

This form must accompany all Purchase Order Requisitions

| SECTION 1: DESCRIPTION | | | | | |
|---|-------------------------------|-------------------------------|--|--|--|
| General Tracking | | Contract Terms | | | |
| FILE ID#: | RFP, BID, QUOTE OR RENEWAL #: | INITIAL TERM WITH RENEWALS: | INITIAL TERM TOTAL COST: | | |
| 25-0550 | 25-011-HR | 3 YRS + 1 X 1 YR TERM PERIOD | \$259,497.00 | | |
| COMMITTEE: | TARGET COMMITTEE DATE: | PROMPT FOR RENEWAL: | CONTRACT TOTAL COST WITH ALL RENEWALS: | | |
| FINANCE | 02/25/2025 | 6 MONTHS | \$351,395.00 | | |
| V - 20 (10 (10 (10 (10 (10 (10 (10 (10 (10 (1 | CURRENT TERM TOTAL COST: | MAX LENGTH WITH ALL RENEWALS: | CURRENT TERM PERIOD: | | |
| | \$259,497.00 | FOUR YEARS | INITIAL TERM | | |
| Vendor Information | | Department Information | | | |
| VENDOR: VENDOR #: | | DEPT: | DEPT CONTACT NAME: | | |
| CorVel Corporation | | Human Resources | Christine Clevenger | | |
| VENDOR CONTACT: VENDOR CONTACT PHON | | DEPT CONTACT PHONE #: | DEPT CONTACT EMAIL: | | |
| Cathy Estock | 630-947-6249 | 630-407-6228 | christine.clevenger@ dupagecounty.gov | | |
| VENDOR CONTACT EMAIL: | VENDOR WEBSITE: | DEPT REQ #: | | | |
| cathy_estock@corvel.com | www.corvel.com | | | | |

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.). An RFP was completed and the final choice was CorVel. CorVel's overall cost of services include administrative fees, fixed fees for each claim open and also first notices of loss fees. The amount of the contract is an estimate based on the number of average of past claims. The contract total cost will vary each year depending on the actual number of claims, but the administrative costs of claim processing is fixed. CorVel continues to provide cost saving services to include 24/7 nurse triage, phone app for injury reporting. Their multi-level claims triage system evaluations 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 or 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 rec | | | | | |
| DECISION MEMO REQUIRED RFP (REQUEST FOR PROPOSAL) | Select an item from the following dropdown menu to identify why a Decision Memo (Section 3) is required. | | | | |

| | SECTION 3: DECISION MEMO | | | | |
|--|--|--|--|--|--|
| SOURCE SELECTION | Describe method used to select source. A Request For Proposal (RFP) was issued to find the the lowest, responsible bidder. Four companies submitted proposals in response to the County's RFP. CorVel, the County's incumbent TPA submitted the winning proposal. Considerations in again selecting CorVel included the claims management technology they use, a dedicated and responsive claims support team, the County's high level of satisfaction with CorVel's performance, their ability to provide support for mandatory Medicare, Medicaid, and SCHIP Extension Act reporting and finally, the high costs associated with transferring existing open claims to a new provider. Other vendors did not have cost savings programs such as the 24/7 nurse triage and telemedicine. Staff agrees that CorVel's use of current claims best practices for managing claims and the use of a standardized platform for these services continues to provide a higher, more efficient level of service that other vendors can provide. | | | | |
| 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). Staff recommends approval of a three-year agreement with CorVel Corporation for third party claims administration services. Alternatives: 1) Select and recommend another third party claims administration service from the RFP shortlist. 2) Process another shortlist from the RFP in order to identify a candidate firm for recommending to the Board. | | | | |

| | 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 Pu | rchase Order To: | Send Invoices To: | | | | |
| Vendor: CorVel Corporation | Vendor#: | Dept: Finance | Division: | | | |
| Attn: Cathy Estock | Email: cathy estock@corvel.com | Attn: Jim Morrissy | Email: jim.morrissy@dupagecounty.gov | | | |
| Address: 1920 Main Street, Suite 900 | City: Irvine | Address: 421 N County Farm Rd | City: Wheaton | | | |
| State: CA | Zip: 92614 | State: | Zip: 60187 | | | |
| Phone: 630-947-6249 | Fax: | Phone: 630-407-6116 | Fax: | | | |
| Send Payments To: | | Ship to: | | | | |
| Vendor: CorVel Corporation | Vendor#: | Dept: Finance | Division: | | | |
| Attn: | Email: | Attn: Jim Morrissy | Email: jim.morissy@dupagecounty.gov | | | |
| Address: PO Box 843586 | City: Los Angeles | Address: City: 421 N County Farm Rd Wheaton | | | | |
| State: CA | Zip: 90084-3586 | State: | Zip: 60187 | | | |
| Phone: 410-933-3966 | Fax: 410-933-3969 | Phone: 630-407-6116 | Fax: | | | |
| S | hipping | Con | itract Dates | | | |
| Payment Terms: PER 50 ILCS 505/1 | FOB: Destination | Contract Start Date (PO25): Mar 1, 2025 | 5): Contract End Date (PO25): Feb 29, 2028 | | | |

| | | | | | Purcha | se Requis | ition Lir | ne 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 (TPA) Services of both Workers' Compensation and Liability Claims | FY26 | 1100 | 1212 | 53170 | N/A | 83,845.00 | 83,845.00 |
| 2 | 1 | EA | N/A | Third Party Administration (TPA) Services of both Workers' Compensation and Liability Claims | FY27 | 1100 | 1212 | 53170 | N/A | 86,431.00 | 86,431.00 |
| 3 | 1 | EA | N/A | Third Party Administration (TPA) Services of both Workers' Compensation and Liability Claims | FY28 | 1100 | 1212 | 53170 | N/A | 89,221.00 | 89,221.00 |
| FY is | require | d, ensure | the correct FY i | is selected. | | <u> </u> | | 1 | | Requisition Total \$ | 259,497.00 |

| Comments | | | | |
|----------------------|---|--|--|--|
| HEADER COMMENTS | Provide comments for P020 and P025. Contract purchase order to provide Third Party Administration (TPA) Services of both Workers' Compensation a Liability Claims, per most qualified RFP 25-011-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. | | | |