                               |
|--|---------------------------------------|
| Claim Intake (includes one FNOL distribution) - Per Intake | Waived                                |
| Incident Only Reporting - Per Incident                     | \$35                                  |
| 24/7 Nurse Triage - Per Call                               | \$100                                 |
| Telehealth Services  | Fee Schedule or U&C value by CPT code |

**Allocated Expense Fees**

**Legal Services**

| Description                              | Pricing                              |
|--|--------------------------------------|
| Subrogation                              | 25% of Recoveries                    |
| Legal Bill Auditing <sup>1</sup>         | 2.5% of gross legal charges reviewed |
| Indexing and OFAC Compliance - Per Index | \$15                                 |

<sup>1</sup> Fees will never exceed the savings generated





**Bill Review Services**

| Description   | Pricing        |
|---|----------------|
| Bill Review: Includes Standard Fee Schedule and UCR - Per Bill <sup>1,2</sup>   | \$6.00         |
| + Network Solutions Includes: <sup>2</sup><br>Clinical Review, Implant Analysis, Line Item Bill Review,<br>Negotiations, PPO Network Access,<br>Substantive Denials, Technical Evaluation | 27% of Savings |
| Minimum Transaction Fee <sup>2</sup>  | \$6.00         |
| State EDI, Scanning/OCR, Initial 1099 Provider Notification Letter  | Included       |

<sup>1</sup> Includes bill intake, document imaging, file upload, state EDI's, and initial 1099 provider notification letters.

<sup>2</sup> Minimum transaction fee (MTF) per bill transaction. Applied per transaction if all other applicable fees do not meet the minimum transaction fee. Applies to all transactions, including but not limited to, Specialty Bills, Duplicate Bills and bills sent for Re-consideration or Re-evaluation. There is a maximum bill review transaction fee of \$15,000.

**Patient Management**

| Description  | Pricing                 |
|--|-------------------------|
| Telephonic Case Management, Field Case Management and Return to Work Coordinator - Per Hour<br>All Other States <sup>1,2</sup> | \$99                    |
| Vocational Rehabilitation - Per Hour   | \$99                    |
| Specialty Services (Catastrophic, Life Care Plan, Medicare Conditional Payments, Medicare Set Asides, Bilingual) - Per Hour    | \$155                   |
| Utilization Review - Per Review  | \$99 + Peer Review Fees |
| IME Peer Review / Physician Advisor - Per Hour   | \$200                   |
| Care Advocate - Per Claim  | \$50                    |
| PeerWell App Access - Per Claim (One-Time Fee)   | \$500                   |

<sup>1</sup> Fee applies to all States with the exception of premium states (CA, HI, AK, and NY).

<sup>2</sup> Statutory rates supersede if applicable.

Prevailing IRS Mileage Rate applies. Mileage rate is .575 billed at IRS rate + 10%

Each invoice for Case Management Services shall have an additional professional service fee of \$39.00 billed to Customer.



**Pharmacy Solutions**

| Description                                       | Pricing                          |
|---|----------------------------------|
| Retail Pharmacies                                 |                                  |
| Brand   | AWP -12% + \$2.50 dispensing fee |
| Generic   | AWP -42% + \$2.50 dispensing fee |
| Mail Order  |                                  |
| Brand   | AWP -14% + \$1.00 dispensing fee |
| Generic   | AWP -52% + \$1.00 dispensing fee |
| Clinical Modeling                                 |                                  |
| Integration of Pharmacy Data                      | Included                         |
| Dynamic Calculation/Display in Care <sup>MC</sup> | Included                         |
| Pharmacy Interventions                            |                                  |
| Certified Pharmacy Technician                     | Included                         |
| Rx Nurse  | Included                         |
| Nurse Management                                  | Case Management hourly rate      |
| Pharmacy Review - Per Review                      | \$375                            |
| Cognitive Behavioral Therapy - Per Hour           | \$250                            |
| Medication Review - Per Hour                      | \$250                            |

**Specialty Network Services**

| Description                       | Pricing         |
|-----------------------------------|-----------------|
| Medical Imaging Services          | Varies by State |
| Independent Medical Reviews       | Varies by State |
| Physical and Occupational Therapy | Varies by State |
| Durable Medical Equipment         | Varies by State |
| Transportation                    | Varies by State |
| Translation                       | Varies by State |

**Medicare Agent Reporting**

| Description           | Pricing  |
|-----------------------|----------|
| Set up and engagement | Included |
| Monthly Maintenance   | Included |
| Quarterly Reporting   | Included |



**State Certified Managed Care Networks <sup>1</sup>**

| Description   | Pricing         |
|---|-----------------|
| Administration – Per Year   | \$2,500         |
| Optional Services (Appointment Scheduling, Training, Panel Creation, etc) | Varies by State |

<sup>1</sup> States Included: CA MPN, FL MCA, GA MCO, IL PPP, KY MCO, MN MCO, NY Certified PPO & TX HCN. Each applicable state represents a separate network.

*The above pricing per claim is based on handling of all claims that occur and are reported during the agreement period. If life of contract pricing is selected, claims will be handled until closed or until the end of the agreement period, whichever comes first. If life of claim pricing is selected, claims will be handled until closed. 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 and each year thereafter, all fees outlined on the claims and managed care pricing sheet will be subject to an automatic increase of the greater of CPI or three percent (3.0%).*

*Any service not identified in this proposal will be provided at a later time.*

**COUNTY OF DU PAGE, ILLINOIS**

**FEE PROPOSAL**  
*Life of Contract*

*All pricing terms shall be firm/fixed for the duration of the Agreement.  
Fill in fee rate even if estimated claims number is 0*

Year 1 Life of Contract

| <b>Line of Coverage</b>                                      | <b># Claims</b> | <b>Per Claim Fee</b>                    | <b>Estimated Fee</b> |
|--|-----------------|---|----------------------|
| General Liability – BI <sup>1</sup>                          | 1               | \$868 per claimant                      | \$868                |
| General Liability – PD <sup>1</sup>                          | 1               | \$541 per claimant                      | \$541                |
| Auto Liability – BI <sup>1</sup>                             | 1               | \$758 per claimant                      | \$758                |
| Auto Liability – PD <sup>1</sup>                             | 7               | \$431 per claimant                      | \$3017               |
| Auto Physical Damage <sup>1</sup>                            | 0               | \$273 per claimant                      | 0                    |
| Errors & Omissions <sup>1</sup>                              | 0               | \$758 per claimant                      | 0                    |
| Employment Practices <sup>1</sup>                            | 0               | \$758 per claimant                      | 0                    |
| Property <sup>1</sup>  | 0               | \$758 per claimant                      | 0                    |
| Crime <sup>1</sup>   | 0               | \$758 per claimant                      | 0                    |
| WC Medical Only  | 108             | \$165 per claim                         | \$17,820             |
| WC Indemnity <sup>2</sup>                                    | 62              | \$984 per claim                         | \$61,008             |
| Law Enforcement Liability <sup>1</sup>                       | 0               | \$758 per claimant                      | 0                    |
| Subtotal Claim Fee   |                 |   | \$84,012             |
| Account Management Fee                                       |                 | \$5,150                                 | \$5,150              |
| First Notice of Loss Intake                                  | 350             | Fee Waived \$30 if submitted via CareMc |                      |
| Bill Review/PPO, Enhanced and Profession Review <sup>3</sup> |                 | \$6.00 per bill/27% of savings          |                      |
| Telephonic Case Management                                   |                 | \$99 per hour                           |                      |
| Field Case Management  |                 | \$99 per hour                           |                      |
| Vocational Rehabilitation                                    |                 | \$99 per hour                           |                      |
| Specialty Services (MSA, LCP, catastrophic)                  |                 | \$155 per hour                          |                      |
| Utilization Review   |                 | \$99 per review + peer                  |                      |
| Peer Review/Physician Advisor                                |                 | \$200 per hour                          |                      |
| Retro Peer's   |                 | \$400 (based on size of file)           |                      |
| Subrogation  |                 | 25% of recovery                         |                      |
| Training-onsite and online                                   |                 | No Add'l Charge                         |                      |
| Technical Support  |                 | No Add'l Charge                         |                      |
| Other Charges (List) ISO/OFAC                                |                 | \$15/filing                             |                      |
| RX- Retail   |                 |   |                      |

**COUNTY OF DU PAGE, ILLINOIS**

|                             |  |                         |                 |
|-----------------------------|--|-------------------------|-----------------|
|                             |  | Brand AWP -12%+\$2.50   |                 |
|                             |  | Generic AWP -42%+\$2.50 |                 |
| RX-Mail Order               |  |                         |                 |
|                             |  | Brand AWP -14%+\$1      |                 |
|                             |  | Generic AWP -52%+\$1    |                 |
| PPP- Annual Fee             |  | \$2,500                 | \$2,500         |
| Employers Liability         |  | \$984                   |                 |
| Run In Claims               |  | n/a                     |                 |
| Data Transfer Charges       |  | n/a                     |                 |
| <b>Total Estimated Cost</b> |  |                         | <b>\$91,662</b> |



**COUNTY OF DU PAGE, ILLINOIS**

**Year 2 Life of Contract**

| <b>Line of Coverage</b>                                      | <b># Claims</b> | <b>Per Claim Fee</b>                    | <b>Estimated Fee</b> |
|--|-----------------|---|----------------------|
| General Liability – BI <sup>1</sup>                          | 1               | \$894 per claimant                      | \$894                |
| General Liability – PD <sup>1</sup>                          | 1               | \$557 per claimant                      | \$557                |
| Auto Liability – BI <sup>1</sup>                             | 1               | \$781 per claimant                      | \$781                |
| Auto Liability – PD <sup>1</sup>                             | 7               | \$443 per claimant                      | \$3,101              |
| Auto Physical Damage <sup>1</sup>                            | 0               | \$281 per claimant                      | 0                    |
| Errors & Omissions <sup>1</sup>                              | 0               | \$780 per claimant                      | 0                    |
| Employment Practices <sup>1</sup>                            | 0               | \$780 per claimant                      | 0                    |
| Property <sup>1</sup>  | 0               | \$780 per claimant                      | 0                    |
| Crime <sup>1</sup>   | 0               | \$780 per claimant                      | 0                    |
| WC Medical Only  | 108             | \$170 per claim                         | \$18,360             |
| WC Indemnity <sup>2</sup>                                    | 62              | \$1,013 per claim                       | \$62,806             |
| Law Enforcement Liability <sup>1</sup>                       | 0               | \$780 per claimant                      | 0                    |
| Subtotal Claim Fee   |                 |   | \$86,499             |
| Account Management Fee                                       |                 | \$5,305                                 | \$5,305              |
| First Notice of Loss Intake                                  | 350             | Fee Waived \$30 if submitted via CareMc |                      |
| Bill Review/PPO, Enhanced and Profession Review <sup>3</sup> |                 | \$6.18 per bill/27% of savings          |                      |
| Telephonic Case Management <sup>4</sup>                      |                 | \$102 per hour                          |                      |
| Field Case Management <sup>4</sup>                           |                 | \$102 per hour                          |                      |
| Vocational Rehabilitation <sup>4</sup>                       |                 | \$102 per hour                          |                      |
| Specialty Services (MSA, LCP, catastrophic) <sup>4</sup>     |                 | \$159 per hour                          |                      |
| Utilization Review <sup>4</sup>                              |                 | \$102 per review + peer review fees     |                      |
| Peer Review/Physician Advisor <sup>4</sup>                   |                 | \$206 per hour                          |                      |
| Retro Peer's   |                 | \$412 (based on size of file)           |                      |
| Subrogation  |                 | 25% of recovery                         |                      |
| Training-onsite and online                                   |                 | No Add'l Charge                         |                      |
| Technical Support  |                 | No Add'l Charge                         |                      |
| Other Charges (List) ISO/OFAC                                |                 | \$15/filing                             |                      |
| RX- Retail   |                 |   |                      |
|  |                 | Brand AWP -12% + \$2.50                 |                      |

**COUNTY OF DU PAGE, ILLINOIS**

|                             |  |                         |          |
|-----------------------------|--|-------------------------|----------|
|                             |  | Generic AWP -42%+\$2.50 |          |
| RX-Mail Order               |  |                         |          |
|                             |  | Brand AWP -14%+\$1      |          |
|                             |  | Generic AWP -52%+\$1    |          |
| PPP- Annual Fee             |  | \$2,500                 | \$2,500  |
| Run In Claims               |  | n/a                     |          |
| Data Transfer Charges       |  | n/a                     |          |
| <b>Total Estimated Cost</b> |  |                         | \$94,304 |

**Year 3 Life of Contract**

| <b>Line of Coverage</b>                                      | <b>#</b> | <b>Per Claim Fee</b>                    | <b>Estimated Fee</b> |
|--|----------|---|----------------------|
| General Liability - BI <sup>1</sup>                          | 1        | \$921 per claimant                      | \$921                |
| General Liability - PD <sup>1</sup>                          | 1        | \$574 per claimant                      | \$574                |
| Auto Liability - BI <sup>1</sup>                             | 1        | \$804 per claimant                      | \$804                |
| Auto Liability - PD <sup>1</sup>                             | 7        | \$456 per claimant                      | \$3,199              |
| Auto Physical Damage <sup>1</sup>                            | 0        | \$289 per claimant                      | 0                    |
| Errors & Omissions <sup>1</sup>                              | 0        | \$804 per claimant                      | 0                    |
| Employment Practices <sup>1</sup>                            | 0        | \$804 per claimant                      | 0                    |
| Property <sup>1</sup>  | 0        | \$804 per claimant                      | 0                    |
| Crime <sup>1</sup>   | 0        | \$804 per claimant                      | 0                    |
| WC Medical Only  | 108      | \$175 per claim                         | \$18,900             |
| WC Indemnity <sup>2</sup>                                    | 62       | \$1,044 per claim                       | \$64,728             |
| Law Enforcement Liability <sup>1</sup>                       | 0        | \$804 per claimant                      | 0                    |
| Subtotal Claim Fee   |          |   | \$89,126             |
| Account Management Fee                                       |          | \$5,464                                 | \$5,464              |
| First Notice of Loss Intake                                  | 350      | Fee Waived \$30 if submitted via CareMc |                      |
| Bill Review/PPO, Enhanced and Profession Review <sup>3</sup> |          | \$6.37 per bill/27% of savings          |                      |
| Telephonic Case Management <sup>4</sup>                      |          | \$105 per hour                          |                      |
| Field Case Management <sup>4</sup>                           |          | \$105 per hour                          |                      |
| Vocational Rehabilitation <sup>4</sup>                       |          | \$105 per hour                          |                      |
| Specialty Services (MSA, LCP, catastrophic) <sup>4</sup>     |          | \$164 per hour                          |                      |
| Utilization Review <sup>4</sup>                              |          | \$105 per review + Peer                 |                      |

**COUNTY OF DU PAGE, ILLINOIS**

|  |  |                               |                 |
|--|--|-------------------------------|-----------------|
| Peer Review/Physician Advisor <sup>4</sup> |  | \$212 per hour                |                 |
| Retro Peer's                               |  | \$437 (based on size of file) |                 |
| Subrogation                                |  | 25% of recovery               |                 |
| Training-onsite and online                 |  | No Add'l Charge               |                 |
| Technical Support                          |  | No Add'l Charge               |                 |
| Other Charges (List) ISO/OFAC              |  | \$15/filing                   |                 |
| RX- Retail                                 |  |                               |                 |
|  |  | Brand AWP -12%+\$2.50         |                 |
|  |  | Generic AWP -42%+\$2.50       |                 |
| RX-Mail Order                              |  |                               |                 |
|  |  | Brand AWP -14%+\$1            |                 |
|  |  | Generic AWP -52%+\$1          |                 |
| PPP- Annual Fee                            |  | \$2,500                       | \$2,500         |
| Run In Claims                              |  | n/a                           |                 |
| Data Transfer Charges                      |  | n/a                           |                 |
| <b>Total Estimated Cost</b>                |  |                               | <b>\$97,090</b> |

The above pricing per claim is based on handling of all claims that occur and are reported during the agreement period. Claims 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. At the end of the third year and each year thereafter, all fees outlined on the claims and managed care pricing sheet will be subject to an automatic increase of the greater of CPI or three percent (3.0%). Please see attached additional details related to the Cost Proposal that would apply annually. Any service not identified in this proposal will be provided at a later time.

<sup>1</sup> Per claimant. Other Liability Claim type pricing may apply

<sup>2</sup> Claim fee applies to IL

<sup>3</sup> Bill Review Includes: Standard Fee Schedule and UCR; Savings Includes: Clinical Review, Implant Analysis, Line Item Bill Review, Negotiations, PPO Network Access, Substantive Denials, Technical Evaluation. Minimum Transaction Fee of \$6.00 per bill transaction. Applied per transaction if all other applicable fees do not meet the minimum transaction fee. Applies to all transactions, including but not limited to, Specialty Bills, Duplicate Bills and bills sent for Re-consideration or Re-evaluation. There is a maximum bill review transaction fee of \$15,000.

<sup>4</sup> Fee applies to IL. Statutory rates supersede if applicable. Prevailing IRS Mileage Rate applies. Mileage rate is .575 billed at IRS rate. Each invoice for Case Management Services shall have an additional professional service fee of \$39.00 billed to customer