



Procurement Review Comprehensive Checklist
Procurement Services Division
This form must accompany all Purchase Order Requisitions

SECTION 1: DESCRIPTION

General Tracking		Contract Terms	
FILE ID#: 23-3668	RFP, BID, QUOTE OR RENEWAL #: #20-110-HR	INITIAL TERM WITH RENEWALS: 3 YRS + 1 X 1 YR TERM PERIOD	INITIAL TERM TOTAL COST: \$325,343.00
COMMITTEE: FINANCE	TARGET COMMITTEE DATE: 11/14/2023	PROMPT FOR RENEWAL: 6 MONTHS	CONTRACT TOTAL COST WITH ALL RENEWALS: \$425,343.00
	CURRENT TERM TOTAL COST: \$100,000.00	MAX LENGTH WITH ALL RENEWALS: FOUR YEARS	CURRENT TERM PERIOD: FIRST RENEWAL
Vendor Information		Department Information	
VENDOR: CorVel Corporation, Inc	VENDOR #: 11521	DEPT: Human Resources	DEPT CONTACT NAME: MarGaret Mason-Ewing
VENDOR CONTACT: Cathy Estock	VENDOR CONTACT PHONE: 630-874-7418	DEPT CONTACT PHONE #: 630-407-6300	DEPT CONTACT EMAIL: DPCHumanResources@dupageco.gov
VENDOR CONTACT EMAIL: cathy_estock@corvel.com	VENDOR WEBSITE: www.corvel.com	DEPT REQ #:	
Overview			
DESCRIPTION Identify scope of work, item(s) being purchased, total cost and type of procurement (i.e., lowest bid, RFP, renewal, sole source, etc.). CorVel's overall cost of services include administrative fees, fixed fees for each claim open and also first notices of loss fees. CorVel continues to provide cost saving services to include 24/7 nurse triage, phone app for injury reporting. Their multi-level claims triage system evaluates and professional support, allow the County to review an injury and provide a plan for care of an injured worker for both the workers benefit and the employer. CorVel works with the Human Resources Department, Risk Management and both inside and outside legal counsel in the administration of all claims. They ensure that the lines of communication are always open and are quick to address issues of care if/when required.			
JUSTIFICATION Summarize why this procurement is necessary and what objectives will be accomplished The County has utilized the services of a TPA (third party administrator) in the administration of its workers compensation program. This is to ensure that professional insurance experts review injuries, coverage, and use all applicable laws and provisions to support the County's workers compensation program. Claims are tracked in great detail to ensure employees receive the most cost effective and relevant treatment.			

SECTION 2: DECISION MEMO REQUIREMENTS

DECISION MEMO NOT REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is not required.
RENEWAL	
DECISION MEMO REQUIRED	Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required.

SECTION 3: DECISION MEMO

STRATEGIC IMPACT	Select an item from the following dropdown menu of County's strategic priorities that this action will most impact.
SOURCE SELECTION	Describe method used to select source.
RECOMMENDATION AND TWO ALTERNATIVES	Describe staff recommendation and provide justification. Identify at least 2 other options to accomplish this request, including status quo, (i.e., take no action).

SECTION 4: SOLE SOURCE MEMO/JUSTIFICATION	
JUSTIFICATION	Select an item from the following dropdown menu to justify why this is a sole source procurement.
NECESSITY AND UNIQUE FEATURES	Describe the product or services that are not available from other vendors. Explain necessary and unique features or services. Attach letters from manufacturer, letters from distributor, warranties, licenses, or patents as needed. Be specific.
MARKET TESTING	List and describe the last time the market has been tested on the applicability of the sole source. If it has not been tested over the last 12 months, explain why not.
AVAILABILITY	Describe steps taken to verify that these features are not available elsewhere. Included a detailed list of all products or services by brand/manufacturer examined and include names, phone numbers, and emails of people contacted.

SECTION 5: Purchase Requisition Information			
Send Purchase Order To:		Send Invoices To:	
Vendor: CorVel Corporation	Vendor#: 11521	Dept: Finance	Division:
Attn: Cathy Estock	Email: cathy_estock@corvel.com	Attn: Jim Morrissy	Email: jim.morrissy@dupagecounty.gov
Address: 3010 Highland Pkwy, Ste 600	City: Chicago	Address: 421 N. County Farm Rd	City: Wheaton
State: IL	Zip: 60515	State: IL	Zip: 60187
Phone: 630-874-7418	Fax: 886-450-4673	Phone: 630-407-6116	Fax:
Send Payments To:		Ship to:	
Vendor: CorVel Corporation	Vendor#: 11521	Dept: Finance	Division:
Attn:	Email:	Attn: Jim Morrissy	Email: jim.morrissy@dupagecounty.gov
Address: PO Box 843586	City: Los Angeles	Address: 421 N. COUNTY FARM ROAD	City: WHEATON
State: CA	Zip: 90084-3586	State: IL	Zip: 60187
Phone:	Fax:	Phone: 630-407-6116	Fax:
Shipping		Contract Dates	
Payment Terms: PER 50 ILCS 505/1	FOB: Destination	Contract Start Date (PO25): 12/01/2023	Contract End Date (PO25): Nov 30, 2024
Contract Administrator (PO25):			

Purchase Requisition Line Details

LN	Qty	UOM	Item Detail (Product #)	Description	FY	Company	AU	Acct Code	Sub-Accts/ Activity Code	Unit Price	Extension
1	1	EA	N/A	Third Party Administration Services of both workers' compensation and liability claims	FY24	1100	1212	53110	N/A	100,000.00	100,000.00
FY is required, assure the correct FY is selected.										Requisition Total	\$ 100,000.00

Comments

HEADER COMMENTS	Provide comments for P020 and P025. This contract purchase order is to provide Third Party Administration Services of both workers' compensation and liability claims, per first and only renewal 20-110-HR.
SPECIAL INSTRUCTIONS	Provide comments for Buyer or Approver (not for P020 and P025). Comments will not appear on PO.
INTERNAL NOTES	Provide comments for department internal use (not for P020 and P025). Comments will not appear on PO.
APPROVALS	Department Head signature approval for procurements under \$15,000. Procurement Officer Approval for ETSB.

The following documents have been attached: ☒ W-9 ☒ Vendor Ethics Disclosure Statement