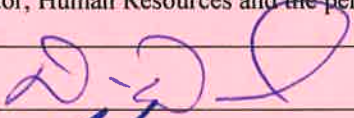
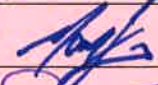
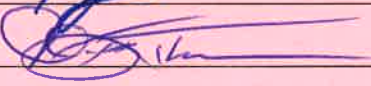


REQUEST FOR LEGISLATIVE ACTION

Completed by County Counselor's Office:

Res/~~Ord~~ No.: 19592
 Sponsor(s): Crystal Williams
 Date: October 2, 2017

SUBJECT	Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance Project/Title: <u>Awarding a One Year Contract, with Five Twelve Month Options to Extend, for the furnishing of Administrative Services for Self-Funded Worker's Compensation Program to Cowell Insurance Services of Overland Park, KS under the Terms and Conditions of Request for Proposal No. 48-17.</u>																																								
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Amount authorized by this legislation this fiscal year:</td> <td style="width:30%;"></td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td></td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td></td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td></td> </tr> <tr> <td>Source of funding (name of fund) and account code number:</td> <td></td> </tr> <tr> <td>Self-Insurance Fund – Non-Departmental – Workmen's Comp Insurance 060-5160-563210</td> <td style="text-align: right;">\$55,000</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</p> <input type="checkbox"/> No budget impact (no fiscal note required) <input type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract:					Amount authorized by this legislation this fiscal year:		Amount previously authorized this fiscal year:		Total amount authorized after this legislative action:		Amount budgeted for this item * (including transfers):		Source of funding (name of fund) and account code number:		Self-Insurance Fund – Non-Departmental – Workmen's Comp Insurance 060-5160-563210	\$55,000																								
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PRIOR LEGISLATION	Prior ordinances and (date): Prior resolutions and (date):																																								
CONTACT INFORMATION	RLA drafted by (name, title, & phone): Katie Bartle, Senior Buyer, 816-881-3465																																								
REQUEST SUMMARY	<p>The County requires a Contract for the furnishing of Administrative Services for Self-Funded Worker's Compensation Program to perform the functions of Claim Administration and Risk Management Information Systems and Reporting for the Human Resources Department.</p> <p>A total of Thirty-Four notices were distributed and Four responses were received. An Evaluation Team from the Human Resources office evaluated the proposals according to the following criteria: Proposed Method of Performance, 10 points; Experience, Qualifications and References, 10 points; Staff to be Assigned to Contract, 10 points; Pricing, 10 points.</p> <p>The results of the evaluation are as follows:</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align: center;">Proposed Method of Performance</th> <th style="text-align: center;">Experience, Qualifications, and References</th> <th style="text-align: center;">Staff to be Assigned to the Contract</th> <th style="text-align: center;">Pricing</th> <th style="text-align: center;">Final Average Score</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">40 points</td> <td style="text-align: center;">40 points</td> <td style="text-align: center;">40 points</td> <td style="text-align: center;">40 points</td> <td style="text-align: center;">40 points</td> </tr> <tr> <td>Central Adjustment Company, Little Rock, AR</td> <td style="text-align: center;">25</td> <td style="text-align: center;">25</td> <td style="text-align: center;">23</td> <td style="text-align: center;">26</td> <td style="text-align: center;">24.8</td> </tr> <tr> <td>PMA Companies, Schaumburg, IL</td> <td style="text-align: center;">28</td> <td style="text-align: center;">28</td> <td style="text-align: center;">27</td> <td style="text-align: center;">28</td> <td style="text-align: center;">27.8</td> </tr> <tr> <td>Cowell Insurance Services, Overland Park, KS</td> <td style="text-align: center;">38</td> <td style="text-align: center;">39</td> <td style="text-align: center;">40</td> <td style="text-align: center;">39</td> <td style="text-align: center;">39.0</td> </tr> <tr> <td>Thomas McGee, Kansas City, MO</td> <td style="text-align: center;">29</td> <td style="text-align: center;">32</td> <td style="text-align: center;">29</td> <td style="text-align: center;">33</td> <td style="text-align: center;">30.8</td> </tr> </tbody> </table>						Proposed Method of Performance	Experience, Qualifications, and References	Staff to be Assigned to the Contract	Pricing	Final Average Score		40 points	40 points	40 points	40 points	40 points	Central Adjustment Company, Little Rock, AR	25	25	23	26	24.8	PMA Companies, Schaumburg, IL	28	28	27	28	27.8	Cowell Insurance Services, Overland Park, KS	38	39	40	39	39.0	Thomas McGee, Kansas City, MO	29	32	29	33	30.8
	Proposed Method of Performance	Experience, Qualifications, and References	Staff to be Assigned to the Contract	Pricing	Final Average Score																																				
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	Mackinaw Administrators, Brighton, MI	29	30	28	25	28.0
	<p>Each element has a ten-point value and was evaluated by four people, for a total of 40 points possible for each element. The Final Average Score is a simple average of the four totals for each Respondent.</p> <p>Pursuant to Section 1054.6 of the Jackson County Code, 1984, the Director of Finance and Purchasing recommends the award for the furnishing of Administrative Services for Self-Funded Worker's Compensation Program to Cowell Insurance Services of Overland Park, KS as the best bid received.</p>					
CLEARANCE	<input checked="" type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input checked="" type="checkbox"/> Business License Verified (Purchasing & Department) <input checked="" type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)					
ATTACHMENTS	The Evaluation Matrices from the Evaluation Team, the Recommendation Memorandum from Ms. Hilary Matney, Human Resource Administrator, Human Resources and the pertinent pages of Cowell Insurance Service's proposal.					
REVIEW	Department Director:					Date: 9/26/17
	Finance (Budget Approval): <i>If applicable</i>					Date: 9/26/17
	Division Manager:					Date: 9/26/17
	County Counselor's Office:					Date:

Fiscal Note:

The obligations under this Agreement will be satisfied out of the Jackson County Self-Insurance Trust Fund. Pursuant to section 526., Jackson County Code, this fund is not subject to annual reappropriation.

Date: September 25, 2017 PC# _____ RES # 19592

Department / Division Character/Description Not to Exceed

Self-Insurance Fund - 060

5160 - Non-Departmental 56320 - Workmen's Comp. Insurance \$ 55,000

\$ 55,000

 9/26/17
Budget Office

Fiscal Information (to be verified by Budget Office in Finance Department)

- This expenditure was included in the annual budget.
- Funds for this were encumbered from the _____ Fund in _____.
- There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation herein authorized.
- Funds sufficient for this expenditure will be/were appropriated by Ordinance # _____
- Funds sufficient for this appropriation are available from the source indicated below.

Account Number:	Account Title:	Amount Not to Exceed:

- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- This legislative action does not impact the County financially and does not require Finance/Budget approval.



JACKSON COUNTY
Human Resources Department

Res. 19592

415 East 12th Street, First Floor
Kansas City, Missouri 64106
www.jacksongov.org

(816) 881-3135
Fax: (816) 881-3474

MEMORANDUM

TO: Katie Bartle, Senior Buyer

FROM: Hilary Matney, Human Resource Administrator

DATE: September 25, 2017

RE: Recommendation for Admin Services for Workers Comp proposal

RFP 48-17 was sent out seeking proposals for Administrative Services for Workers Compensation for Jackson County. The County received five responses from PMA Companies, Cowell Insurance Services, Thomas McGee, Central Adjustment Company, and Mackinaw Administrators. Representatives from the Jackson County Human Resources Department formed the evaluation committee which reviewed the proposals and made the award recommendation.

After review of proposals, we recommend the County award the bid to Cowell Insurance Services. This recommendation is based upon a review of performance, experience, and pricing. The award shall be for a one year contract with five one-year extension options. Based on previous annual usage, we estimate future use of approximately \$55,000 annually.

Please accept this memo as our recommendation to award the RFP to Cowell Insurance Group.

Frank White, Jr., County Executive



REQUEST FOR PROPOSAL 48-17 Evaluation Matrix
RFP NAME: Admin Services for Workers' Compensation
DEPARTMENT NAME: Human Resources

No	Respondent	Proposed Method of Performance		Experience, Qualifications and References		Staff to be Assigned to Contract		Pricing		Total Score
		25%	25%	25%	25%	25%	25%	25%	25%	
1	Central Adjustment Company	5	7	5	8	3	7	6	8	0.0
2	PMA Companies									0.0
3	Cowell Insurance Services	10	10	10	10	10	10	10	10	0.0
4	Thomas McGee	8	8	8	8	8	8	9	7	0.0
5	Mackinaw Administrators	7	7	7	7	7	7	7	7	0.0

COMMENTS:

How to utilize Matrix:

1. Assign score 1-10 (1 is lowest, 10 is highest) for each criterion for each vendor.
2. Raw scores are automatically computed into a weighted Total Score.



REQUEST FOR PROPOSAL 48-17 Evaluation Matrix
RFP NAME: Admin Services for Workers' Compensation
DEPARTMENT NAME: Human Resources

No	Respondent	Proposed Method of Performance		Experience, Qualifications and References		Staff to be Assigned to Contract		Pricing		Total Score
		25%	25%	25%	25%	25%	25%	25%	25%	
1	Central Adjustment Company	7	7	6	7	6	7	7	7	0.0
2	PMA Companies	6	6	6	6	6	6	7	7	0.0
3	Cowell Insurance Services	9	9	10	9	10	10	9	10	0.0
4	Thomas McGee	6	9	6	9	6	9	9	9	0.0
5	Mackinaw Administrators	8	9	7	9	7	7	7	7	0.0

COMMENTS:

Cowell was my for the best choice in my opinion

How to utilize Matrix:

1. Assign score 1-10 (1 is lowest, 10 is highest) for each criterion for each vendor.
2. Raw scores are automatically computed into a weighted Total Score.



REQUEST FOR PROPOSAL 48-17 Evaluation Matrix
RFP NAME: Admin Services for Workers' Compensation
DEPARTMENT NAME: Human Resources

No	Respondent	Proposed Method of Performance		Experience, Qualifications and References		Staff to be Assigned to Contract		Pricing		Total Score
		25%	25%	25%	25%	25%	25%	25%	25%	
1	Central Adjustment Company	6	6	7	8					0.0
2	PMA Companies	8	7	7	8					0.0
3	Cowell Insurance Services	9	10	10	10			9.7		0.0
4	Thomas McGee	7	7	7	7			7		0.0
5	Mackinaw Administrators	7	7	7	7			7		0.0

COMMENTS:

How to utilize Matrix:

1. Assign score 1-10 (1 is lowest, 10 is highest) for each criterion for each vendor.
2. Raw scores are automatically computed into a weighted Total Score.

Dennis



Michelle

REQUEST FOR PROPOSAL 48-17 Evaluation Matrix
RFP NAME: Admin Services for Workers' Compensation
DEPARTMENT NAME: Human Resources

No	Respondent	Proposed Method of Performance	Experience, Qualifications and References	Staff to be Assigned to Contract	Pricing	Total Score
		25%	25%	25%	25%	
1	Central Adjustment Company	7	7	7	7	0.0
2	PMA Companies	7	7	7	5	0.0
3	Cowell Insurance Services	10	10	10	9	0.0
4	Thomas McGee	8	8	8	6	0.0
5	Mackinaw Administrators	7	7	7		0.0

COMMENTS:

How to utilize Matrix:

1. Assign score 1-10 (1 is lowest, 10 is highest) for each criterion for each vendor.
2. Raw scores are automatically computed into a weighted Total Score.

**Cowell Insurance Services, Inc.
Pricing for Jackson County, MO**

4.18 Pricing

4.18.1 Medical Only Claims

\$175 each year

4.18.2 Indemnity Claims

\$850 each year

4.18.3 Information Only Claims

No charge

4.18.4 Annual Fees

\$10,000 Administrative Fee (inclusive of Medicare Section 111 Reporting Services, Actuarial Services, Quarterly Claim Reviews, Management Meetings, State Reporting, Excess Carrier Reporting, On-line Claim Access and up to 25 Hours of Loss Control Services.)

4.18.5 Minimum Fees

None

4.18.6 Loss Control Fees

25 hours included in Annual Administrative Fee. \$110 per hour will be charged for any additional hours of service.

4.18.7 Medical Case Management Fees

\$75/hr (billed as allocated claim expense)

4.18.8 Reports or other Administrative Fees

None

4.18.9 Charges for On-Line Claims Administration

None

4.18.10 Subrogation Fees

None

4.18.11 Fees for Filing Reports

None

4.18.12 Fees for Third Party Administration

See Annual Fees

4.18.13 Other Charges

Medical Bill Review and PPO

PPO Access Fee: 25% of savings

Nurse Review Fee: 25% of savings

Line Charge: \$1.60

4.18.14 Take Over Costs

N/A

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4.4 EXECUTIVE SUMMARY

4.4.1 Business/Firm Profile and Legal Structure

4.4.1.1 Cowell Insurance Service, Inc.

7450 W. 130th Street, Suite 180
Overland Park, KS 66213
P.O. Box 26721, Overland Park, KS 66225
Main 816-214-4070 Fax 816-214-4080
Federal ID: 27-0344895
lcowell@cisinsurancesolutions.com

4.4.1.2 Year Established:

2009

4.4.1.3 Primary point of contact:

Name: Lance J. Cowell
Title: President
Phone: (913) 269-0442
Email: lcowell@cisinsurancesolutions.com

4.4.2 Staff Experience

4.4.2.1 Average experience of CIS adjusters: 15 years

Camille Varnum, Claims Supervisor/Senior Claims Adjuster

A Jackson County, MO native, Camille has 10 years of experience as a claims adjuster. Camille joined CIS in 2014 as a Sr. Claims Adjuster and quickly worked her way into her Supervisor position in 2015. She is well versed in the workers' compensation statutes in Missouri as well as Kansas. Camille is currently the lead adjuster for Jackson County, MO and will remain the primary adjuster on the account.

Ashley Carrillo, Medical Only Adjuster

Ashley has 5 years of experience in the insurance industry. She joined CIS in August 2014 in our administrative support unit where she was responsible for processing incoming/outgoing mail, new claim setup, bill payment and check processing. Ashley was quickly promoted and currently handles medical only and minor lost time claims on various public entity, pool and individual self-insured accounts.

Monica Bullock, Account Administrator

A Jackson County, MO native, Monica has been in the workers' compensation insurance industry since 1998. She started her career in claims working in the administration department, and quickly became an adjuster in less than a year. Currently she handles all account administrative duties for each of our clients. This includes underwriting, renewal/placement of various policies (re-insurance, crime, D&O/E&O, etc.), invoicing, providing Ad Hoc reports, state reporting and other critical administrative tasks.

4.4.2.2 Actual caseload of staff of staff, and how are assignments made?

Med Only: 80
Lost Time: 100

Assignment are made based on the severity and circumstances of the injury. If the injury is minor and requires minimal medical treatment it will be assigned to the Medical Only Adjuster. If an injury requires more extensive medical treatment or the employee is missing work due to their injury then the claim would be assigned to the Sr. Lost Time Adjuster. All questionable claims are assigned to the Sr. Lost Time Adjuster.

4.4.2.3 What tools are used to manage adjuster caseload?

Adjusters' caseloads are analyzed daily by report, and face to face meetings are held weekly to address new claims and any challenges that the adjuster may be having on any given claim.

CIS has multiple adjusters who are cross-trained on accounts. Should your adjuster become ill, require leave or otherwise fail to keep up with your account's claim volume, we have additional adjusters who can cover the account. We will actively manage productivity and discuss with the County any assignment of other adjusters to your account should the need arise.

4.4.2.4 What type of investigation is done by the adjuster, and how are compensability issues addressed?

CIS promotes constant communication with our clients, their employees as well as the healthcare professionals.

The adjuster will speak to the Client's workers' compensation coordinator, the direct supervisor, the employee and the treating physician, taking statements when appropriate. Witnesses will also be contacted when appropriate with statements taken as necessary.

A compensability determination is then made, based on the obtained facts, and documented in the file notes. Any questionable claims will be discussed in depth with the client. If it is our recommendation that a claim should be denied we will obtain authority from the client and everything will be recorded in writing with copies to all parties. All files will have a current action plan outlining the treatment plan including target dates for light duty and full duty release from the treating physician and all necessary steps to bring the claim to resolution.

4.4.2.5 Define the role of the Account Manager that will be assigned to Jackson County and include a resume of that individual.

Lance Cowell will serve as your Account Manager and will be the primary point of contact for account maintenance and problem solving. He will work closely with the adjusters to ensure client satisfaction and that reports are provided to the Client and other parties in a timely fashion. His resume is as follows:

Lance J. Cowell, President

As President/CEO of Cowell Insurance Services, Inc. (CIS), Lance has over 30 years of industry experience. He is directly involved with all of the agency's clients. His day to day responsibilities encompass client services, program design and management, risk management consulting and coordination of claims and loss control services

Lance began his career in 1986, joining The Woodsmall Companies as part of a summer intern program and returned the following year to join the company full time, after college graduation. Initially, as an Account Executive, he was responsible for the development and servicing of several of the companies self-insured programs.

In 1989, Lance left The Woodsmall Companies to accept a position with a large, regional broker, where he was later promoted to Marketing and Sales Manager for the Kansas City, Des Moines and Omaha regions. In 2001 Lance ventured into business ownership with some colleagues and opened his own insurance agency/TPA; Alternative Risk Services, LLC and continued to provide risk management consulting and brokerage services to his clients. In 2009 he started Cowell Insurance Services as an independent insurance agency providing brokerage and risk management consulting services. He recently expanded the operations of CIS to include TPA services, in 2014.

Lance holds a B.S. in Business Administration from the University of Iowa. He has participated in numerous seminars and educational programs which include property and liability, self-insurance and captive insurance techniques.

4.4.2.6 Include any information on any attorneys Respondent will be utilizing on this contract.

CIS recognizes that the County has excellent legal counsel and defers to the County in their utilization of that resource. However, if/when the need to seek outside counsel arises, CIS would suggest the services of The Cowell Law Firm, LLC, McAnany, Van Cleave & Phillips, P.A., Evans & Dixon, L.L.C. or Stretz/Quinn, P.C. to assist the County in defense of their workers' compensation claims. Each of these firms have extensive experience handling workers' compensation in the Kansas City area.

4.5 Respondent is located in the Greater Kansas City Metropolitan Area.

We are a locally owned and operated Risk Management Consultant and TPA . We are your home town solution for claims administration and risk management services.

4.6 Communications with the County

CIS maintains a strong partnership with the County and their designated contacts. We currently communicate on a daily basis with the County via telephone, email and fax regarding current claim status, new claim investigation and medical updates, as well as, general program administration and risk control items.

4.7 References: CIS has served as Jackson County's TPA since 2004.

Jackson County, Missouri – TPA since 2004

Personnel: Camille Varnum; Ashley Carrillo; Monica Bullock;
Lance Cowell

Services: Claims Administration & Risk Management Services

Contact: Mr. Dennis Dumovich

415 East 12th Street, 1st Floor

Kansas City, MO 64106

816-881-3135

ddumovich@jacksongov.org

Service Delivery: 24/7

**Unified Government of Wyandotte County, Kansas City, Kansas
– TPA since 1992**

Personnel: Camille Varnum; Ashley Carrillo, Monica Bullock
Lance Cowell

Services: Claims administration & Risk Management Services

Contact: Ms. Renee Ramirez

701 North 7th Street, Rm. 646

Kansas City, KS 66101

913-573-5660

rramirez@wycokck.org

Service Delivery: 24/7

Fuel Marketers Insurance Trust – TPA since 1993

Personnel: Vicki Close; Ashlee Carrillo, Monica Bullock
Lance Cowell

Services: Claims administration & Risk Management Services

Contact: Mark Abel

P.O. Box 532

Louisiana, MO 63353

573-754-5595

mabel@abeloil.com

Service Delivery: 24/7

**4.8 Knowledge and Communication of Changes Regarding the Missouri Workers
Compensation Laws.**

CIS is in regular contact with the Missouri Departments of Insurance and Labor as well as our own workers' compensation attorneys. Information regarding any change of law is communicated as needed to the Client both through daily communications and at our regularly scheduled quarterly claim reviews. We will periodically provide training seminars with our attorneys and medical providers that the County will be invited to attend.

4.9 Claims Management System

4.9.1 On-Line Access:

C³, Customized Cost Containment is the proprietary risk management system utilized by CIS. C³ is a comprehensive risk management information system which can be tailored for individual client requirements. C³ allows for efficiencies within the claims adjusting process through the prompting of State

required fields allowing for all data to be grouped and redistributed back to the Client in usable formats.

Electronic claim notification for first report of injuries, enables adjusters to quickly initiate medical intervention, helping to improve return-to-work ratios and reduce the likelihood of litigation. Common processes, such as the generation and distribution of forms and documents, can be handled automatically by C³. Clients are able to retrieve all data reports directly from C³, the ARS website or via email notification. All claim-related activities and documents are managed electronically, thus creating a seamless paper-free environment.

An additional unique feature lies within the action plan screen within C³. Every open claim has an up-to-date action plan that the client can view. This action plan details the history of the claim, treatment prognosis as well as any issues involved in the claim process.

Every client is provided user access into the C³ system. Access is available 24/7. The Client is given a secure user log-in and password codes for view access into the system allowing access to real time data.

Online access to the standard risk management reports is provided to every client. Additional reports can be assembled based upon your needs. Any report can be run monthly, quarterly or weekly, as you need.

4.9.2 Viewing of Data:

The County has a secure user log-in and password codes for “view-only” access into the CIS claim system. The County has access to view all claim data in real-time. All correspondence including medical reports and bills are scanned and attached to the electronic claim file.

4.9.3 Report Generation:

The County may also obtain monthly Risk Management reports via our website. Electronic claim notification for first report of injuries enables adjusters to quickly initiate medical intervention, helping to improve return-to-work ratios and reduce the likelihood of litigation. Common processes, such as the generation and distribution of forms and documents, can be handled automatically by C³. Clients are able to retrieve all data reports directly from C³, the CIS website or via email notification. All claim-related activities and documents are managed electronically, thus creating a seamless paper-free environment.

CIS provides the following suite of reports on a monthly, quarterly or annual basis, dependent upon recipient:

- Policy Year Summary Analysis
- Detailed Loss Run, as defined by the County
- Weekly notification of new losses
- Check Registers - weekly and monthly
- Bill Review Cost Savings Summary
- Annual reports for Auditors and Actuaries

Ad hoc reports are available at the request of the Client. These reports may include, but are not limited to lag time reports, frequency and severity analysis reports, and repeat offender reports. Our robust reporting capabilities allow us the flexibility to create reports “on the fly” as needed.

4.9.4 Claim Reporting:

The Client has the ability to report all new claims via our online claim reporting system. If you prefer, you can also fax, email or phone in your FROI. All first reports are sent electronically to the State on a daily basis. The CIS account management team will complete and file all necessary State reports to maintain our clients’ self-insurance authority.

4.9.5 Copies of Reports:

See Addendum A

4.10 Claims Handling Procedures:

4.10.1 Procedures

CIS has designed the claims administration unit to allow the adjusters the necessary time to properly investigate a claim from the onset and then proactively manage the claim to conclusion. When a claim is reported it is reviewed by the Manager, Lisa Montgomery, to determine the complexity and then assigned to the appropriate adjuster with specific directives.

- The Manager reviews all incoming claims to determine claim type.
- The claim is then assigned to the appropriate adjuster.
- Supervisor diaries are set on all Medical Only claims at 14 days, 30 days, 90 days and 120 days for file review to ensure proper procedures are being followed and file management is handled appropriately.
- All Lost Time claims are assigned to the Sr. Lost Time Adjuster and have diaries set at 14 days, 30 day, 90 days and 120 days for reserve and file review. Diaries are then set for every 90 day until file is closed.
- All Lost Time claims are assigned Supervisor Diaries at 14 days, 90 days and 120 days to ensure proper procedures are being followed and file management is handled appropriately.

- Weekly internal meetings are held to review new and open claims. These meetings include the entire leadership chain and items discussed include ongoing claim development and other account items such as loss control, communications and account management.

4.10.2 Contact and Follow-Up

CIS's philosophy is that every employee should seek prompt medical attention. Once the County is aware of an event, contact should be made with CIS so we can reach out immediately to the injured employee. We will direct medical care to the assigned designated provider and stay in contact with the injured employee or his/her family, promoting a smooth claim handling process. Ongoing communication with providers is paramount to ensure proper care and billing and CIS maintains an open line of communication with the medical providers to obtain updated medical treatment plans and work status reports.

4.10.3 Adjuster Case Load

4.10.3.1 Camille Varnum's Open indemnity claims

115

4.10.3.2 Ashley Carrillo's Open medical only claims

175

4.10.4 Reserving Philosophy

Reserves are established based on "most probable outcome," given the medical information available. Reserves are developed and input into the claims management system as early as 48 hours of receipt of the loss notice. Lost-time claim reserves are reviewed every 90 days for adequacy or adjusted accordingly based on new medical developments. Supervisor file audits are completed every 90 days to ensure our internal reserving practices are being met. A reserve worksheet is completed for the initial setting as well as any changes made throughout the lifetime of the file. This worksheet(s) can be sent to the County and is scanned into the file stating the date and reason for the change. Semi-annual internal reserve meetings are held for every account to ensure reserve accuracy.

4.10.5 Subrogation

Subrogation is an area that the risk management system flags for the adjuster to review and monitor with the input of each claim. Since subrogation can be complicated in self-insured public entity situations, the adjuster will communicate the possibility of subrogation with the Client. It is ultimately the decision of the Client if subrogation is pursued or not. If subrogation is to be pursued, CIS will place the 3rd Party on notice and will work to collect on the lien. There is no additional cost if the Client determines subrogation is in their best interest.

4.10.6 Filing Reports with Division of Workers' Compensation, Department of Insurance and NCCI

Yes. The CIS account management team will complete and file all necessary State and NCCI reports that are required to maintain our clients' self-insurance status.

4.10.7 Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA)

CIS utilized the services of Exam Works to submit the required monthly queries along with the quarterly claim reports. Claim detail is uploaded to the 3rd party administrator to be sent to CMS. If a claim is returned and marked as reportable, the Sr. Claims Adjuster will enter all the required information in the Exam Works system to be reported to CMS on the Client's regular reporting schedule. If a Medicare Set-Aside is deemed necessary it will be referred to a provider specializing in the arena for proper CMS approval. Our office utilizes several specialty providers including Exam Works, PMSI and ALARIS. We have worked with each of these companies for several years.

4.10.8 Claim Outsourcing

CIS occasionally outsources work to third parties in cases of out-of-state injuries, nurse case management and outside investigation. Outsourcing comprises a small percentage of our volume and we would consult with the Client prior to any action.

Care Dynamics:	12 years
ALARIS:	10 years
GENEX:	10 years

4.11 Medical Cost Containment

4.11.1 Bill Review/PPO

CIS utilizes the services of LogiComp for bill review repricing. LogiComp has a proprietary network of physicians that is augmented with leased contracts from PPO partners: Premier Work Comp, CCO and OHARA. Their provider network is available on-line, 24/7 and features a unique color-coded lookup that allows users to see the level of discount that a provider is offering. Additionally, nurse bill review is provided on technically complex bills, and to render guidance on medical claims as needed. Bills are processed and returned within 2 days of receipt.

Fees pertaining to medical bill review are separate and additional to those fees for claim handling. Bill Review fees are charged to the claim file.

4.11.2 Case Management Criteria

Case management is considered when a claim is of sufficient complexity, severity or results in extensive lost time. CIS will review with the County any claim we feel would benefit from the assignment of a Nurse Case Manager. The Sr. Lost Time Adjuster would be responsible for authorizing and assigning a Case Manager upon receiving authority from the County to do so.

4.12 Legal Case Management

4.12.1 Legal Case Management Program

All legal correspondence is forwarded to the Adjuster immediately upon receipt as well as scanned to the claim file. The adjuster will assign the file to the County Counselor and forward copies of all file materials. Claim for Compensations are immediately forwarded to the County Counselor to ensure an Answer is filed within the appropriate timeframe. CIS maintains ongoing communication with the Defense Attorney throughout the entire litigation process.

4.12.2 Adjuster Involvement

The adjuster is actively involved with the claimant to resolve the claim. We also work closely with the County's legal team when a claimant opts to utilize their own attorney.

Rating reports are requested on appropriate claims once a claimant is released from medical care and deemed to be at Maximum Medical Improvement. All ratings are provided to the County and settlement calculations are discussed

with the designated County Representative prior to requesting settlement authority. If authority is granted, the Adjuster will negotiate with the Pro Se' claimant or provide the County Counselor with the granted settlement authority to try and negotiate with the claimant's attorney. No claim will be settled without the County's prior knowledge and approval.

4.12.3 Fraud

If it is determined that there is probability of fraud for a given claim, CIS will utilize surveillance on an as-needed basis through collaboration with the Client. CIS utilizes a variety of licensed and bonded firms. Pricing varies and will be charged directly to the claim.

4.12.4 Hearings and Mediation

Our adjusters are always available to participate in hearings or mediation and would be happy to do so at no additional charge to the Client. CIS is a partner with Jackson County and will do what is needed to assist in the defense of workers' compensation claims.

4.13 Payment of Claims Benefits

4.13.1 Check Issuance

Checks are issued on a designated day each week after payments are reviewed and authorized by the adjuster. A weekly check register is provided to the County itemizing the payments issued during the given week. CIS can accommodate special check prints if/when the Client requests. Check copies are also sent to the County with the weekly check registers.

4.13.2 Fund Handling

We recommend a zero balance account that is owned by the Client. CIS will send a check register outlining the checks to be paid that week, the Client will fund the account and checks will be released once approval is received from the Client.

We also recommend CIS have signature authority based upon the settlement authority established during the initial installation meeting. Normal procedure is one signature up to \$5,000, two up to \$10,000 and anything greater than \$10,000 would require a signature from the Client. CIS will always set our standards to meet those of the Client's requirements.

4.14 Reports

4.14.1 Samples of Monthly and Special Reports

See Addendum A

4.14.2 Samples of Claim Status Reports

See Addendum A

4.15 Quality and Measurement

4.15.1 Customer Satisfaction

CIS has a robust capability of meeting the County's requirements.

CIS has long been a proponent of SOC-1 certification. SOC-1 is the authoritative guidance that allows service organizations to disclose their control activities and processes to their customers and their customers' auditors in a uniform reporting format. The issuance of a service auditor's report prepared in accordance with SOC-1 signifies that a service organization has had its control objectives and control activities examined by an independent accounting and auditing firm. The service auditor's report, which includes the service auditor's opinion, is issued to the service organization at the conclusion of a SOC-1 examination. CIS' SOC-1 certification reflects our procedural and accounting checks and balances.

C³: Customized Cost Containment is the proprietary risk management system utilized by CIS. C³ is a comprehensive risk management information system which can be tailored for individual client requirements. C³ allows for efficiencies within the claims adjusting process through the prompting of State required fields allowing for all data to be grouped and redistributed back to the Client in usable formats.

Superlative Claims Management – Our adjusters are cognizant of NCCI benchmarks and strive to manage their accounts using Best Practices, to meet or exceed industry standards regarding claim severity and return to work.

Task-Oriented Loss Control – Our loss control experts work with our clients to identify problem areas and to devise aggressive training to reduce on-the-job injuries. Our Loss Control experts are available to customize a plan appropriate to the client at a **special package rate** to meet the Client's needs. This is accomplished by addressing the fundamental components of a best practice workers compensation process including: timely reporting of claims,

designated health care providers, early return to work, safety management statements, facility inspections, safety committees, staff training, supervisor training, new employee orientation, and accident investigations. In addition, our loss control and claims department offer training sessions on a variety of topics as well as legislative updates. CIS offers an innovated approach to providing continual safety training with access to our Learning Management System. This system is an online safety training module that will allow the County to assign and schedule online safety training courses to their individual employees. The courses provided can be customized for each individual department to ensure that proper training is being delivered to the employees.

Case Management – Our adjusters work closely with nurse case management as required to reduce the severity of claims and bring the claims to a speedy resolution.

Integrated Bill Review – Our bill review professionals work closely with our adjusters to answer questions and to deliver the very best service regarding medical bill price reduction.

Pharmacy: We have partnered with Express Scripts for **PBM services**, thereby greatly reducing the cost of pharmacy to our clients by up to 30% - at no additional cost to our Clients.

Specialization: Our TPA processes claims for hundreds of other self-insured entities in Missouri as well as other municipalities in the Kansas City metropolitan area. We understand the unique challenges that public entities face in claims management and adjudication.

The Benefits: CIS's clients who utilize our suite of services typically experience both significant reductions in claims frequency and claims costs.

4.15.2 Education Seminars

CIS provides lunch-and-learn events for our staff as well as clients. Our Clients are always welcome and will receive invitations to attend once they are scheduled. CIS is always looking for topics of discussion to present to address your concerns in the workers' compensation area. Areas of discussion typically include medical procedures, legislative and case law changes, self insurance and loss reduction seminars. Should you have an area of interest, we would be happy to arrange for a session.

4.15.3 Lost Clients

None

4.16 Return to Work Programs

CIS will work closely with the County to ensure claimants are returned to work as quickly as possible. We work closely with the treating physician and/or therapist and the contracted nurse case manager to emphasize the employer's desire for earliest possible return to work and the availability of light duty assignments as outlined in the County's Return to Work Program.

4.17 Incidental Contracts

N/A