

CorVel Corporation

Bid Contact **Debbie Popovich**
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Address **1560 Sawgrass Corporate Parkway**
Suite 100
Sunrise, FL 33323

Supplier Code 00011658

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch. Docs
12537-525--01-01	Third Party Workers' Compensation Administration & Medical Bill Review Service	Supplier Product Code:	First Offer - \$2,201,255.00	1 / lump sum	\$2,201,255.00 Y

Supplier Total **\$2,201,255.00**

CorVel Corporation

Item: **Third Party Workers' Compensation Administration & Medical Bill Review Service**

Attachments

CorVels Response to City of Fort Lauderdale FINAL.pdf



October 5, 2021

City of Fort Lauderdale
100 N Andrews Avenue
Fort Lauderdale, Florida 33301
Attn: AnnDebra Diaz, Procurement Administrator

Dear Ms. AnnDebra:

CorVel appreciates the opportunity to have built and strengthen our relationship with City of Fort Lauderdale (“the City”) since 2016. We look forward to the privilege of continuing to help you reach your risk management goals. Our purpose is to manage your risk and provide patient advocacy, while reducing your workers’ compensation costs.

During our 5 year partnership, there have been numerous achievements CorVel and the City have accomplished by working together. Below are a few results we feel best illustrate the impact on your program:

- Maintained a Network Utilization rate of 77%, which is above the state average of 69%. This has resulted in an average of 54% of savings to the City’s spend year over year.
- 82.4% of the City’s medication dispensing has been routed through our PBM, which has saved the City an average of \$231,000 a year on prescription medications.
- Maintained a 96% generic efficiency rate for medications dispensed.
- Provided the City of Fort Lauderdale results as an “A” submitter in all five criteria measured by the State of Florida.

As you know, we value our partnership with the City. We know your company, your team and your program – and we know how to deliver the results to make the greatest impact to meet the City’s needs.

I will continue to serve as the primary contact for the City’s program and for this proposal. Please do not hesitate to ask me any questions you may have. I can be reached by telephone at (954) 218-4807 or by email at debbie_popovich@corvel.com. Thank you again for the opportunity to continue to build upon this already strong partnership.

Sincerely,

A handwritten signature in black ink, appearing to read 'Debbie Popovich', written over a light blue horizontal line.

Debbie Popovich
Senior Vice President, Sales



CITY OF FORT LAUDERDALE



Response to Request for Proposal

City of Fort Lauderdale

Third Party Workers' Compensation Administration and Medical Bill Review Services

RFP # 12537-525

October 5, 2021



10/20/2021

DEBBIE POPOVICH, SENIOR VICE PRESIDENT | CORVEL ENTERPRISE COMP, INC.
DEBBIE_POPOVICH@CORVEL.COM T 954.233.5906 C 954.218.4807

BidSync

CA# 22-0364
Exhibit 3
Page 4 of 146

Table of Contents

Executive Summary 3

Experience and Qualifications 6

Approach to Scope of Work 9

Claims Management Services..... 10

Managed Care Services..... 14

References 18

Minority/Women (M/WBE) Participation..... 19

Subcontractors 20

Required Forms 21

Minimum Qualifications 23

Supplemental Questions..... 25

Attachments 38

Executive Summary

Each Offeror must submit an executive summary that identifies the business entity, its background, main office(s), and office location that will service this contract. Identify the officers, principals, supervisory staff and key individuals who will be directly involved with the work and their office locations. The executive summary should also summarize the key elements of the proposal.

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.

History

CorVel has over 35 years of experience as a national provider of healthcare management solutions for employers, insurance companies and, government agencies seeking to control costs and promote positive outcomes. We apply technology, intelligence, and a human touch to the challenges of workers' compensation, allowing us to facilitate early intervention and medical management at the onset of an injury while being connected to the critical information needed to manage claims proactively.

We have approximately 3,800 associates who serve more than 1,000 customers through a national branch office network covering all 50 states. Our decentralized management model allows us to provide strong local support to our customers while being supported by national resources, processes, and systems.

CorVel is publicly traded (NASDAQ: CRVL) with annual revenues exceeding \$552 million in fiscal year 2021. Our financial strength and the depth of our comprehensive service offering have enabled our company to remain independent and stay focused on delivering innovative, technology-driven solutions that achieve industry-leading results.

In 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 CorVel's value proposition.

Offices and Team

CorVel’s headquarters is located at:

1920 Main Street, Suite 900
Irvine, CA 92614

EXECUTIVE SUMMARY

Your servicing location will continue to be in our Sunrise, Florida office, located at:

1560 Sawgrass Corporate Parkway, Suite 100
Sunrise, FL 33323

The following key personnel on your team will remain designated to your account:

- Debbie Popovich, Vice President Regional Sales
- Jenna Ando, Account Manager
- Tom Cassette, Area Vice President
- Gina Poliard, Case Management Manager
- Marco Wyszowski, Bill Review Manager
- John Klasko, Claims Manager
- Yanet Labrada, Claims Supervisor

All personnel are based out of our Sunrise office.

Please see Attachment A: Resumes of Key Personnel.

We understand your program.

CorVel has been providing the City with workers' compensation services since 2016. During our partnership, we have maintained a network utilization rate of 77%, which is above the state average of 69%. This has resulted in an average of 54% of savings to the City spend year over year. In addition, 82.4% of the City's medication dispensing has been routed through our PBM, which has saved the City an average of \$231,000 a year on prescription medications. We have also maintained a 96% generic efficiency rate for medications being dispense. In addition, CorVel has provided the City of Fort Lauderdale results as an "A" submitter in all five criteria measured by the State of Florida.

Our history lays the foundation for our future.

At CorVel, we believe our longevity and stability within the industry has allowed us to gain extensive experience to develop technological advances to capture pertinent data and trends. We work closely with employers to reverse the stigmas of an adversarial and costly program. Our unique claims management service model applies technology, intelligence and a human touch throughout the healthcare and disability continuum.

Let's keep the conversation going.

We value our partnership and appreciate the input you've provided to us to improve our processes. CorVel hopes you have enjoyed your access to complete visibility of your program and the successes we have shared. Your success is our success, and the accomplishments we have achieved would not be possible without your constant contributions and collaboration.

Empowered account management team.

Powerful results start with performance-driven partnerships. Jenna Ando, your Account Manager, is enabled with the right resources to continue to make a difference in taking your claims management process to the next level of efficiency and cost-effectiveness. Regardless of the challenges that may arise, we are committed to finding solutions.

Taking a collaborative approach.

Our claims and medical management teams work together in one system to deliver a single, streamlined solution. The disjointed service models that are typical to the workers' compensation industry are susceptible to costly delays and information getting lost in translation. By maintaining all services in-house and having all parties collaborate within a single platform, CorVel aligns with your patient-centered goals, maximizes efficiency and returns your employees to work sooner. Yanet Labrada, Claims Supervisor, will remain over the program and continue to work with Jenna Ando, Account Manager, to ensure the program is running efficiently.

A better bottom line.

Using intelligently designed technology and leading medical expertise from the moment an incident is reported can truly transform your workers' compensation program – your program is a testament to our ability to deliver the right results. We value your business and look forward to an opportunity to continue to build upon our already successful partnership. It is all about getting more value from every dollar spent—and partnering with an expert that can help you reach results. It is the CorVel difference at work.

Responsive Solutions Reimagined.

Experience and Qualifications

Indicate the firm's number of years of experience in providing the professional services as it relates the work contemplated. Provide details of past projects for agencies of similar size and scope, including information on your firm's ability to meet time and budget requirements. Indicate the firm's initiatives towards its own sustainable business practices that demonstrate a commitment to conservation. Indicate business structure, IE: Corp., Partnership, LLC. Firm should be registered as a legal entity in the State of Florida; Minority or Woman owned Business (if applicable); Company address, phone number, fax number, E-Mail address, web site, contact person(s), etc. Relative size of the firm, including management, technical and support staff; licenses and any other pertinent information shall be submitted.

Experience

CorVel Corporation has been providing healthcare management services since 1978, and workers' compensation and managed care services for the City since 2016.

Across the nation, CorVel provides third party administration services for more than 110 municipalities and public entities across the United States which include cities, counties, states, public transportation and public education clients.

Although there are many similarities with municipal customers, there are also unique pieces to each program which include:

- Wages for benefit calculations with different payment types and rates
- Employees who work various shifts (police/fire)
- Presumptive laws for cancer, heart/lung and PTSD
- Light duty programs if unions do not allow cross over work in other departments
- Multiple unions

Our Adjusters are well versed in working through these challenges and partnering with our municipal customers to implement processes and special account instructions to properly manage these claims while ensuring injured workers are getting the treatment they need to return to work.

A few of our local municipality clients include:

- City of Miami Beach
- City of Pompano Beach
- City of West Palm Beach
- Miami-Dade County
- City of Orlando
- City of Hollywood
- City of Hialeah
- Florida League of Cities
- Broward County Board of County Commissioners
- Brevard County Board of County Commissioners

CorVel offers all of our customers tailored programs; therefore, we have worked with the City to establish performance measures based upon your specific needs and preferences, including meeting the City's preferred time and budget requirements. If CorVel's performance begins to approach non-compliance, we will act proactively and diligently to resolve any issues before they become complex. Based on the combination of these factors, CorVel has every reason to believe we will continue to meet all of the City's performance standards.

TPA of the Year Award

CorVel has been named Third Party Administrator Team of the Year at Business Insurance's 2020 U.S. Insurance Awards for our innovative work with the State of Tennessee. The U.S. Insurance Awards program honors teams of professionals who demonstrate excellence through their work on specific projects. We're also a finalist for TPA of the Year Award for 2021.

Please see Attachment B: State of Tennessee Case Study and Attachment C: Georgia Municipal Association Case Study and Attachment D: TPA of the Year Award.

Sustainable Business Practices

CorVel is committed to implementing and maintaining environmentally friendly practices. Our philosophy is to consider these practices when developing or modifying policies and procedures. We have incorporated many practices into our daily work process to reduce our impact on the environment. These practices include:

- Utilization of electronic storage vs. retention of hard copy files and paperwork
- Recycling - Paper shredders required at all locations
- Scanning and e-fax use to reduce unnecessary copying
- Employee reimbursement for bus/transit passes
- Modified work hours to minimize travel during heavy commuting
- Remote/work from home options for staff
- Utilization of recycled paper
- Lights and computers turned off every evening
- Marketing materials are not mass produced but made available electronically

Business Structure

CorVel Enterprise Comp, Inc. is a wholly-owned operating subsidiary of CorVel Corporation, a publicly traded healthcare management company (NASDAQ GS: CRVL) held to the standards of NASDAQ and the SEC. CorVel Corporation is incorporated in the state of Delaware. CorVel has over 3,800 employees who serve more than 1,000 customers through a national branch office network covering all 50 states. Our website can be found at www.corvel.com.

CorVel's headquarters is located at:

1920 Main Street, Suite 900
 Irvine, CA 92614

EXPERIENCE AND QUALIFICATIONS

Your servicing location will continue to be in our Sunrise, Florida office, located at:

1560 Sawgrass Corporate Parkway, Suite 100
Sunrise, FL 33323

Debbie Popovich, Senior Vice President, will continue to serve as the primary contact for the City's program and for this proposal. She can be reached by telephone at (954) 218-4807 or by email at debbie_popovich@corvel.com.

Please see Attachment E: Florida TPA License.

Approach to Scope of Work

Provide in concise narrative form, your understanding of the City's needs, goals and objectives as they relate to the project, and your overall approach to accomplishing the project. Give an overview on your proposed vision, ideas and methodology. Describe your proposed approach to the project.

As a part of the response, a design plan and diagram(s) shall be presented to the City for approval.

The proposer shall also propose a scheduling methodology (timeline) for effectively managing and executing the work in the optimum time. The delivery time shall be stated in calendar days from the date of City notification of award or notice to proceed with delivery. Such timeline information and proposed dates shall include, but not necessarily be limited to: delivery, installation, acceptance testing, personnel, and other related completion dates, in accordance with the RFP specifications.

NOTE: The project must be completed and accepted within 120 days from the City Notice to Proceed.

Also provide information on your firm's current workload and how this project will fit into your workload. Describe available facilities, technological capabilities and other available resources you offer for the project.

CorVel represents and warrants that we have the necessary knowledge, skills and experience to perform the workers' compensation and managed care services in accordance with the scope of work. We will continue to perform the services in a diligent, professional manner using an appropriate number of qualified individuals and in accordance with applicable industry standards. Over our 5 year partnership, CorVel has gotten to know your program and tailor our services to what best fits the City.

CorVel offers an innovative approach to claims management and cost containment. This integrated, automated service model controls claims at inception by advocating medical management at the onset of the injury to decrease overall cost of risk and shorten the length of disability. Our tailored, proactive service model allows more control over the City's program, expediting claim closure and reducing the total cost of claims. We are the first solution to utilize proprietary technology to identify and prioritize claims, process the first notice of loss and separate simple medical only claims from potentially complex claims. This process allows our Adjusters to be the first to know which claims need special attention before they become complex, saving the City time and money over the life of the claim.

Claims Management Services

Overview

The workers’ compensation industry continues to be challenged with rising indemnity and medical costs that outpace general inflation. CorVel offers an outcomes-based approach to claims management and managed care specifically designed to overcome the inherent problems in workers’ compensation claims. Our approach reverses the adversarial environment to one of advocacy for the injured worker; one of sluggish communication to one of timely responsiveness for the employer; and one from unknown information to total transparency – a shift that benefits all key stakeholders.

Advocacy 24/7 Program: Immediate Intervention Makes All the Difference

Connecting the patient with the appropriate care in a timely matter is the cornerstone of CorVel’s risk management solution. We are the only claims administrator to incorporate a proprietary, in-house Advocacy 24/7 service. At the time of an incident or injury, the City’s employees can call and speak with a registered nurse who will evaluate the nature of the incident or injury and determine the employee’s immediate medical needs. By addressing the case when it first occurs, we are able to provide quick and accurate care intervention, often helping to prevent a minor injury from becoming an expensive claim. This is available today to police and fire departments for the City.

CorVel’s staff of registered nurses are licensed in all 50 states and advocate timely return to work (RTW) with quality care for the City’s employees. Our nurses use nationally recognized triage protocols with industry standards to facilitate appropriate treatment options.

Our solution reduces total claims costs by changing the mix. We are able to keep more claims medical only through quick and accurate intervention while lost time claims are reduced by utilizing our industry leading cost containment solutions.

Please see the following for CorVel’s Advocacy 24/7 program results:

	Pre-Program	Post Program	Results with 24/7
Average Days Open	78	58	26% decrease
Average Cost	\$2,539	\$1,762	31% decrease
Average Litigated Claims	2.4%	0.9%	63% decrease
% of calls resulting in first-aid/self-care: 52%			

*Results from CorVel’s book of business results for incidents and injuries reported between 10/1/2019 – 10/1/2020 and closed before 4/1/2021.

Telehealth

We provide telehealth services as part of our Advocacy 24/7 program, offering injured workers a convenient way to see a doctor. With telehealth, injured workers have immediate access to providers, eliminating wait and travel times, cutting lag time and costly delays.

After being screened by a triage nurse, telehealth enables injured workers to connect with a provider through a virtual visit via a computer or smart device to facilitate more immediate care. In addition to preserving the integrity of the patient-physician relationship with confidential, HIPAA compliant transactions, telehealth also channels injured workers to network providers for physical therapy or prescription fills when appropriate.

Patient-Centric Claims Management

Redesigning the workers' compensation claims process to be more patient-focused and supportive of injured employees has a positive effect on employee health outcomes and employer spending. A well-trained, multidisciplinary team offering immediate assistance and patient advocacy allows injured employees to get quality care with compassion. In addition to reducing costs for employers by improving outcomes and minimizing indemnity claims, it improves morale by letting employees know they are being well taken care of.

The following is a summary of our claims management process:

Claim Investigation

Quality initial claims investigation is the cornerstone of effective claims management. It requires timely and thorough fact gathering, which makes results-oriented claims management possible. All claims identified as complex have an initial investigation performed with detailed file documentation that addresses compensability, evaluates possible exposure and outlines the future plan of action.

The investigation begins within 24 hours of our receipt of the claim and is an extension of the initial triage process. This includes 3 point contact with the injured worker, the City and medical provider within one business day of receipt in order to gather additional information about the claim. This information is used by the system to drive return to work and maximum medical improvement activities.

Compensability and Plan of Action

Once the investigation phase is complete, a determination of compensability is documented. Within two business days from the receipt of the claim, an action plan is initiated based on the collaboration between the Claims Adjuster and the medical professional. On all open, complex or potentially complex claims that include the payment of indemnity benefits, the action plan is updated at a minimum of every 30 days. For all other complex claims, the action plan is updated a minimum of every 90 days until the claim is resolved.

Diaries

CorVel uses an automated diary process that allows us to allocate the appropriate resources on claims when they need it. Our event driven diary system is based on the expected needs of the file so notes are entered as activities occur, not just on the diary date. After the initial diary, intervals are set at a maximum of 30 days for normal situations. By establishing diary dates for continued action and follow up as circumstances dictate, our Adjusters remain responsive to each injured worker's needs and proactively manage claims towards a successful resolution.

Reserving

CorVel's Adjusters consider the particular circumstances of each claim and maintain contact with the injured worker, physician and the City to develop a reserve that is current, realistic and based on the probable cost of each claim. Reserves are initially set within five days of receipt of the claim and established in one or more of three main groups: medical, indemnity and allocated loss adjustment expense (ALAE), taking into account all potential payments. Adjusters prepare a comprehensive reserve worksheet to determine the amount of the expected loss and document the reasoning behind the forecasted expenditure. Reserves are reviewed every 90 days or more frequently based on our event driven diary system.

Subrogation

Upon receipt of the claim, CorVel's rules engine evaluates the claim for potential subrogation. If the potential exists the claim is routed to our subrogation specialist team who complete a thorough investigation that includes collecting, evaluating, and preserving the evidence. Reserves are addressed at each claim review and rationale is documented in the Adjuster's plan of action review. Applicable statute of limitations is also be outlined in the plan of action with aggressive efforts being undertaken to secure recovery of costs as soon as possible.

Quality Assurance

A systematic claim audit is performed twice daily to monitor compliance with best practice standards and ensure quality. In addition, Supervisory reviews are performed on all open claims at a minimum of every 90 days. Claims may qualify for branch or district review based on severity and complexity of issues. CorVel's quality assurance department also performs audits which measure program compliance and quality. Based on the audit results, our quality assurance department conducts training to bring an individual or a unit into compliance.

Ongoing Claims Management and Patient Advocacy

Throughout the life of the claim, the rules engine continuously fires, alerting the Adjuster of any events or information that may impact the claim or affect its return to work status. This processing calls immediate attention to claims, avoiding costly delays. Our integrated model houses all claims and managed care information on one platform, allowing insight into every aspect of our clients' programs and continuous predictive modeling throughout the life of a claim. With our system's predictive modeling functionality, CorVel can identify cases requiring other efforts and redirect a claim to the most appropriate, quality care at any time.

Return to Work Program

When an employee is injured and unable to perform their normal duties, rapid recovery from the injury and return to full productivity requires a joint effort between CorVel, the City, the injured worker and treating physician. We have worked closely with the City to implement an effective return to work program that achieves the best possible return to work outcomes, while achieving greater reductions in the overall length and cost of medical treatment.

Transitional Work Positions: Transitional work positions allow the injured worker to acquire a sense of usefulness and acceptance in the workgroup, which has been proven to be a positive factor in the recovery process. During our three point contact, CorVel discusses what transitional work positions are available with the City and relays that information to the treating physician. This allows us to assist injured workers on how they can return to the workplace in a transitional capacity and be productive until they are able to work at full capacity.

Return to Work Coordinator: Having a dedicated advocate to coordinate your return to work program is critical for an effective RTW program. CorVel's RTW coordinators work with you to develop, coordinate and implement transitional work strategies, including a job bank of transitional tasks, to facilitate your employees' successful return to work. In addition to identifying and addressing obstacles, the coordinators engage all key stakeholders to foster positive outcomes.

On average, we return employees to work 23 days sooner than expected, resulting in significant savings. Our comprehensive RTW program can help minimize production challenges, while enabling employees to go back to work in a functional capacity rather than remaining isolated at home.

Return to Work Module: CorVel's return to work module within our online claims system provides key details related to return to work initiatives for the injured workers. The injured worker's return to work plan, work restrictions, date last worked, estimated return to work date, actual return to work date, total days off and claim specific notes are all visible within the return to work module. This provides the City with a clear depiction of each injured worker's return to work status and when the worker will be back in a functional work position.

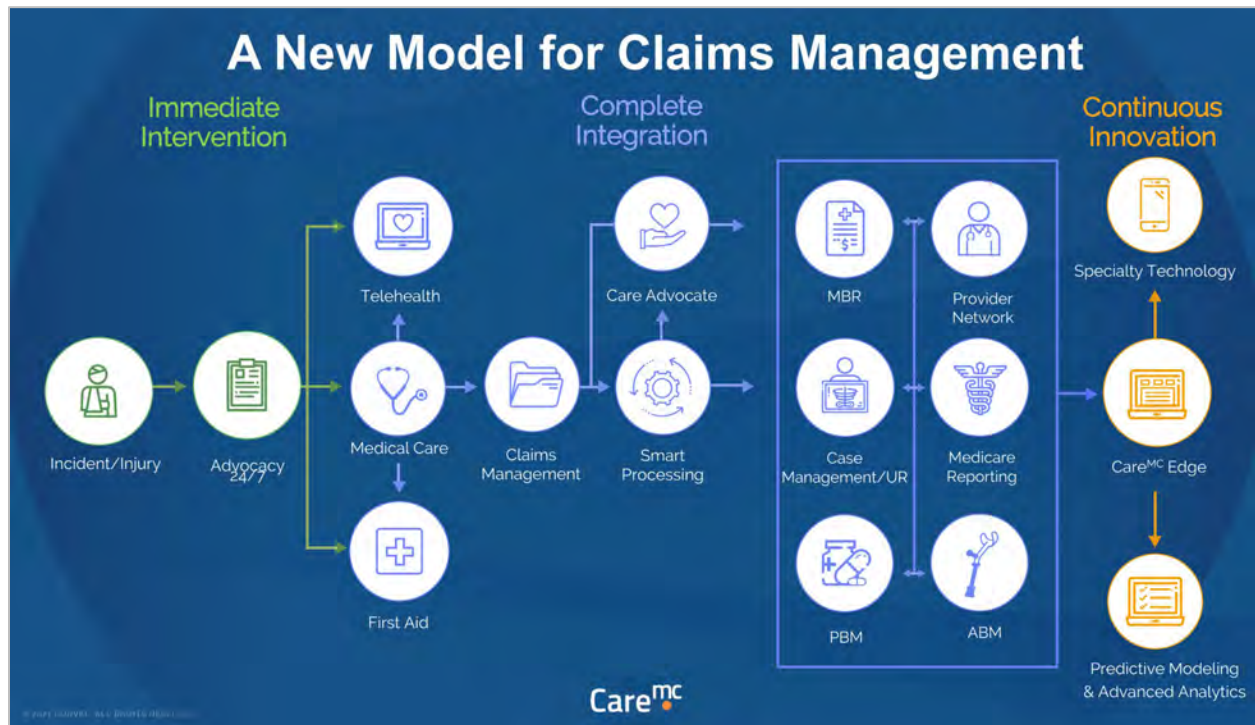
Review of RTW Outcomes: Return to work outcomes are reviewed as a component of our quarterly claim review meetings and annual stewardship meetings. Modifications to program set ups can be made based on the outcomes achieved. This continuous process of program review ensures that claims handling and medical management processes are identifying and implementing processes that reduce lengths of disability, reduce lengths of medical treatment and facilitate timely return to work.

Litigation

It is CorVel's best practice to maintain appropriate control and oversight of litigation for the best possible outcome. We will use the City's preferred outside counsel and are prepared to recommend counsel as needed. Upon referral to counsel, the Claims Adjuster provides a written plan of action outlining the issues that need to be addressed. For ongoing litigation, the Adjuster requests a budget of anticipated activities and associated costs. This budget is reviewed with the City to consider other courses of action, including possible settlement, prior to continuing with litigation.

Claims Management Workflow

Below is our claims management workflow:



Managed Care Services

Managed care services are at the foundation of CorVel’s service offering and are where the most savings can be realized. With decades of experience in the managed care industry, we’re able to offer a comprehensive solution that begins with patient management and continues through network solutions, delivering our patient advocacy approach throughout the entire medical management process. Managed care services are fully integrated with our claims management services and are provided by CorVel employees who are all working collaboratively in one system and using real-time data so we can better assist your injured workers and improve outcomes.

We use smart processing and workflow technologies that compress inherent delays in the claim continuum and improve responsiveness. Our proprietary solutions positively impact the City’s total cost of risk while delivering quality care to your employees.

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

Network Solutions

Network solutions is a complete medical savings solution for all in-network and out-of-network medical bills, delivering savings up to 28% higher than industry averages. Through the combination of a proprietary bill review rules engine, expert analyst review, professional nurse review, proprietary PPO networks and pharmacy review, our program has offered the City an average savings of 60% per bill.

Medical Bill Review

Populated with millions of rules, our proprietary rules engine ensures accurate and consistent bill review to maximize savings for the City. The rules engine applies individual rules for reasonable and customary review, fee schedule analysis and pharmacy review. It automatically identifies CPT.4 code unbundling, fragmented billings, up coding, etc. and will identify charges that have more accurate coding or should be re-bundled. The bill is then routed to the most appropriate bill review analyst based on diagnosis category, regulatory jurisdiction and/or benefit category so they can apply their expert knowledge and provide optimum review for each bill.

Professional Review

CorVel's rules engine allows for bills meeting pre-established thresholds to be flagged and electronically forwarded for professional review. We employ an experienced team of registered nurses and certified professional coders to review bills against actual medical files in order to find inconsistencies between services provided and services billed. Our nurses have clinical backgrounds in all areas of medicine and certified coders are thoroughly versed in medical billing and coding to ensure an accurate, consistent and thorough review.

PPO Network

CorVel offers a proprietary PPO network comprised of more than 750,000 providers and specialties, including 30,200 in Florida, 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 deliver discounts below workers' compensation fee schedules and reasonable and customary rates through direct contracts we maintain with each provider, generating the maximum possible savings through negotiated discounted rates.

Ancillary Benefit Management

CorVel's ancillary benefit management services provide 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, physical therapy, durable medical equipment, home health, independent medical examinations, transportation and translation services in order to ensure quality services and preferred scheduling at the best price. We manage the entire episode of care including scheduling expedited appointments, coordinating the receipt of medical reports as needed, and handling payment resolution. CorVel's Ancillary Benefit Management service will continue to be charged to the claim.

Pharmacy Management

CorVel's pharmacy solution and cost containment program offers the City maximum network penetration, a first fill program, formulary management, brand to generic conversion, a mail order program and aggressive drug utilization management. Combining these services with access to a network of over 67,000 retail pharmacies nationwide, with more than 4,800 in Florida, and management of all bills with prescription medications, the City can experience significant reductions in your pharmacy exposures and spend. CorVel's pharmacy pricing structure is based on discounts below fee schedule (AWP + dispensing fee). To date, CorVel has saved the City upwards of \$200,000 year over year in discounts since inception of the program.

Patient Management Services

CorVel's patient management services address all aspects of disability management including telephonic, field and catastrophic case management, utilization review and vocational rehabilitation. Our program proactively focuses on reducing medical costs through efficient management of medical claims. We work to identify and categorize claims as soon as possible to ensure the patient follows the most appropriate care path, ultimately improving RTW outcomes.

Telephonic Case Management

Telephonic case management focuses on channeling the injured worker to an appropriate medical provider, establishing treatment plans, determining physical capabilities for RTW and setting case direction for all parties involved. This is the most cost efficient method of case management which promotes early intervention and prompt RTW in a limited period of time.

Field Case Management

Claims are referred to field case management if characterized by high severity or related difficulty and complexity. In the instance of certain diagnoses or injury types, particularly of a catastrophic nature, referral to field case management will be initiated as soon as the claim is reported. Field case management is the preferred venue when factors combine to necessitate face-to-face involvement making it valuable when intervention should be intensive in nature.

Utilization Review

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

Vocational Rehabilitation

CorVel's vocational rehabilitation program is designed for injured workers who need assistance returning to work or retaining employment. Vocational services include work capacity assessments, job analysis, transferable skill analysis, job modification, vocational testing, job placement assistance, labor market surveys, and retraining. By working with the City, our Case Managers can provide job modification or light-duty alternatives until the physician lifts the injured worker's physical restrictions.

Medicare Solutions

CorVel's Medicare Set Aside (MSA) services offer a complete solution from development and submission of the Medicare Set Aside Allocation Report through the completion of final settlement documents. By compiling, analyzing and summarizing extensive amounts of medical data, we are able to reduce the amount of time and money spent preparing for the application process of an MSA. The current process will remain in effect when an MSA is approved by the City and ordered from the Adjuster as a claim service.

APPROACH TO SCOPE OF WORK

We also offer solutions to help the City manage the requirements mandated by the Centers for Medicare and Medicaid Services (CMS). As an assigned agent, we will provide agent services for the City as the Responsible Reporting Entity (RRE). As an experienced information processing provider, we will electronically submit files to the CMS in compliance with timelines and reporting requirements.

Our Partnership

As the City's current TPA, no additional implementation would be needed. We will maintain the designated team members to the City's account, therefore we have fit this project into our current workload and have the right number of personnel needed to continue to successfully manage your account. Yanet Labrada will continue to oversee the team of Adjusters that are designated to the City's program to ensure that all of the quality standards are being met.

The City is familiar with our claims system and our technological capabilities. The City's designated Account Manager, Jenna Ando, will provide ongoing technical service assistance. We have an established protocol which ensures that all issues are documented and tracked from time of receipt through resolution. Jenna is fully empowered with the required technical and management resources to ensure timely issue resolution.

REFERENCES

References

Provide at least three references, preferably government agencies, for projects with similar scope as listed in this RFP. Information should include:

- Client Name, address, contact person telephone and E-mail addresses.
- Description of services provided.
- Years in which the services were provided.
- Total cost of the services provided.

Note: Do not include City of Fort Lauderdale work or staff as references to demonstrate your capabilities. The Committee is interested in work experience and references other than the City of Fort Lauderdale.

City of West Palm Beach

Address: 401 Clematis St.
West Palm Beach, Florida 33401

Contact: Timothy Scott, Director

Phone: (561) 494-1136

Email: tscott@wpb.org

Description: Workers' compensation TPA services, managed care services, and liability services

Term: 2011 – current

City of Pompano Beach

Address: 100 W. Atlantic Blvd. #219
Pompano Beach, Florida 33060

Contact: Cindy Lawrence, Director of Risk

Phone: (954) 786-4636

Email: cindy.lawrence@copbfl.com

Description: Workers' compensation TPA services, managed care services, and liability services

Term: 1999 – current

City of Hollywood

Address: 2600 Hollywood Blvd.
Hollywood, Florida 33022

Contact: Tammie Hechler

Phone: 954-921-3218

Email: thechler@hollywoodfl.org

Description: Workers' compensation TPA services, managed care services, and liability services

Term: 2016 – current

MINORITY/WOMEN (M/WBE) PARTICIPATION

Minority/Women (M/WBE) Participation

If your firm is a certified minority business enterprise as defined by the Florida Small and Minority Business Assistance Act of 1985, provide copies of your certification(s). If your firm is not a certified M/WBE, describe your company's previous efforts, as well as planned efforts in meeting M/WBE procurement goals under Florida Statutes 287.09451.

Many of CorVel's providers within our network make the SBE requirement as stand-alone SBE providers. Channeling efforts will be made to direct into as many SBE providers as feasible.

SUBCONTRACTORS

Subcontractors

Proposer must clearly identify and explain services provided by any subcontractors that may be utilized during the term of this contract.

An advantage of our service model is that we provide all core claims and managed care services in-house through a fully integrated program. Services are delivered by CorVel employees who are all working together on one system, using real time information and smart technology to better assist injured workers and improve outcomes.

CorVel will continue to utilize the City's provider panel they have designated.

REQUIRED FORMS

Required Forms

A. Proposal Certification

Complete and attach the Proposal Certification provided herein.

Please see Attachment F: Proposal Certification.

B. Cost Proposal

Provide firm, fixed, costs for all services/products using the form provided in this request for proposal. These firm fixed costs for the project include any costs for travel and miscellaneous expenses. No other costs will be accepted.

Please see Attachment G: Cost Proposal.

C. Non-Collusion Statement

This form is to be completed, if applicable, and inserted in this section.

Please see Attachment H: Non-Collusion Statement.

D. Non-Discrimination Certification Form

This form is to be completed and inserted in this section.

Please see Attachment I: Non-Discrimination Certification Form.

E. Local Business Preference (LBP)

This form is to be completed, if applicable, and inserted in this section.

Please see Attachment J: Local Business Preference.

F. Disadvantaged Business Enterprise Preference (DBEP)

This form is to be completed, if applicable, and inserted in this section.

Please see Attachment K: Disadvantaged Business Enterprise Preference.

REQUIRED FORMS

G. Contract Payment Method

This form must be completed and returned with your proposal. Proposers must presently have the ability to accept these credit cards or take whatever steps necessary to implement acceptance of a card before the start of the contract term, or contract award by the City.

CorVel already has this payment process in place with the City.

Please see Attachment L: Contract Payment Method.

H. Sample Insurance Certificate

Demonstrate your firm's ability to comply with insurance requirements. Provide a previous certificate or other evidence listing the Insurance Companies names for the required coverage and limits.

Please see Attachment M: CorVel's Insurance Certificate.

I. W-9 for Proposing Firm

This form must be completed and returned with your proposal.

Please see Attachment N: CorVel's W-9.

J. Active Status Page from Division of Corporations – Sunbiz.org

Provide PDF of current page with your proposal.

Please see Attachment O: Sunbiz.org Active Status Page.

K. Licenses and Certification of TPA and Adjusters

Must be submitted prior to commencement of work.

Please see Attachment E: Florida TPA License and Attachment P: Adjuster Licenses.

Minimum Qualifications

Proposers shall be in the business of workers' compensation claims administration and medical bill review services and must possess sufficient financial support, equipment and organization to ensure that it can satisfactorily perform the services if awarded a Contract. Proposers must demonstrate that they, or the key staff assigned to the project, have successfully provided services with similar magnitude to those specified in the scope of services to at least one entity similar in size and complexity to the City of Fort Lauderdale or can demonstrate they have the experience with large scale private sector clients and the managerial and financial ability to successfully perform the work.

Proposers shall satisfy each of the following requirements cited below. Failure to do so may result in the proposal being deemed non-responsive.

- 2.17.1 Proposer or principals shall have relevant experience in workers' compensation claims administration services and must be authorized (licensed) as a claims administrator in the State of Florida and have at least ten (10) years of experience as a licensed claims administrator handling Florida workers' compensation claims.

CorVel has over 35 years' experience in workers' compensation claims administration service, with over 12 years in Florida.

Please see Attachment E: Florida TPA License.

- 2.17.2 Before awarding a contract, the City reserves the right to require that a Proposer submit such evidence of qualifications as the City may deem necessary. Further, the City may consider any evidence of the financial, technical, and other qualifications and abilities of a firm or principals, including previous experiences of same with the City and performance evaluation for services, in making the award in the best interest of the City.

CorVel agrees to submit such evidence of qualifications the City deems necessary.

- 2.17.3 Firm or principals shall have no record of judgments, pending lawsuits against the City or criminal activities involving moral turpitude and not have any conflicts of interest that have not been waived by the City Commission.

CorVel confirms that our firm and our principals have no record of judgments, pending lawsuits against the City or criminal activities involving moral turpitude and do not have any conflicts of interest that have not been waived by the City Commission.

R E Q U I R E D F O R M S

- 2.17.4 Neither firm nor any principal, officer, or stockholder shall be in arrears or in default of any debt or contract involving the City, (as a party to a contract, or otherwise); nor have failed to perform faithfully on any previous contract with the City.**

CorVel confirms that neither our firm nor any principal, officer, or stockholder are in arrears or in default of any debt or contract involving the City, (as a party to a contract, or otherwise); nor have failed to perform faithfully on any previous contract with the City.

- 2.17.5 Adjusters assigned to the City's account must have at least five years of indemnity/lost time claims experience handling Florida workers' compensation claims.**

CorVel confirms that all Adjusters assigned to the City's account have at least five years of indemnity/lost time claims experience handling Florida workers' compensation claims.

- 2.17.6 Must be approved by all the City's excess carriers.**

CorVel confirms we are approved by Safety National.

- 2.17.7 Must be in full compliance with the federally mandated State Children's Health Insurance Program (SCHIP) and Florida Electronic Data Interchange (EDI) requirements.**

CorVel confirms we are in full compliance with the federally mandated State Children's Health Insurance Program (SCHIP) and Florida Electronic Data Interchange (EDI) requirements. We currently have this process in place for the City.

- 2.17.8 Must have an office or be willing to open an office in Florida.**

CorVel will continue to service your account out of our Sunrise, Florida office.

S U P P L E M E N T A L Q U E S T I O N S

Supplemental Questions

Specific requirements regarding services have been outlined in prior sections of this RFP. In addition to information that may be provided in your proposal and required elsewhere in this RFP, please answer the following (restate question in each answer):

- 1. How many years has your company been licensed to operate in this industry?

CorVel has been a Third Party Administrator licensed to operate in Florida for 12 years.

- 2. How many years of experience does the company have in handling municipal claims?

CorVel has 12 years of experience in handling municipal claims in Florida.

- 3. At the time of bid submission, how many municipal clients does the company currently service in Florida?

CorVel currently has 19 municipality clients with claims in Florida.

- 4. Name, experience, resume and professional designations of claims manager.

John Klasko has served as the Claims Manager on the City’s account for 1 year.

For his additional experience, please find his resume in Attachment A: Resumes of Key Personnel.

- 5. Name, experience, license type, resume and professional designations of any supervisory level employees that will have responsibility for this account.

Yanet Labrada has served as the Claims Supervisor on the City’s account for 1 year. She has served the City for over 4 years as a dedicated Adjuster.

For her additional experience, please find her resume in Attachment A: Resumes of Key Personnel.

- 6. What tools do you use to manage adjuster caseloads?

CorVel's best practices dictate the following caseloads:

Indemnity Adjuster	125 – 130 files
Medical Only Adjuster	200 – 250 files





SUPPLEMENTAL QUESTIONS

CorVel recommends lowering the Medical Only Adjuster caseload so it does not exceed 250 at any given point in time. The maximum of 350 caseload requested in the RFP is considered by us to be too high. Medical Only activities are a primary driver in setting a successful pace and favorable outcome for all parties. The pricing presented takes into consideration the lower amount of 250 open claims per Medical Only Adjuster, and not the 350 requested.

Claims Supervisors review Adjuster caseloads daily and also use monthly management reports and dashboards to evaluate caseloads, closure rates, and claim types for their team. If an Adjuster is nearing a saturation point, either temporary support is provided from the Supervisor or case files are transferred to another Adjuster to decrease caseload.

In addition, Claims Supervisors can look at their Supervisor Dashboard, an integration of various claim information (including bill payment/approval metrics) into a dashboard for high-level evaluation of direct reports' performance.



Supervisor Dashboard

7. Do your adjusters receive any continuing education and training? Explain.

Yes, CorVel conducts initial and ongoing training and development programs for all our claims personnel. We ensure claims personnel stay current on new developments in workers' compensation laws and regulations to further enhance their skills, ensuring they continue to meet CorVel's customer service standards. Our training program addresses the needs of the highly specialized lines of insurance coverage in today's environment including entry level claims management to advanced claims techniques, telephone etiquette to address difficult callers, and policies and procedures regarding the latest benchmark management reporting.



SUPPLEMENTAL QUESTIONS

In addition to our own internal and industry sponsored staff training programs, CorVel also conducts bi-annual seminars for our claims personnel. These workshop style conferences allow us to share our experiences as well as those of our clients, and provide clear, step-by-step advice about claims management, industry trending and reporting procedures.

8. Do you own your own risk management information system (RMIS)? If not, who owns the data and what policy do you have in place in the event of an issue with the owner?

Yes, CorVel owns our RMIS system, Care^{MC}.

9. Please describe in detail, including features, your RMIS.

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 is highly codified and supports our claims and medical management teams by supplying extensive, real-time information to enable faster intervention and improved outcomes for injured workers.

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 is 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 secure internet connection and HIPAA compliant

SUPPLEMENTAL QUESTIONS



Care^{MC} Home Screen

Our system's user-friendly dashboards keep you connected to your workers' compensation program by providing real time information that can be viewed and filtered in various ways.

Dashboard include:

- *Claims Safety Dashboard* - Displays breakdown of claims by injury, body part, occupation and nature of injury.
- *Claims Scorecard* - Allows users to track and compare claim payments.
- *Claims Summary View* - View detailed claim information from a single location. Organized under a series of tabs for quick access to critical data such as the return to work profile.
- *Claims Reports* - Create and view reports with filtering and grouping options. Detailed reserve history, subrogation and recovery reports are also available.
- *Claim Notes* - View activity notes from Adjusters and Case Managers on one screen. Search options include by note type and date ranges.
- *Medical Bill Review Outcomes* - Displays claims savings including top ICD-10 codes, top procedures and drugs.
- *Treatment Calendar* - Displays a twelve month rolling calendar showing treatments over time and is color coded for different types and variations of treatments.
- *Return to Work* - View return to work plan, work restrictions, date last worked, estimated return to work date, actual return to work date, total days off and claim specific notes.
- *Drug History* - View pharmacy information including prescriptions, generic or brand dispensing, amount paid in and out of network and pharmacy risk scores.

Care^{MC} Edge

Our newest system enhancement, Care^{MC} Edge, has revolutionized the way claims are managed through artificial intelligence and machine learning tools that continually improve our predictive analytic capabilities and recommendations for intervention.

SUPPLEMENTAL QUESTIONS

Care^{MC} Edge offers a dynamic and integrated workspace that helps Adjusters take informed action on claims, drive better outcomes for injured workers and reduce the total cost of risk. It provides a unique user experience allowing the Adjuster to move from a reactive task-based environment to an intuitive experience that supports the knowledge and expertise of the Adjuster.

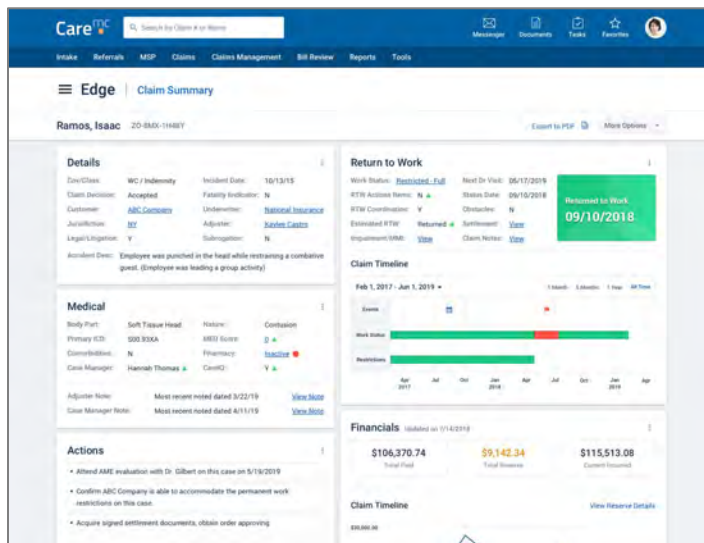
Care^{MC} Edge turns data into insights by consolidating and prioritizing complex information across claims such as financials, drug utilization and pharmacy eligibility, treatment guidelines, and work status and brings the most urgent action items front and center so the Adjuster can proactively act on them. Features include:

- *My Claims:* Transforms how Adjusters manage their caseload and identify claims needing immediate attention and intervention
- *Action Cards:* Provides actionable insight, integrating multiple managed care activities in real time so Adjusters can make informed decisions based on the total care of the patient
- *Return to Work:* Identifies barriers to RTW, estimated and expected RTW, and clearly tracks RTW progress
- *Insights:* Provides access to open claim information including medical status, drug history, documents, RTW plan, reserves, financials, and notes

Additional features of Care^{MC} Edge include:

Claims Summary Screen

The Claims Summary Screen provides a highly effective process to conduct online claim reviews with real time data. Users can see the exact status of a claim including claim details, medical status, return to work status, financials, claim timeline and actions. Adjusters, Supervisors, Managers, and the City will have the ability to access this claim summary at any time and dive into the most important claim screens and take action.



Claims Summary Screen



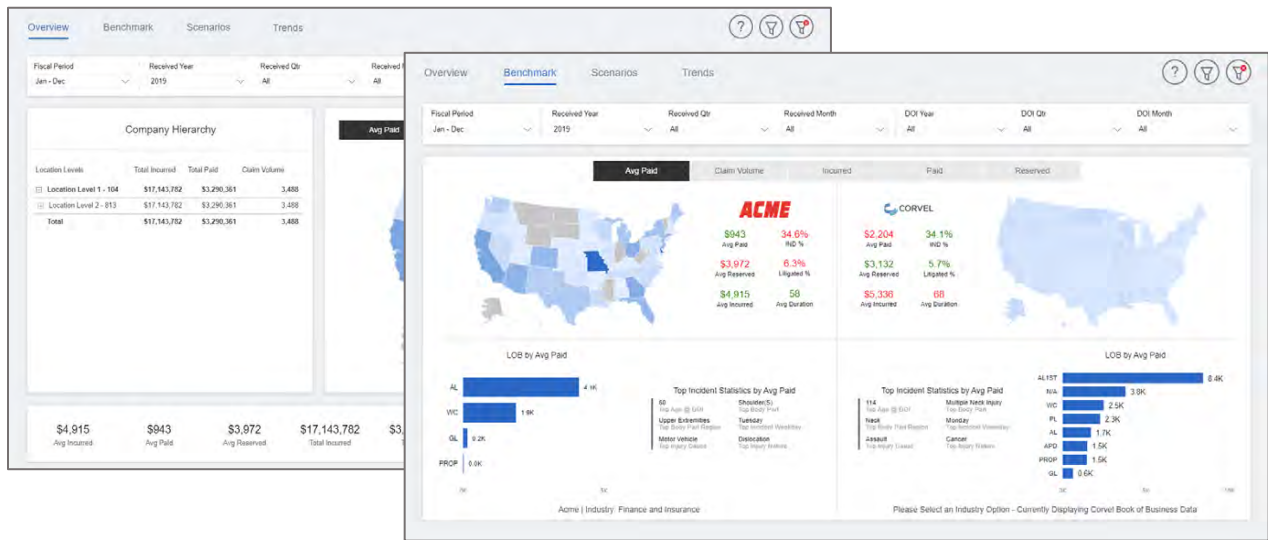
SUPPLEMENTAL QUESTIONS

Executive Dashboard

CorVel's Executive Dashboard provides a dynamic and interactive high-level overview of the City's entire program. It offers complete visibility and real time updates, helping you proactively manage your program.

Features include:

- Identification of trends and safety concerns
- Dynamic display allows drilling down on details driving outcomes
- Litigation information
- Financials that include a claims triangle view and a cumulative financial trend graph
- Injury profile that displays injury details by body part and division
- Benchmarking view to compare book of business and industry specific results



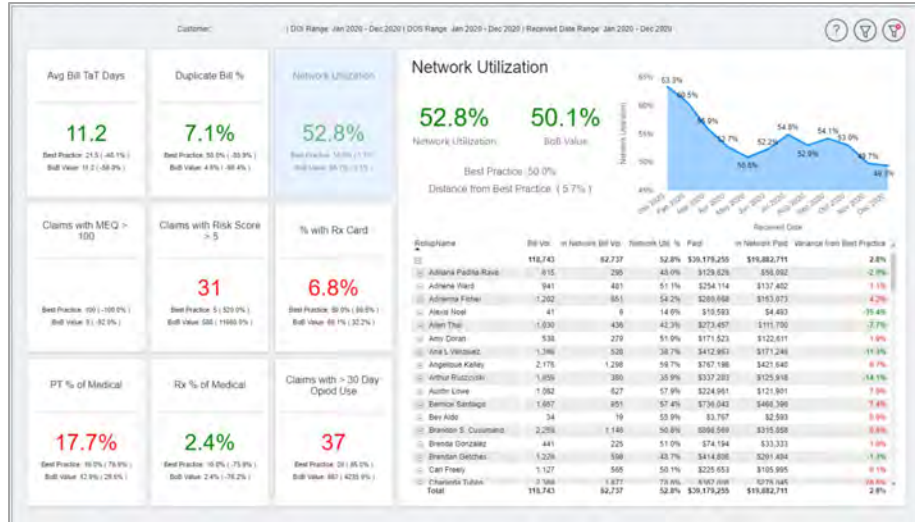
Executive Dashboard Screenshots

Program Management Dashboard

The Program Management Dashboard provides Claims Supervisors, Claims Managers and the Account Manager with a high level glimpse of when elements of your program are in or out of best practice. Green numbers indicate the number is within best practice range, while red numbers indicate the program's numbers are outside of the best practice range. Blue numbers indicate the number is not compared against a best practice. Initially, CorVel will set best practice numbers, however the City will be able to tailor the best practice numbers on your own.



SUPPLEMENTAL QUESTIONS



Program Management Dashboard

Pharmacy Management

The Edge has a pharmacy communicator where Adjusters are alerted of prior authorizations so they can take the following actions on the request: approve, approve with conditions, disallow, request a letter of medical necessity, or submit for prospective utilization review. Adjusters can also text message or email a pharmacy card to injured workers as well as add or update eligibility. In addition, The Edge offers tools to identify claims with out-of-network bills and high risk scores so proactive action can be taken.

Please see Attachment Q: Screenshots of Claims System.

10. Is the claims administration software used by your organization the same software that generates customer reporting? Describe the system/software used to generate ad hoc reports?

Yes, the claims administration software has the capability to generate customer reports. CorVel will provide the City with comprehensive reports detailing every aspect of your program, enabling the City to make a proper analysis of its exposure. Loss reporting information is available on a monthly basis and in various time formats, history periods, including "as of," and actual time. The City will also have access to create reports through the online reporting center where more than 1,000 data fields can be sorted to organize reports by any lapsed time period, hierarchical sub group, dollar range, time of day/week, coverage or sub classification, or any one of thousands of other combinations.

We can consolidate information based on the number of incidents or injuries, costs, etc., per department or division and provide various comparative ratios and averages. Safety/risk management reports will include the same detailed accident listings and accountability. We summarize incidents or injuries by coverage line, injured worker name, type, and age, cause, injury type, occupation, location, supervisor, and incident or injury date/time of day. Loss experience, payments comparisons and localized benchmarking reports are also available.

SUPPLEMENTAL QUESTIONS

CorVel's standard reporting capabilities are extensive; however, we have the ability to provide ad hoc reports at the City's request for any special reporting needs. Ad hoc reports can be created based on any data element we capture in the claims system. The City will also have access to run ad hoc reports at your convenience through our online reporting center. Reports can be printed, emailed and shared which allows for all stakeholders to instantly view and analyze data related to your program.

Please see Attachment R: Sample Claims Reports.

11. Do you have the capability to provide all the loss data reports required? Explain.

Loss reports are provided on a monthly basis and are available in various time formats and history periods including "as of" and actual time. The City can also run loss reports at your convenience through CorVel's online reporting center.

Standard loss reports include:

- Open and closed claims summary report for all years, date of injury, employee department, employee job class, claim number, employee name, cause of injury, nature of injury and body part
- Open claims summary report – all years
- Check register by check number
- Summary of losses by year
- Claims scorecard showing a summary of largest cost changes for the period and YTD, top claim repeaters and other claim diagnostic information

Besides providing detailed loss data, CorVel strives to provide meaningful insights into what is driving a customer's loss experience. In addition to our standard reports, we offer a wide variety of safety and analytical reporting capabilities which include loss triangle reports.

Please see Attachment R: Sample Claims Reports.

12. Will any ownership-affiliated organizations be utilized in the performance of this contract either directly or indirectly? Ownership affiliation would include subsidiary, jointly held, jointly ventured or companies owned by the same parent company as the Proposer. If the answer is yes to any of the above, please list and explain the companies, the services offered and describe how they will be compensated?

CorVel Enterprise Comp, Inc. is a wholly-owned operating subsidiary of CorVel Corporation, a publicly traded healthcare management company (NASDAQ GS: CRVL) held to the standards of NASDAQ and the SEC. CorVel Corporation is incorporated in the state of Delaware. We are registered as CorVel Enterprise Comp, Inc. today with the City.

SUPPLEMENTAL QUESTIONS

13. Do you have an ownership affiliation with the network that you utilize?

No, CorVel owns its own network.

- a. If not, please describe the business relationship and provide the name of the company that owns the network. Do you or any of your ownership affiliated organizations receive any remuneration or compensation, directly or indirectly, from this agreement?

Not applicable.

- b. If so, do you or any of your ownership affiliated organizations receive any remuneration or compensation, directly or indirectly, from this agreement?

No, CorVel or any of our affiliated organizations do not receive any remuneration or compensation from any ownership agreement.

14. Explain any fees proposed for managed care (medical case management, bill review, and UR and rehabilitation services). These are not to be included in the annual fee proposed. If you use a subcontractor, which firms do you use?

CorVel systems and services are proprietary to CorVel and performed in-house.

Please see Attachment G: Cost Proposal.

15. Explain, in detail, any deviation from the services or fee structure type required, specifically indicating any services you cannot perform. Specifically indicate what you consider as allocated expenses and therefore not included in your annual fee proposed amount.

CorVel does not require any deviations from the services or fee structure. All of our services are bundled. Case management and utilization review will be allocated to the claim file as medical expense per the RFP instruction.

Allocated loss adjustment expenses (ALAE) are defined as expenses associated with handling a claim other than payments for the loss itself. These include legal fees, court costs, expert witness fees and investigation fees.

SUPPLEMENTAL QUESTIONS

- 16. Other than the direct pricing proposed within this response, does or will your company receive any commissions, revenue sharing, rebates or any other remuneration, including profits from subsidiary or ownership-affiliated organizations providing services to the City? If so, please explain.**

No, CorVel does not and will not receive any commissions, revenue sharing, rebates or any other remuneration, including profits from subsidiary or ownership-affiliated organizations providing services to the City.

- 17. What is the average turnaround time of the payment of medical bills?**

CorVel's standard commitment for medical bill review turnaround time is 5 business days from bill receipt. Complex surgical or inpatient/outpatient hospital surgical bills have a turnaround time of 7-10 business days.

- 18. Describe your banking procedures and requirements for loss fund payments?**

CorVel maintains an escrow account funded by the City to be used for timely payments of all legitimate and authorized expenses associated with handling the City's claims. Payments are issued daily, although bi-weekly and weekly processing are available. In the event that the account balance threshold falls below \$10,000, the treasury department will send a notification email to the designated contact requesting that funds be replenished. Any payments \$100,000 or more require a special funding request. Special funding requests must go through a pre-approval process at the City. Given there are adequate funds in the account, it is our policy to pay all bills within 14 days of receipt to avoid double payments and potential penalties. Funding for the account can be in the form of an ACH transfer, wire or check. We send the City weekly check registers that document all payments processed.

- 19. Do you have any written performance standards in place? If so, please provide us with a copy of these standards, if not; are you willing to implement mutually agreed performance standards?**

The City is in receipt of the CorVel's claim quality standards based on auditor request and CorVel is willing to discuss performance benchmarks assigned to these standards.

- 20. In the event of a catastrophe / emergency that disables your office handling the City's claims, what are your back-up plans?**

Having multiple offices in multiple states throughout the United States, CorVel has established the following process for individual regional responses to natural disasters:

SUPPLEMENTAL QUESTIONS

In the event of an emergency or disaster being declared, the affected office will immediately contact the nearest sister office to determine if that office is affected as well. This is accomplished via a phone tree utilizing direct contact information for management staff throughout the region. All phone lines and fax lines will immediately be forwarded to the nearest unaffected office with instructions regarding processes and procedures unique to the customers handled by the affected office. All affected offices will make contact with the customers handled by that office to advise of imminent closure and to provide alternate contact information. Customers handled by unaffected offices that have business in the affected office will be contacted by the servicing (unaffected office) to provide interim contact information. In the event that the disaster is statewide, offices in neighboring states will be utilized as coverage for the affected offices.

In the event that the disaster/emergency is severe enough to render a branch unable to reopen within five business days, the unaffected offices in the region will notify the customers of the situation and give alternate mailing information as well as confirm contact information. Work normally handled by the affected office will be redistributed to the nearest unaffected office for handling until such time as the affected office is able to reopen and resume normal activities. Once the affected office is up and running again, customers will be contacted with the renewed contact information and advised that the office is back to business as usual.

CorVel's backup media is encrypted using 256-bit AES encryption and is stored at our redundant data centers in Las Vegas, Nevada and Hillsboro, Oregon.

Our security policy requires all electronic media, including but not limited to, floppy disks, CD ROM, memory cards, magnetic tape and removable hard drives, the file, document or folder containing electronic Protected Health Information (ePHI) to be encrypted according to CorVel's encryption standards.

21. Please provide detail of any special claims handling procedures for Heart & Lung Presumption, COVID, & PTSD claims.

Heart & Lung Presumption

CorVel follows Florida Statute 112.18 of the Heart-Lung Bill, which informs the following:

"1a. Any condition or impairment of health of any Florida state, municipal, county, port authority, special tax district or fire control district, firefighter or any law enforcement officer or correctional officer as defined in s.943.10 (1), (2), or (3) caused by tuberculosis, heart disease, or hypertension resulting in total or partial disability or death shall be presumed to have been suffered in the line of duty unless the contrary be shown by competent evidence. However, any such firefighter or law enforcement officer shall have successfully passed a physical examination upon entering into any such service as a firefighter or law enforcement officer, which examination failed to reveal any evidence of any such condition.

SUPPLEMENTAL QUESTIONS

1b. For any workers' compensation claim filed under this section and chapter 440 occurring on or after July 1, 2010, the law enforcement officer, correctional officer, or correctional probation officer is presumed not to have incurred such disease in the line of duty if departed in a material fashion from the prescribed course of treatment and the departure demonstrated to have resulted in a significant aggravation of tuberculosis, heart disease or hypertension resulting in disability or increasing disability or need for medical treatment."

Therefore, there is criteria we look at and question when an injured worker files a Heart and Lung claim:

1. Does the injured worker fall within the definition of a firefighter, law enforcement or correctional officer?
2. Is there a diagnosis of tuberculosis, heart disease or hypertension?
3. Has the injured worker lost time from work due to the diagnosis of tuberculosis, heart disease or hypertension? Missing employment for medical treatment does not automatically constitute disability and allow for the presumption, as work can be missed in order to diagnose an injured worker and not because it is a debilitating physical ailment.
4. Did the injured worker have a pre-employment physical?
5. Is the injured worker retired? Retired employees who file a Heart and Lung claim after retirement do not qualify for the Heart-Lung Presumption.
6. Compliance with previous and current medical care regarding tuberculosis, hypertension and/or heart disease.
7. CorVel works closely with the City's defense counsel for determination and process.

COVID and PTSD Claims

COVID and PTSD claims require special investigations. CorVel uses reference guides to guide our investigation of the claims and engage defense attorneys specializing in these types of claims for guidance and direction. Currently, COVID claims are assigned to the City's Senior Claim Specialist, investigated under 120 days and assigned to defense counsel to assist with determining compensability. PTSD claims are also assigned to the City's Senior Claim Specialist. So far, all PTSD claims have been denied.

Virtual Care during COVID

Due to recent concerns surrounding the COVID-19 pandemic, public health officials recommend the use of virtual medicine to reduce the spread of COVID-19 while continuing to provide quality care focused on recovery and return-to-function. CorVel has solutions available to connect injured workers with virtual care during the COVID-19 pandemic.

In addition to Advocacy 24/7 and Telehealth services, we offer:

TelePT

CorVel's virtual physical therapy program provides injured workers with an interactive and live session(s) with a licensed physical therapist via a camera-enabled computer, tablet or smartphone. Our TelePT service is available for injured workers with existing recovery needs, who temporarily do not have access to in-person therapy, due to COVID-19.

SUPPLEMENTAL QUESTIONS

TeleCBT

Our virtual cognitive behavioral therapy service includes psychological intervention targeted towards injured workers struggling with pain/coping skills/expectations.

TeleIME

CorVel's virtual independent medical examination (IME) program provides injured workers with an interactive session with a fully credentialed and licensed IME provider in the specific specialty needed during the COVID-19 pandemic. Our IME providers have been specifically trained to ensure they have the technical ability to provide these services.

DME Home Delivery

CorVel's durable medical equipment (DME) program offers injured workers the appropriate equipment and supplies to facilitate recovery sent directly to their home, while being cost-effective for our clients.

Rx Home Delivery

CorVel offers both mail order and home delivery of prescribed medications, to improve convenience and service for injured workers, at lower costs for our clients. Our Certified Pharmacy Technicians provide high-touch service, to ensure all medications are appropriate for the compensable injury, prior to being delivered.

ATTACHMENTS

Attachments

Attachment A: Resumes of Key Personnel
Attachment B: State of Tennessee Case Study
Attachment C: Georgia Municipal Association Case Study
Attachment D: TPA of the Year Award
Attachment E: Florida TPA License
Attachment F: Proposal Certification
Attachment G: Cost Proposal
Attachment H: Non-Collusion Statement
Attachment I: Non-Discrimination Certification Form
Attachment J: Local Business Preference
Attachment K: Disadvantaged Business Enterprise Preference
Attachment L: Contract Payment Method
Attachment M: CorVel's Insurance Certificate
Attachment N: CorVel's W-9
Attachment O: Sunbiz.org Active Status Page
Attachment P: Adjuster Licenses
Attachment Q: Screenshots of Claims System
Attachment R: Sample Claims Reports
Attachment S: SOC2 Letter
Attachment T: E-Verify Affirmation Statement
Attachment U: Addendums
Attachment V: Legal Clarifications



Attachment A

Resumes of Key Personnel

DEBBIE POPOVICH

SENIOR VICE PRESIDENT, SALES

STATEMENT OF QUALIFICATIONS

Consultative sales in the third party administration and medical cost strategy sector. Management of accounts to ensure quality service. Educated to governmental regulations. Provide leadership and coaching to other associates. Workers' compensation managed medical consulting expertise; 20 plus years in the Florida market. Department of Financial Services Florida Educator for administration of CEUs.

PROFESSIONAL HISTORY

Senior Vice President, Sales

CorVel Corporation / 2019 – Present

Consultative executive for claims and medical management. Direct lead connected to local and national sales driven in Florida. Manage initiatives for growth and launch of local/national delivery of services. Work direct with the Area Vice President to manage customer service staff.

Regional Vice President, Sales

CorVel Corporation / 2006 – 2019

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

Vice President, Sales

CorVel Corporation / 1997 – 2005

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.

Account Manager

CorVel Corporation / 1990 – 1997

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

EDUCATION

Associates Science

Broward Community College Ft. Lauderdale, FL

Nursing

Broward Community College Nursing Davie, FL

CREDENTIALS AND AFFILIATIONS

Department of Financial Services Educator Provider No.: 366326

Member-PRIMA, FLORIDA-1998-Present

Member- RIMS-1998-Present

GINA POLIARD

CASE MANAGEMENT MANAGER

STATEMENT OF QUALIFICATIONS

Supervision of Telephonic and Field Case Managers. Over 7 years of experience in the Worker's Compensation arena. Knowledgeable in Work Comp Law, pre and post 10-1-2003, and Heart Lung Bill. Over 10 years of experience as a Registered Nurse, specializing in the area of Diabetic, Telemetry, Medical Surgical, pre and post-operative patient care in the hospital setting. Excellent working relationships with employers and adjusters from a variety of companies. Excellent facilitation of communication between carriers, injured workers, physicians, and providers.

PROFESSIONAL HISTORY

Case Management Manager

CorVel Corporation / 2014 – present

Responsible for the direct management of a team of Field Case Managers for the South Florida Region.

Case Management Supervisor

CorVel Corporation / 2007– 2013

Responsible for the direct management of a dedicated team of Telephonic Nurse Case Managers for the State of Florida Division of Risk Management account. Direct management, coordination and facilitation of medical care of individuals who incurred injury or illness, helping to ensure injured parties receive appropriate treatment. Direct collaboration with carriers, physicians, family members to provide medical coordination of services with DME suppliers, home health, and social services as needed.

Discharge Planner/Utilization Review Nurse

West Side Regional Medical Center / 2010-2012

Disease Management Case Management

Matria/Alere Health Care / 2007-2007

Registered Nurse

Maxim Home Health Services / 2006-2007

EDUCATION

Associate Degree / Nursing

Broward Community College

CREDENTIALS AND AFFILIATIONS

Certified Rehabilitation Registered Nurse

JENNA ANDO

ACCOUNT MANAGER

STATEMENT OF QUALIFICATIONS

Over 9 years of experience in the healthcare industry. Results and detail oriented, hands-on professional with the ability to manage multiple tasks in challenging fast-paced environments.

PROFESSIONAL HISTORY

Account Manager

CorVel Corporation / 2013 - present

Work closely with clients to achieve the best outcomes and results. Conducts on-site visits to discuss cost management programs and claims specific resolutions. Coordinate and manage communication with customer teams and CorVel's claims team. Service delivery continuance includes tailored first notice of loss reporting, early intervention, medical outcomes management, claims referral and litigation management, regulation compliance as well as comprehensive online claims and medical reporting. Served 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.

Customer Service Representative

CorVel Corporation

Performed a variety of key functions that included addressing inquiries of current and potential customers. Planned, budgeted, and supervised engagements for Florida customers. Implemented customer specific healthcare management service needs and instructions.

Supervisor of Durable Medical Equipment

Medicare Infusion Services, Inc.

EDUCATION

Bachelors of Science / Business Healthcare Administration
Florida Atlantic University

JOHN KLASKO

WORKERS' COMPENSATION CLAIMS MANAGER

STATEMENT OF QUALIFICATIONS

Talented leader directing highly skilled claims service teams to support achievement of overall corporate goals and objectives. Over 15 years of experience in management and claims adjusting within the insurance industry.

PROFESSIONAL HISTORY

Workers' Compensation Claims Manager

CorVel Corporation / 2020 - present

Strong knowledge of medical only claims, complex litigation, and catastrophic claims. Responsible for directing the operation of the claims department. Participates in formulating and administering company best practices as well as supporting the goals of claims department and of CorVel.

Director of Complex Workers' Compensation Claims

Liberty Mutual / 2018 - 2020

Responsible for the management, investigation, and resolution of high exposure, complex, and emerging risk claims.

Lean Management Consultant

Liberty Mutual / 2015 - 2017

I worked with multiple departments to provide consultative support to senior leadership and frontline managers during the implementation of Lean/Six Sigma transformations.

Director of Complex Workers' Compensation Claims

Liberty Mutual / 2010 - 2015

Responsible for the management, investigation, and resolution of high exposure, complex, and emerging risk claims.

Team Manager

Liberty Mutual / 2005 - 2010

Provided quality case management to ensure claims were properly reserved and moving towards resolution.

EDUCATION

Bachelor of Arts / Finance and Management

University of South Florida

CREDENTIALS AND AFFILIATIONS

AIC- American Institute for Chartered Property Casualty Underwriter

MARCO WYSZKOWSKI

BILL REVIEW MANAGER

STATEMENT OF QUALIFICATIONS

Background in Operations Management within the healthcare industry. Direct and Train a team of Bill Review Analysts, Provider Relations, and Data Verification Analysts. Monitor productivity. Analyze financial reports. Responsible for all medical bills that have a Florida jurisdiction within the CorVel Corporation.

PROFESSIONAL HISTORY

Bill Review Operations Manager

CorVel Corporation / 2011 – present

Responsible for the total function of Florida Bill Review Operations. This includes Programming of Rule changes, financial performance, customer service, and sales management. Proficient in State of Florida Workers' Compensation Medical Reimbursement rules and guidelines including medical EDI requirements. Coach and developed bill review team on a daily basis. Maintain customer relationships. Travel to Tallahassee for all Division of Worker's Compensation meetings and Rule Workshops.

Director Of Operations

Emery Medical Solutions / 2006 – 2011

Improved the mobile ultrasound component from 60% occupancy to 98% occupancy. Improved the Sleep Lab from 15% to 90% occupancy by working with Durable Medical Equipment companies to gain referrals and physician trust. Ran day-to-day operations for an imaging center with MRI, CT, Sleep, Ultrasound, and Mammogram. Ran day-to-day operations for our mobile ultrasound company with over 25 accounts. Directly involved with physician referrals and developing good relationships with those physicians. Directly involved with EMR, quality of care, insurance billing and coding, and marketing of our center. Manage and schedule over 25 employees and 4 managers including payroll.

EDUCATION

Masters / Business
University of Florida

Bachelors of Science / Communications
Syracuse University

TOM CASSETTE

AREA VICE PRESIDENT

STATEMENT 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

Area Vice President

CorVel Corporation / 2009 – present

Responsible for recruiting talent, building cohesive teams and deploying effective business strategies.

Commercial Insurance Producer

The Holmes Organization / 2009

Producer/Account Executive/Corporate Trainer

Matrix One Source (Matrix Employee Leasing) / 2004 – 2008

Business Owner/Account Executive

Printing & Advertising industry / 1993 – 2004

EDUCATION

Bachelor of Science / Business Administration

Slippery Rock University

CREDENTIALS AND AFFILIATIONS

Licensed 2-20 All-lines Agent

Licensed 2-15 Health & Life Agent

YANET LABRADA

CLAIMS SUPERVISOR

STATEMENT OF QUALIFICATIONS

16 years of Workers Compensation claims experience working with insured and self-insured employers. Knowledge of entire claim process, experience with claims ranging from medical only to complex litigation. Experienced Senior Claims Consultant with knowledge of multiple jurisdictions. Experience in handling claims across a plethora of industries including: multiple municipalities, supermarkets, PEOs, school boards, restaurant employees, home health, etc.

PROFESSIONAL HISTORY

Claims Supervisor

CorVel Corporation / 2021 - present

Responsible for ensuring that adequate staffing levels are maintained at all times. Continuously monitoring the new claim intake as well as open and active caseloads for each Adjuster. Currently supervising 5 Adjusters and 3 different accounts.

Senior Claims Adjuster

CorVel Corporation / 2018 - 2021

Senior Claims Adjuster

Gallagher Bassett / 2015 - 2017

Senior Claims Adjuster

AmTrust North America / 2006 - 2015

Senior Claims Adjuster

First Commercial Insurance Company / 2004 - 2006

EDUCATION

Miami Dade College

CREDENTIALS AND AFFILIATIONS

All Lines Adjuster (620)

Board Certified (CWC & CWCL)



Attachment B

State of Tennessee Case Study

SUCCESS STORY

The State of Tennessee



+



The Company

The State of Tennessee Division of Claims and Risk Management administers the State's workers' compensation, tort liability, loss prevention, property, and other insurance programs for 38 agencies, 49 higher learning institutions, 6 hospitals, and 2 medical schools. The State provides service to 80,000 employees and 6.3 million Tennessee residents.

The Partnership

After working with the same TPA for 20 years, the State partnered with CorVel in 2014 to implement their integrated workers' compensation claims management services. CorVel's integrated model and technology expertise were key factors that drew the State to CorVel's program.

The Power of One

Prior to partnering with CorVel, the State's workers' compensation program incurred over \$17.8 million per year, and was managed by a TPA and various managed care providers. There was no statewide return-to-work program or formal procedures for how to report a work related injury, which lead to a disconnect between employees, employers, the TPA, and the Treasury department in the workers' compensation program.

In 2014, for the first time, the State's Treasury Department combined the Claims Administration and Risk Management Divisions under a new Director and chose an integrated model for claims and managed care. Previously, the divisions had been managed in silos with little communication. Now, the Director could focus efforts on improving the State's program and creating a return-to-work program.

CorVel implemented a Return-to-Work Coordinator to assist the agencies to return injured workers to the workforce by performing job tasks that were compliant with their medical restrictions. The implementation of a statewide return-to-work Program led to indemnity costs decreasing 64% by 2017, and total paid decreased 17%, resulting in significant savings.

Additionally, the State also experienced average bill review savings of 64% since 2015, generating an additional \$9.4 million in savings for the State of Tennessee.

Bill Review



Savings Over Last 2 Years

RTW Program



Reduction in TTD Paid vs. Prior Years

Claims Management



Reduction in Total Incurred Costs

The State of Tennessee has exceeded their own expectations for cost savings. CorVel's innovative solutions have decreased total incurred costs from \$17.8 million in 2012 to \$11 million in 2017, a 38% reduction. The State looks forward to continuing to take their program to the next level of efficiency and cost-effectiveness.



Risk awareness has greatly improved as part of the organization's culture. All departments and higher learning institutions manage their own claims through CorVel's Care^{MC} software system.



Attachment C

Georgia Municipal Association Case Study



Customer Spotlight Georgia Municipal Association



How we successfully decreased open claim count by 25%.

The Company

Founded in 1933, the Georgia Municipal Association (GMA) represents the municipal governments of all 538 cities in Georgia. GMA is a voluntary, non-profit organization that provides legislative advocacy, educational, employee benefit, and technical consulting services to its members.

The Partnership

GMA sought a forward-thinking partner to better serve their membership. In 2015, they chose CorVel, citing our holistic and collaborative approach to claims management and the outcomes we've achieved. Since implementation, the partnership has provided immediate access to care, responsive solutions, and a reduction in the total cost of risk for its members.

A holistic and collaborative approach to claims management.

CORVEL.COM

Decrease Open Claim Count

Within the first year of moving to CorVel, GMA's average open claim count decreased by 25%. Through improved claims management and an accelerated closure rate, premiums for GMA's membership have decreased by 20%, while surplus has increased by more than 50%.

CorVel's collaborative approach - powered by intuitive technology - has streamlined communication and provided real-time updates to GMA to avoid costly delays. To date, we continue to focus on claims closure and are trending ahead of prior years.

20%

decrease in premiums

Proven Success with Savings

Since 2015, the average incurred on indemnity claims has decreased by 40% and medical-only by 22%. This has contributed to major cost savings for GMA, as total incurred costs are nearing a 5-year low.

40%

lower average incurred on indemnity claims

22%

lower average incurred for medical-only claims



A number of factors have influenced the recent year successes, but the impact of the services provided by CorVel has been instrumental in our ability to pass savings onto our membership. The local team servicing our account has been a pleasure to work with and served our account with honesty and integrity. We are proud to say that our workers' compensation program is in [the best financial position of its 37-year history.](#)

Stan Deese, Director, Risk Management Services at Georgia Municipal Association

Looking to the Future

As a leading care and cost management solutions provider, CorVel's ongoing investments in creative solutions and technology will continue to lead innovation, improve outcomes, and reduce risk for GMA and its valued members.





Attachment D

TPA of the Year Award



2020 U.S. Insurance Awards TPA Team of the Year

CorVel has been named Third Party Administrator (TPA) Team of the Year at Business Insurance's 2020 U.S. Insurance Awards for our innovative work with the State of Tennessee.

The State partnered with CorVel in 2014 to increase the efficiency and cost effectiveness of its program by leveraging CorVel's integrated claims management services. CorVel worked with the State to implement a statewide return-to-work program, comprehensive pharmacy solutions, and an innovative intake process that includes Advocacy 24/7 nurse triage and virtual care through telehealth. CorVel's team effectively managed the State's risk and continues to achieve significant results by proactively identifying and addressing cost drivers.

PROGRAM HIGHLIGHTS

- 88% utilization of Advocacy 24/7 and telehealth program
- 26% increase in medical bill review savings
- 38% reduction in total incurred costs
- 61% reduction in open claims
- \$2.9 million reduction in TTD payments
- \$40 million reduction in total reserves



We were looking for a partner that could provide innovative solutions to transform our traditional claims process, which had remained static for nearly two decades. CorVel implemented an integrated program that helped us meet and surpass our goals. They are a trusted partner and a valued part of our team.

Rodney Escobar,
Director of Claims and Risk Management
Tennessee Department of Treasury

CORVEL.COM





Attachment E

Florida TPA License



CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
 STATE OF FLORIDA

February 24, 2021

Ms. Sarah Pak
 Administrative Assistant
 1920 Main Street, Suite 900
 Irvine, CA 92614

Re: Qualified Servicing Entity Annual Report
 CorVel Enterprise Comp, Inc.

Dear Ms. Pak:

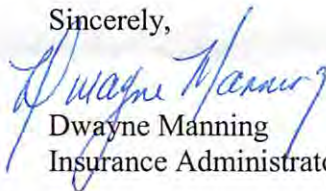
The Qualified Servicing Entity Annual Report for your company has been received. The Division has reviewed this annual filing and found that your company is in compliance with Rule 69L-5.230(11) F.A.C. (Retaining Authorization as a Qualified Servicing Entity). This letter confirms that your company has been recertified for the period **March 1, 2021 through February 28, 2022**.

Attached is a copy of Form DFS-F2-SI-23 (Qualified Servicing Entity Annual Report Form), to be used for future filing of this report with the Division. Also attached is a copy of Form DFS-F2-SI-19 (Certification of Servicing for Self-Insurers), this form is to be completed within thirty (30) days after entering into a contract for servicing of workers compensation claims.

Your next annual report is due in our office no later than **March 1, 2022**.

Should you have any questions or need further assistance, please contact me at (850) 413-1784.

Sincerely,


 Dwayne Manning
 Insurance Administrator

Attachments

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
 Dwayne Manning • Insurance Administrator
 Division of Workers' Compensation • Bureau of Financial Accountability
 200 East Gaines Street • Tallahassee, Florida 32399-4221 • Tel. 850-413-1784 • Fax 850-414-2244
 Email • Dwayne.Manning@Myfloridacfo.com
 AFFIRMATIVE ACTION • EQUAL OPPORTUNITY EMPLOYER



Attachment F

Proposal Certification

BID/PROPOSAL CERTIFICATION

Please Note: It is the sole responsibility of the bidder to ensure that his bid is submitted electronically through www.BidSync.com prior to the bid opening date and time listed. Paper bid submittals will not be accepted. All fields below must be completed. If the field does not apply to you, please note N/A in that field.

If you are a foreign corporation, you may be required to obtain a certificate of authority from the department of state, in accordance with Florida Statute §607.1501 (visit <http://www.dos.state.fl.us/>).

Company: (Legal Registration) CorVel Enterprise Comp, Inc. EIN (Optional): 42-1704550

Address: 1920 Main Street, Suite 900

City: Irvine State: CA Zip: 92614

Telephone No.: (949) 851-1473 FAX No.: (949) 851-1469 Email: richard_schweppe@corvel.com

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): N/A

Total Bid Discount (section 1.05 of General Conditions): N/A

Check box if your firm qualifies for MBE / SBE / WBE (section 1.09 of General Conditions):

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

<u>Addendum No.</u>	<u>Date Issued</u>	<u>Addendum No.</u>	<u>Date Issued</u>	<u>Addendum No.</u>	<u>Date Issued</u>
<u>1</u>	<u>9/9/2021</u>	<u>3</u>	<u>10/4/2021</u>	<u> </u>	<u> </u>
<u>2</u>	<u>9/24/2021</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

VARIANCES: If you take exception or have variances to any term, condition, specification, scope of service, or requirement in this competitive solicitation you must specify such exception or variance in the space provided below or reference in the space provided below all variances contained on other pages within your response. Additional pages may be attached if necessary. No exceptions or variances will be deemed to be part of the response submitted unless such is listed and contained in the space provided below. The City does not, by virtue of submitting a variance, necessarily accept any variances. If no statement is contained in the below space, it is hereby implied that your response is in full compliance with this competitive solicitation. If you do not have variances, simply mark N/A. **You must also click the "Take Exception" button.**

CorVel reserves the right to negotiate the terms and conditions of the Agreement if awarded the RFP.

The below signatory hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid/proposal. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal, I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this bid/proposal. The below signatory also hereby agrees, by virtue of submitting or attempting to submit a response, that in no event shall the City's liability for respondent's direct, indirect, incidental, consequential, special or exemplary damages, expenses, or lost profits arising out of this competitive solicitation process, including but not limited to public advertisement, bid conferences, site visits, evaluations, oral presentations, or award proceedings exceed the amount of Five Hundred Dollars (\$500.00). This limitation shall not apply to claims arising under any provision of indemnification or the City's protest ordinance contained in this competitive solicitation.

Submitted by:

Richard Schweppe
Name (printed)

September 28, 2021
Date


Signature

Assistant Treasurer and Director
Title

revised 04/2020



Attachment G

Cost Proposal

SECTION VI - COST PROPOSAL PAGE

Proposer Name:
CorVel Enterprise Comp, Inc.

6.1 Service and Requirements Related to Costs

Proposer agrees to supply the services at the prices bid below in accordance with the terms, conditions and specifications contained in this RFP.

Proposers are required to provide flat, annual fees (made payable in 12 equal monthly installments) for all services, including the following services:

- A. Dedicated service unit with all adjusting and supervisory staff, within the State of Florida that contains claims professionals assigned solely to the City's claims.
- B. Account Management Services.
- C. Administration of all new and old claims for the life of the contract plus an additional 180 days.
- D. Data conversion.
- E. First notice of injury reporting services.
- F. All bill review services, including services to re-price City specific pricing agreements with medical and other service providers.
- G. All electronic reporting to the State, CMS for SCHIP services, Florida EDI, etc.
- H. Access to Internet based information system for five (5) users.
- I. Access to prescription benefit management services (PBM).
- J. All provider network access.
- K. Network development services, including contracting and credentialing assistance.
- L. Shipping (including a change in the administrator) and storage of all open and closed files.
- M. Any reporting other than what the City has already requested.

Fees proposed must be all-inclusive of the above noted services. Any fee proposal structured to the contrary will not be considered. No allocated loss adjusting expenses, or similar claim charges will be considered for any of the above noted services. Fees must include the taking over of all old claims, where applicable, including the data transfer and any additional run-in fee charged by the City's current and previous carriers for the transfer of data.

Allocated expenses, as identified in Section 3.12(G), are the only allowable expenses paid outside of the flat annual fee.

The City requires full and total disclosure in its vendor relationships. Therefore, any commission, service fee, revenue sharing, rebates, including profits, or any other form of remuneration paid to the Proposer, ownership affiliated organizations (including subsidiary, jointly held, jointly ventured or companies owned by the same parent company as the Proposer), agent, broker, lobbyist or third party must be identified in the Proposal and throughout the term of the Contract.

Proposer must identify all sub-contractors who will be used to provide the services outlined in this RFP. The flat fee paid by the City must be the only remuneration to the proposer for services provided to the City and proposers must receive no revenue for these services from sub-contractors.

6.2 Costs

Please provide to the City your annual flat fee paid in 12 equal monthly installments for the first three years (initial contract period). The flat fee will include all costs, including travel and miscellaneous expenses. No other costs will be allowed except for those identified in Section 3.12(G). Please provide pricing for either Item 1 or Item 2 below.

TOTAL ANNUAL FIRM FIXED FEE, FOR THE FIRST THREE-YEARS (INITIAL CONTRACT PERIOD).

1. \$ _____/ANNUAL COST X 3 YRS = \$ _____

OR

2. If, Contractor cannot offer the same annual cost for the first three years (initial contract period), please provide below, what your Firm Fixed Fee will be for each of the first three years of the initial contract period.

Year One: **\$ 440,251.00**
 Year Two: **\$ 440,251.00**
 Year Three: **\$ 440,251.00**
 Total 3 Years: **\$ 1,320,753.00**

ALSO

The City also has two (2) one-year renewal options providing all terms conditions and specifications remain the same, both parties agree to the extensions, and such extensions are approved by the City Manager. Please provide below, your Firm’s Fixed Annual Cost for each of these renewal options, should both parties agree to the renewals.

3. Annual Firm Fixed Renewal Options:

First Renewal Option **\$440,251.00**
 Second Renewal Option **\$440,251.00**

Award of points for this RFP for criteria Annual Cost to the City will be based on the initial contract period cost for the first three-year period (either item 1 or 2).

Submitted by:

Richard Schweppe
Name (printed)

October 4, 2021
Date



Signature

Assistant Treasurer and Director

Title

Patient Management

Description	Pricing
Telephonic and Field Case Management	\$95.00 / hour
Other States	
AK	\$134.00 / hour
HI	\$124.00 / hour
CA & NY	\$113.00 / hour
Utilization Review - Per Review	\$150 + Peer Review Fees



Attachment H

Non-Collusion Statement

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and free from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

<u>NAME</u>	<u>RELATIONSHIPS</u>
N/A	N/A
_____	_____
_____	_____
_____	_____
_____	_____

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

Richard Schweppe
Authorized Signature

Assistant Treasurer and Director
Title

Richard Schweppe
Name (Printed)

September 28, 2021
Date

Rev 05-2020



Attachment I

Non-Discrimination Certification Form

-

-

**CONTRACTOR'S CERTIFICATE OF COMPLIANCE WITH
NON-DISCRIMINATION PROVISIONS OF THE CONTRACT**

The completed and signed form should be returned with the Contractor's submittal. If not provided with submittal, the Contractor must submit within three business days of City's request. Contractor may be deemed non-responsive for failure to fully comply within stated timeframes.

Pursuant to City Ordinance Sec. 2-17(a)(i)(ii), bidders must certify compliance with the Non-Discrimination provision of the ordinance.

- (a) Contractors doing business with the City shall not discriminate against their employees based on the employee's race, color, religion, gender (including identity or expression), marital status, sexual orientation, national origin, age, disability or any other protected classification as defined by applicable law.

Contracts. Every Contract exceeding \$100,000, or otherwise exempt from this section shall contain language that obligates the Contractor to comply with the applicable provisions of this section.

The Contract shall include provisions for the following:

- (i) The Contractor certifies and represents that it will comply with this section during the entire term of the contract.
- (ii) The failure of the Contractor to comply with this section shall be deemed to be a material breach of the contract, entitling the City to pursue any remedy stated below or any remedy provided under applicable law.


Authorized Signature

Richard Schweppe, Assistant Treasurer and Director
Print Name and Title

September 28, 2021
Date



Attachment J

Local Business Preference



LOCAL BUSINESS PREFERENCE

Section 2-199.2, Code of Ordinances of the City of Fort Lauderdale, (Ordinance No. C-12-04), provides for a local business preference.

In order to be considered for a local business preference, a bidder must include the Local Business Preference Certification Statement of this ITB, as applicable to the local business preference class claimed **at the time of bid submittal**.

Upon formal request of the City, based on the application of a Local Business Preference the Bidder shall, within ten (10) calendar days, submit the following documentation to the Local Business Preference Class claimed:

- A) Copy of City of Fort Lauderdale current year business tax receipt, **or** Broward County current year business tax receipt, **and**
- B) List of the names of all employees of the bidder and evidence of employees' residence within the geographic bounds of the City of Fort Lauderdale or Broward County, as the case may be, such as current Florida driver license, residential utility bill (water, electric, telephone, cable television), or other type of similar documentation acceptable to the City.

Failure to comply at time of bid submittal shall result in the bidder being found ineligible for the local business preference.

THE COMPLETE LOCAL BUSINESS PREFERENCE ORDINANCE MAY BE FOUND ON THE CITY'S WEB SITE AT THE FOLLOWING LINK:

https://library.municode.com/fl/fort_lauderdale/codes/code_of_ordinances?nodeId=COOR_CH2AD_ARTVFI_DIV2PR_S2-186LOBUPRPR

Definitions: The term "Business" shall mean a person, firm, corporation or other business entity which is duly licensed and authorized to engage in a particular work in the State of Florida. Business shall be broken down into four (4) types of classes:

1. Class A Business – shall mean any Business that has established and agrees to maintain a permanent place of business located in a non-residential zone and staffed with full-time employees within the limits of the City **and** shall maintain a staffing level of the prime contractor for the proposed work of at least fifty percent (50%) who are residents of the City.
2. Class B Business - shall mean any Business that has established and agrees to maintain a permanent place of business located in a non-residential zone and staffed with full-time employees within the limits of the City **or** shall maintain a staffing level of the prime contractor for the proposed work of at least fifty percent (50%) who are residents of the City.
3. Class C Business - shall mean any Business that has established and agrees to maintain a permanent place of business located in a non-residential zone **and** staffed with full-time employees within the limits of Broward County.
4. Class D Business – shall mean any Business that does not qualify as either a Class A, Class B, or Class C business.

LOCAL BUSINESS PREFERENCE CERTIFICATION STATEMENT

The Business identified below certifies that it qualifies for the local business price preference classification as indicated herein, and further certifies and agrees that it will re-affirm its local preference classification annually no later than thirty (30) calendar days prior to the anniversary of the date of a contract awarded pursuant to this ITB. Violation of the foregoing provision may result in contract termination.

(1) _____ is a **Class A** Business as defined in City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. A copy of the City of Fort Lauderdale current year Business Tax Receipt and a complete list of full-time employees and evidence of their addresses shall be provided within 10 calendar days of a formal request by the City.

Business Name

(2) _____ is a **Class B** Business as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. A copy of the Business Tax Receipt or a complete list of full-time employees and evidence of their addresses shall be provided within 10 calendar days of a formal request by the City.

Business Name

(3) CorVel Enterprise Comp, Inc is a **Class C** Business as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. A copy of the Broward County Business Tax Receipt shall be provided within 10 calendar days of a formal request by the City.

Business Name

(4) _____ requests a **Conditional Class A** classification as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. Written certification of intent shall be provided within 10 calendar days of a formal request by the City.

Business Name

(5) _____ requests a **Conditional Class B** classification as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. Written certification of intent shall be provided within 10 calendar days of a formal request by the City.

Business Name

(6) _____ is considered a **Class D** Business as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186 and does not qualify for Local Preference consideration.

Business Name

BIDDER'S COMPANY: CorVel Enterprise Comp, Inc.

AUTHORIZED COMPANY PERSON: Richard Schweppe

PRINT NAME

Richard Schweppe

SIGNATURE

9/28/2021

DATE



Attachment K

Disadvantaged Business Enterprise Preference



DISADVANTAGED BUSINESS ENTERPRISE (DBE) PREFERENCE

Section 2-185, Code of Ordinances of the City of Fort Lauderdale, provides for a disadvantaged business preference.

In order to be considered for a DBE Preference, a bidder must include a certification from a government agency, as applicable to the DBE Preference class claimed **at the time of bid submittal**.

Upon formal request of the City, based on the application of a DBE Preference the Bidder shall, within ten (10) calendar days, submit the following documentation to the DBE Class claimed:

A) Copy of City of Fort Lauderdale current year business tax receipt, **or** Broward County current year business tax receipt, **or** State of Florida active registration **and/or**

B) List of the names of all employees of the bidder and evidence of employees' residence within the geographic bounds of the City of Fort Lauderdale or Broward County, as the case may be, such as current Florida driver license, residential utility bill (water, electric, telephone, cable television), or other type of similar documentation acceptable to the City.

Failure to comply at time of bid submittal shall result in the bidder being found ineligible for the disadvantaged business preference.

THE COMPLETE DBE PREFERENCE ORDINANCE MAY BE FOUND ON THE CITY'S WEB SITE AT THE FOLLOWING LINK: <https://www.fortlauderdale.gov/home/showpublisheddocument?id=56883>

Definitions

- a. The term "disadvantaged class 1 enterprise" shall mean any disadvantaged business enterprise that has established and agrees to maintain a permanent place of business located in a non-residential zone, staffed with full-time employees within the limits of the city, and provides supporting documentation of its City of Fort Lauderdale business tax and disadvantaged certification as established in the City's Procurement Manual.
- b. The term "disadvantaged class 2 enterprise" shall mean any disadvantaged business enterprise that has established and agrees to maintain a permanent place of business within the limits of the city with a full-time employees and provides supporting documentation of its City of Fort Lauderdale business tax and disadvantaged certification as established in the City's Procurement Manual.
- c. The term "disadvantaged class 3 enterprise" shall mean any disadvantaged business enterprise that has established and agrees to maintain a permanent place of business located in a non-residential zone, staffed with full-time employees within the limits of the Tri-County area and provides supporting documentation of its City of Fort Lauderdale business tax and disadvantaged certification as established in the City's Procurement Manual.
- d. The term "disadvantaged class 4 enterprise" shall mean any disadvantaged business enterprise that does not qualify as a Class A, Class B, or Class C business, but is located in the State of Florida and provides supporting documentation of its disadvantaged certification as established in the City's Procurement Manual.

DISADVANTAGED BUSINESS ENTERPRISE CERTIFICATION STATEMENT

The Business identified below certifies that it qualifies for the disadvantaged business enterprise price preference classification as indicated herein, and further certifies and agrees that it will re-affirm its preference classification annually no later than thirty

Forms Non-ISO 03/17/2021

(30) calendar days prior to the anniversary of the date of a contract awarded pursuant to this solicitation. Violation of the foregoing provision may result in contract termination.

(1) _____
 Business Name is a disadvantaged class 1 enterprise as defined in the City of Fort Lauderdale Ordinance Section 2-185 disadvantaged business enterprise that has established and agrees to maintain a permanent place of business located in a non-residential zone, staffed with full-time employees within the limits of the city, and provides supporting documentation of its City of Fort Lauderdale business tax and disadvantaged certification as established in the City's Procurement Manual.

(2) _____
 Business Name is a disadvantaged class 2 enterprise as defined in the City of Fort Lauderdale Ordinance Section 2-185 disadvantaged business enterprise that has established and agrees to maintain a permanent place of business within the limits of the city with a full-time employee(s) and provides supporting documentation of its City of Fort Lauderdale business tax and disadvantaged certification as established in the City's Procurement Manual.

(3) _____
 Business Name is a disadvantaged class 3 enterprise as defined in the City of Fort Lauderdale Ordinance Section 2-185 disadvantaged business enterprise that has established and agrees to maintain a permanent place of business located in a non-residential zone, staffed with full-time employees within the limits of the Tri-County area and provides supporting documentation of its City of Fort Lauderdale business tax and disadvantaged certification as established in the City's Procurement Manual.

(4) _____
 Business Name is a disadvantaged class 4 enterprise as defined in the City of Fort Lauderdale Ordinance Section 2-185 disadvantaged business enterprise that does not qualify as a Class A, Class B, or Class C business, but is located in the State of Florida and provides supporting documentation of its disadvantaged certification as established in the City's Procurement Manual.

(5) CorVel Enterprise Comp, Inc.
 Business Name is not considered a Disadvantaged Enterprise Business as defined in the City of Fort Lauderdale Ordinance Sec.2-185 and does not qualify for DBE Preference consideration.

BIDDER'S COMPANY: CorVel Enterprise Comp, Inc.

AUTHORIZED COMPANY PERSON: Richard Schewppe *Richard Schewppe* September 28, 2021
 PRINT NAME SIGNATURE DATE



Attachment L

Contract Payment Method

CONTRACT PAYMENT METHOD

The City of Fort Lauderdale has implemented a Procurement Card (P-Card) program which changes how payments are remitted to its vendors. The City has transitioned from traditional paper checks to credit card payments via MasterCard or Visa as part of this program.

This allows you as a vendor of the City of Fort Lauderdale to receive your payments fast and safely. No more waiting for checks to be printed and mailed.

In accordance with the contract, payments on this contract will be made utilizing the City's P-Card (MasterCard or Visa). Accordingly, bidders must presently have the ability to accept the credit card or take whatever steps necessary to implement acceptance of a card before the start of the contract term, or contract award by the City.

All costs associated with the Contractor's participation in this purchasing program shall be borne by the Contractor. The City reserves the right to revise this program as necessary.

By signing below you agree with these terms.

Please indicate which credit card payment you prefer:

MasterCard

Visa

*The current process will remain in effect.

CorVel Enterprise Comp, Inc.
Company Name

Richard Schweppe
Name (Printed)

September 28, 2021
Date

Richard Schweppe
Signature

Assistant Treasurer and Director
Title



Attachment M

CorVel's Insurance Certificate



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/29/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh Risk & Insurance Services 17901 Von Karman Avenue, Suite 1100 (949) 399-5800; License #0437153 Irvine, CA 92614 Attn: Newportbeach.Certrequest@marsh.com	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED CorVel Enterprise Comp, Inc. Attn: Jay Villeda 2010 Main Street, Suite 600 Irvine, CA 92614	INSURER A : Travelers Property Casualty Company of America		25674
	INSURER B : The Continental Insurance Company		35289
	INSURER C : Illinois Union Insurance Company		27960
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** LOS-002469765-90 **REVISION NUMBER:** 23

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		TJGLSA9K05728221	04/30/2021	04/30/2022	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		TJCAP9K05729421	04/30/2021	04/30/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
						Comp./Coll. Ded.	\$ 500
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CEU6075991079	04/30/2021	04/30/2022	EACH OCCURRENCE	\$ 1,000,000
						AGGREGATE	\$ 1,000,000
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	UB2P6911372151K (AOS) UB2P6408322151R (AZ,MA,NE,WI)	04/30/2021	04/30/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	Managed Healthcare Prof. Liab.		MSP G27108647 008 (SIR: \$1,000,000)	10/31/2020	10/31/2021	Per Claim (Limit in USD)	5,000,000
						Aggregate	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance.

CERTIFICATE HOLDER

CorVel Enterprise Comp, Inc.
1920 Main Street Suite 900
Irvine, CA 92614

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh Risk & Insurance Services

Monique Sabala



Attachment N

CorVel's W-9

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
CorVel Enterprise Comp, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1920 Main Street, Suite 900

6 City, state, and ZIP code
Irvine, CA 92614

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-						
--	--	--	--	---	--	--	--	--	--	--

or

Employer identification number

4	2		-	1	7	0	4	5	5	0
---	---	--	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *Richard Schuffe* Date ▶ July 29, 2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Attachment O

Sunbiz.org Active Stats Page



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

[Previous On List](#) [Next On List](#) [Return to List](#)

No Events No Name History

Detail by Entity Name

Foreign Profit Corporation
CORVEL ENTERPRISE COMP, INC.

Filing Information

Document Number	F08000001441
FEI/EIN Number	42-1704550
Date Filed	03/31/2008
State	DE
Status	ACTIVE

Principal Address

1920 MAIN STREET
SUITE 900
IRVINE, CA 92614

Changed: 04/03/2021

Mailing Address

1920 MAIN STREET
SUITE 900
IRVINE, CA 92614

Changed: 04/03/2021



Attachment P

Adjuster Licenses

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

KALEIGH GARDINER

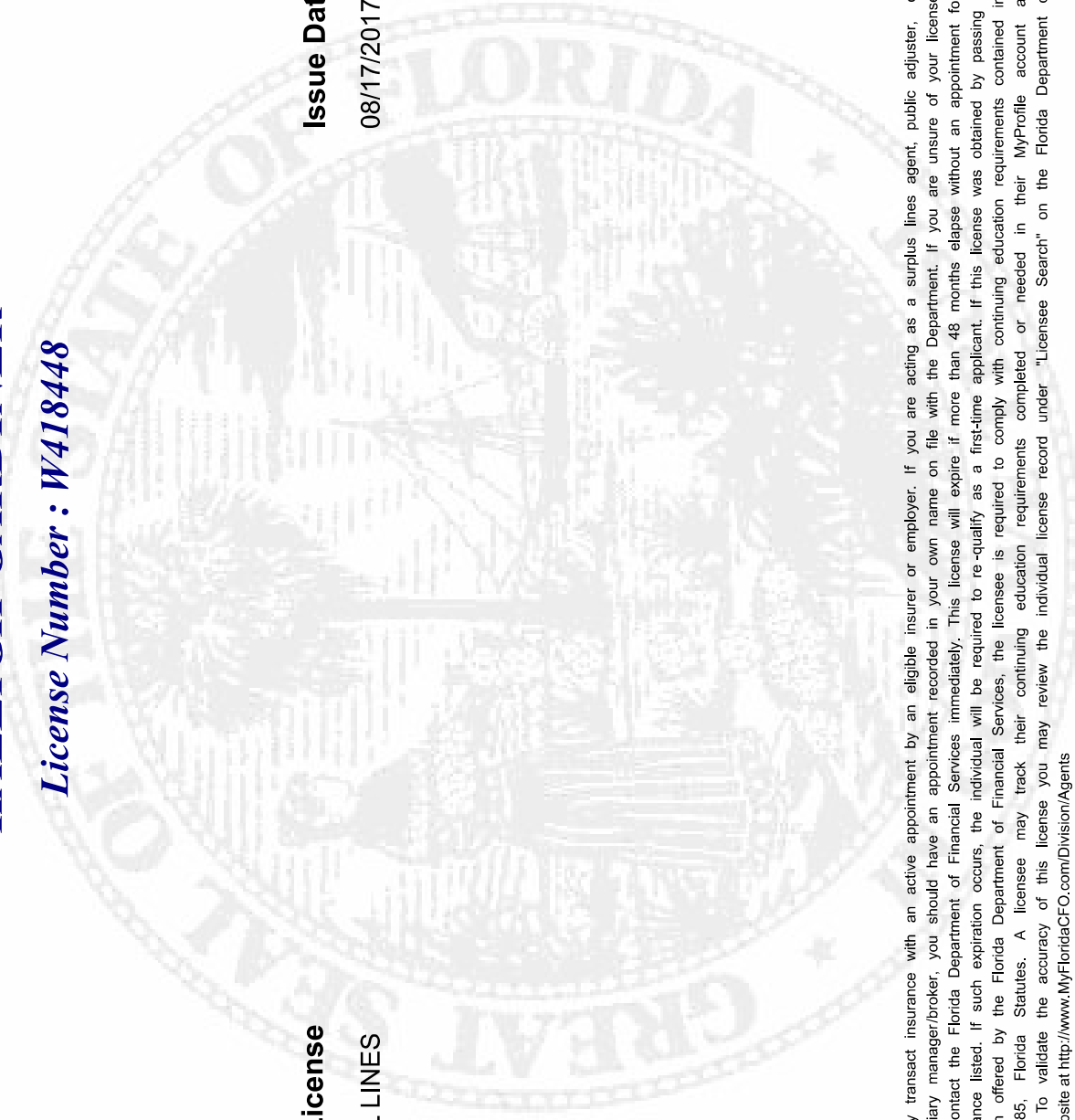
License Number : W418448

Resident Insurance License

- 0620 - ADJUSTER - ALL LINES

Issue Date

08/17/2017



Please Note:

A licensee may only transact insurance with an active appointment by an eligible insurer or employer. If you are acting as a surplus lines agent, public adjuster, or reinsurance intermediary manager/broker, you should have an appointment recorded in your own name on file with the Department. If you are unsure of your license status you should contact the Florida Department of Financial Services immediately. This license will expire if more than 48 months elapse without an appointment for each class of insurance listed. If such expiration occurs, the individual will be required to re-qualify as a first-time applicant. If this license was obtained by passing a licensure examination offered by the Florida Department of Financial Services, the licensee is required to comply with continuing education requirements contained in 626.2815 or 648.385, Florida Statutes. A licensee may track their continuing education requirements completed or needed in their MyProfile account at <https://dice.flds.com>. To validate the accuracy of this license you may review the individual license record under "Licensee Search" on the Florida Department of Financial Services website at <http://www.MyFloridaCFO.com/Division/Agents>

A handwritten signature in cursive script, reading "Jimmy Patronis".

Jimmy Patronis
 Chief Financial Officer
 State of Florida

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

LISSA VALENCIA BENOIT

License Number : W155402

Resident Insurance License

● 0620 - ADJUSTER - ALL LINES

Issue Date

08/20/2013

Please Note:

A licensee may only transact insurance with an active appointment by an eligible insurer or employer. If you are acting as a surplus lines agent, public adjuster, or reinsurance intermediary manager/broker, you should have an appointment recorded in your own name on file with the Department. If you are unsure of your license status you should contact the Florida Department of Financial Services immediately. This license will expire if more than 48 months elapse without an appointment for each class of insurance listed. If such expiration occurs, the individual will be required to re-qualify as a first-time applicant. If this license was obtained by passing a licensure examination offered by the Florida Department of Financial Services, the licensee is required to comply with continuing education requirements contained in 626.2815 or 648.385, Florida Statutes. A licensee may track their continuing education requirements completed or needed in their MyProfile account at <https://dice.flds.com>. To validate the accuracy of this license you may review the individual license record under "Licensee Search" on the Florida Department of Financial Services website at <http://www.MyFloridaCFO.com/Division/Agents>



Jimmy Patronis
Chief Financial Officer
State of Florida



CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
 STATE OF FLORIDA

LETTER OF CERTIFICATION

09/29/2021

GATLING, TYHEESHA SHYRELL
 1201 SEMINOLE BLVD. APT. 56
 LARGO FL 33770

Re: GATLING, TYHEESHA SHYRELL
 License Number: W239851

The above named currently holds a license for the following line(s) of insurance:

- **Licensee:** 6-20 ADJUSTER - ALL LINES
Issued: 02/26/2015
Appointed? Yes

Based on the licensee's last compliance date, the licensee is CE compliant for this license.

The licensee has qualified for the above line(s) of insurance by examination, designation, or experience.

No person may act as, advertise, or hold himself or herself out to be an insurance agent or adjuster unless he or she is currently licensed by the department and appointed by an appropriate appointing entity or person.

An insurance agency location can only transact insurance in the lines of business that its agents are licensed and appointed to transact.

END OF LETTER

NO FURTHER LICENSE INFORMATION SHALL APPEAR BELOW THIS LINE



Florida Department of Financial Services
 Division of Agent and Agency Services
 Bureau of Licensing
www.MyFloridaCFO.com
 200 East Gaines Street, Tallahassee, FL 32399-0318

ALEX SINK
 Chief Financial Officer
 State of Florida

YANET LABRADA
 License Number E163851

IS LICENSED TO TRANSACT THE FOLLOWING CLASSES OF INSURANCE
 Company Emp Adj - All Lines 05/22/2009



**RESIDENT
 LICENSE**



This licensee must file an active application with the Department of Banking and Finance.

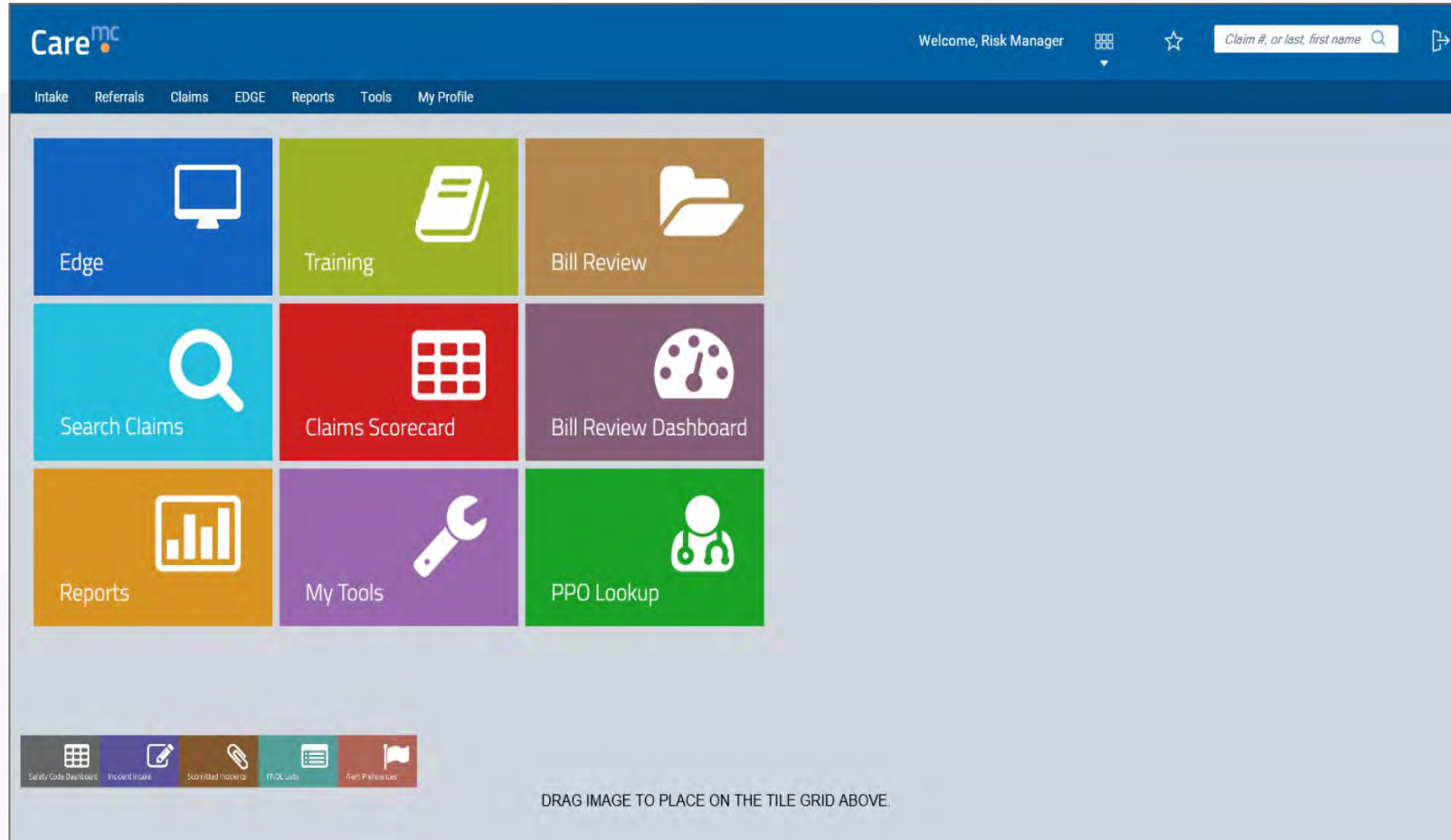


Attachment Q

Screenshots of Claims System



Screenshots of Claims System

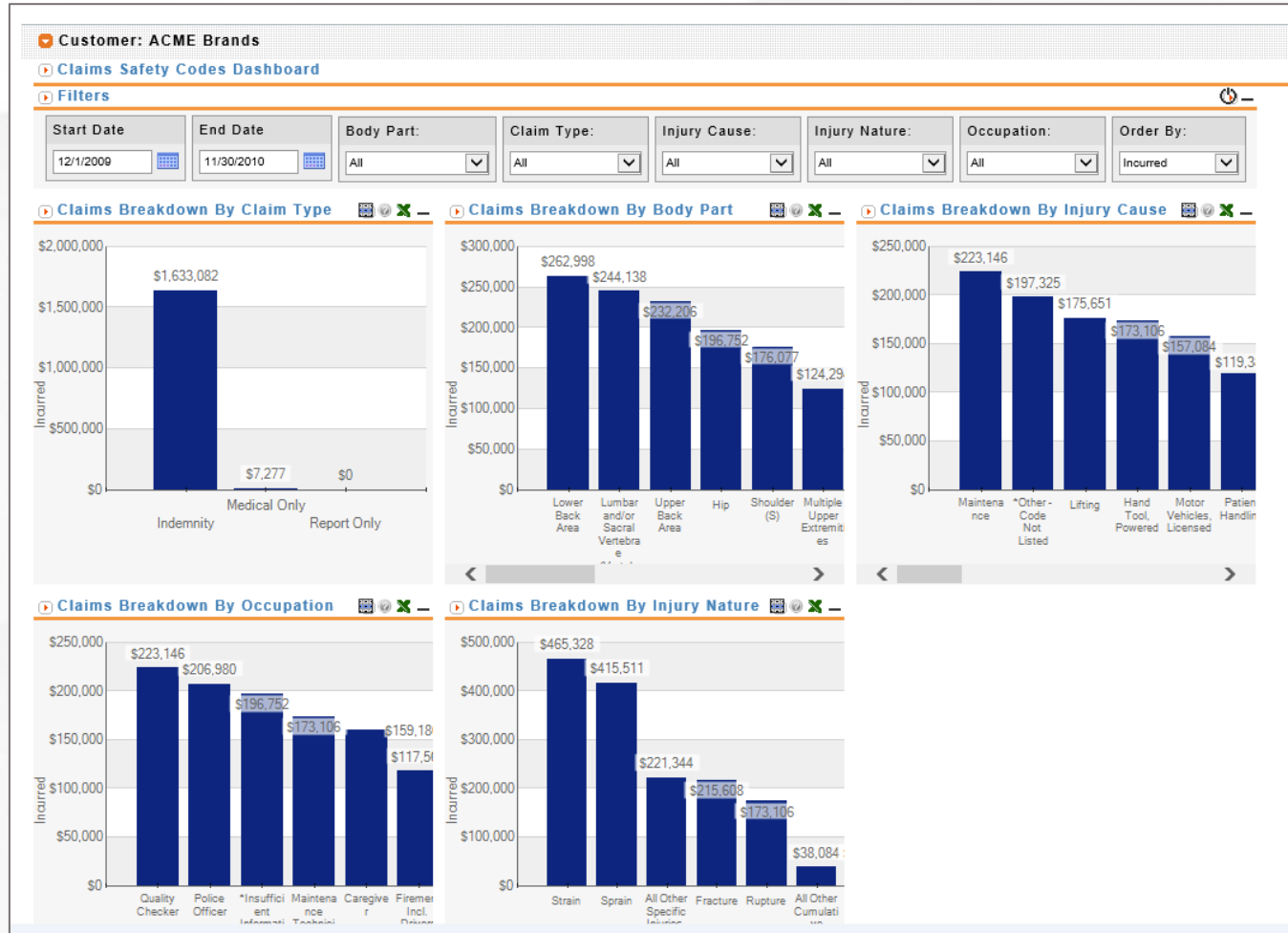


Care^{MC} Home Screen

Choose tiles for a tailored home screen display.



Screenshots of Claims System

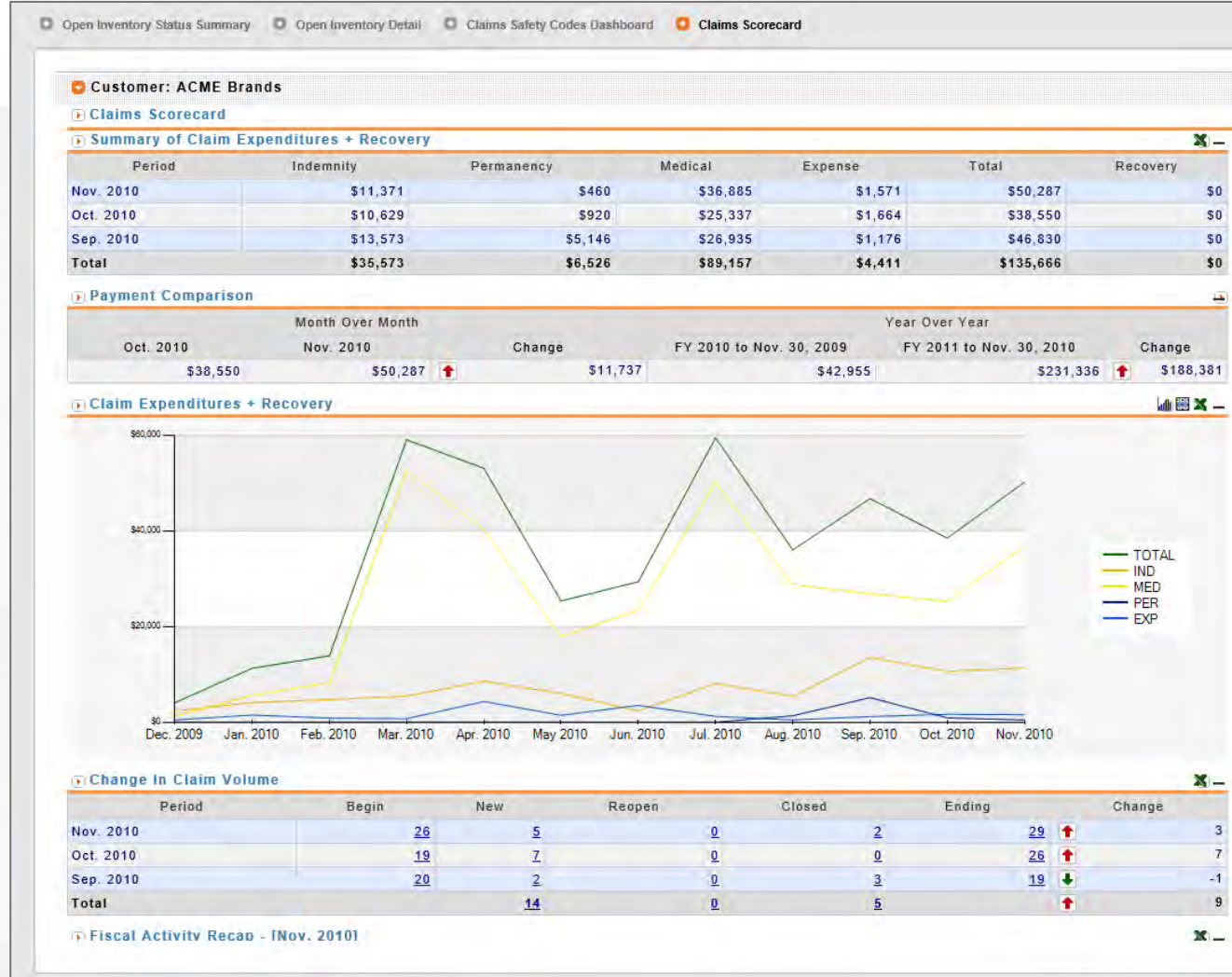


Claims Safety Dashboard

Displays a breakdown of claims by claim type, injury, body part, occupation and nature of injury.



Screenshots of Claims System



Claims Scorecard

Tracks and compares claim payments.



Screenshots of Claims System

The screenshot displays the 'Notification Center' in the CareMTC system. It features three summary tables with expandable tree views and record counts.

Claim Type	Record Count
AL	2
Others	2
GL	4
Others	4
WC	51
IND	45
31-90 days open	1
Lauer, Colby (AB-15-010139)	1
270+ days open	44
Allen, Jose	1
Anderson, Ryan	1
Brown, Robert	1
Buller, Grace	1
Clark, Brandon	1
Cole, Mia	1
Cruz, Jon	1
Depp, Andy	1
Fritz, Johnny	1
Hall, Logan	1
Harris, Tyler	1
Henderson, Patricia	2
Hernandez, Justin	1
Hughes, Elizabeth	1
Jackson, Jeffrey	1
Jones, Jerry	1
Jones, Mary	1
Jones, Tom	1
Jr., Natalie	1

Claim Inventory Status	Record Count
Total Open Claims	57
Auto Liability	
Legal Event	1
Complaint Filed	1
Nelson, Andrew (AB-12-500005-02)	
Settlement/Resolution Event	1
Workers' Compensation	
Compensability/Investigation Event	5
Compensable	2
Brown, Robert (AB-10-500008)	
Clark, Brandon (AB-11-500020)	
NonCompensable/Full Denial	3
Medical Event	1
RTW Event	19
Legal Event	14
Settlement/Resolution Event	1
Services	
Telephonic Case Management	4
Open Service	4
Brown, Robert (AB-10-500008)	
Simmons, Christine (AB-11-500002)	
Taylor, David (AB-11-500001)	
Wright, Jermaine (AB-12-500001)	
Medical Case Management	2

Work Status : Return To Work	Record Count
Prior to 08/23/2015	19
No RTW information	32
Anderson, Ryan (AB-11-500003) (None)	
Cole, Mia (AB-12-500002) (None)	
Cruz, Jon (AB-15-010043) (None)	
Davis, James (AB-16-010019) (None)	
Demo, Sample (AB-16-010007) (None)	
Depp, Andy (AB-13-010149) (None)	
Fritz, Johnny (AB-12-010053) (None)	
Hall, Logan (AB-11-500026) (None)	
Henderson, Patricia (AB-11-500027) (None)	
Henderson, Patricia (AB-11-500035) (None)	
Hernandez, Justin (AB-11-500031) (None)	
jones, gina (AB-16-010010) (None)	
Jones, James (AB-16-010009) (None)	
Jones, Jerry (AB-15-010048) (None)	
Jones, Mary (AB-14-010065) (None)	
Jones, Tom (AB-14-010053) (None)	
Jr., Natalie (AB-15-010083) (None)	
Koerner, Bill (AB-15-010084) (None)	
Lauer, Colby (AB-15-010139) (None)	
Lee, Benjamin (AB-11-500024) (None)	
matt, matt (AB-13-010025) (None)	
Moore, Christopher (AB-10-500018) (None)	
Perry, Sharon (AB-10-500007) (None)	
Powell, Isabella (AB-10-500009) (None)	
smith, john (AB-14-010074) (None)	
Smith, John (AB-12-010044) (None)	
Smith, John (AB-16-010008) (None)	

Notification Center

Provides a snap shot of all claims by type, status and RTW status.



Screenshots of Claims System

Claim Intake Save as Draft

Customer: **ACME Brands** Claimant: --- Claim Number: ---

- Report an Injury**
- Employer
- Incident
- Details
- Review & Submit

Report an Injury

Who is reporting? * Employee Employer

Your First Name * **Risk** Your Last Name * **Manager**

Your Callback # * Ext Your Email

() - -

Are you the employee's supervisor? * Yes No

Injured Employee

First Name * Middle Last Name *

Employee ID Number Date of Birth mm/dd/yyyy

Social Security Number SSN is unknown

- -

Date of Injury mm/dd/yyyy

Search

Claim Intake

Online reporting functionality for Workers' Comp and Liability claim or incident.



Screenshots of Claims System

Care^{mc} Welcome, Risk Manager Claim #, or last, first name

INTAKE REFERRALS CLAIMS REPORTS TOOLS MY PROFILE

Claim Details - Coleman, Vicky: AB-10-500005 [EC]

Incident/Injury Contacts Medical Financial Documents/Notes Legal Services New Service Referral All

Claim Type	Indemnity [IND]	Flags	
Status	Active	Date of Incident	03/02/2010
Multiple Claims	No	Date of Hire	08/14/2006
SSN	333-00-9743	Marital Status	
Date of Birth	02/15/1953	Jurisdiction State	CA
Gender	Female	Policy Effective Date	
		Policy Term Date	
		Employer	North - Operations
		Customer	ACME Brands
		Adjuster	Smith, John
		Jurisdiction Claim No	
		Policy	

Incident

Description of Loss	Right hand pain attributed to a large 3-ring binder falling onto hand from the top shelf of library shelving.
Date Insured Notified	03/02/2010
Date Incident Reported	10/30/2011
Date Received	10/31/2011
Date Administrator Notified	03/18/2010
Nature of Injury	Fracture
Cause of Injury	Struck or Injured By (Includes Kicked, Stabbed, Bi Falling or Flying Object)
Injury Work Activity	
Work Type at Time of Incident	
Incident Object	
Location of Loss	
Police Report Number	
Vehicle Number	

Body Part Listings

Primary	Body Part	Side	Status	Certified By	Status Date	Note	Denial Reason	Impairment Percentage	Impairment Percentage Basis	MMI Date
Yes	Lumbar and/or Sacral Vertebrae		Pending	Case Manager	10/31/2011					
	Lower Back Area		Approved	John Smith	1/29/2016					
	Lower Back Area	Right	Approved	Case Manager	10/15/2015					4/15/2010
	Hand	Right	Denied	John Smith	1/29/2016	Not compensable	Not work related			

Claim Details

Displays detailed claims information organized under tabs for quick access to contacts, medical information, financial information, legal services and more.



Screenshots of Claims System

Claim Details - Jones, Jeffrey: AB-10-500004 [EC]

Incident/Injury | Contacts | **Medical** | Financial | Documents/Notes | Legal | Services | Reference | New Service Referral | All

Claim Type	Inde	1964	Flags	
SSN	333		Employer Name	South - Manufacturing
Date of Hire	01/0	2010	Adjuster	Adjuster1, DEMO
Policy Effective Date			Policy Number	Gender: Male
Marital Status			Jurisdiction Claim No	Status: Closed

Medical menu items: Diagnosis Profile, Drug History, Facility, Hospital, PPO Channel, Medical Bills, Physician, Treatment Calendar, CM/UR Savings

Contacts

Primary Contacts

Contact Type	Name	Address	Phone(s)	Email
--------------	------	---------	----------	-------

Claim Details - Franklin, Heather: SB-10-004135

Incident/Injury | Contacts | **Medical** | Legal | Services | New Service Referral | All

Claim Type	Wor	1955	Flags	
SSN	333		Employer Name	Sigma 203 - Vineyard
Date of Hire		2001	Adjuster	Manager, Demo
Policy Effective Date			Policy Number	Gender: Female
Marital Status			Jurisdiction Claim No	Status: Active

Medical menu items: Diagnosis Profile, Drug History, Facility, Hospital, Medical Bills, Physician, Treatment Calendar

Incident

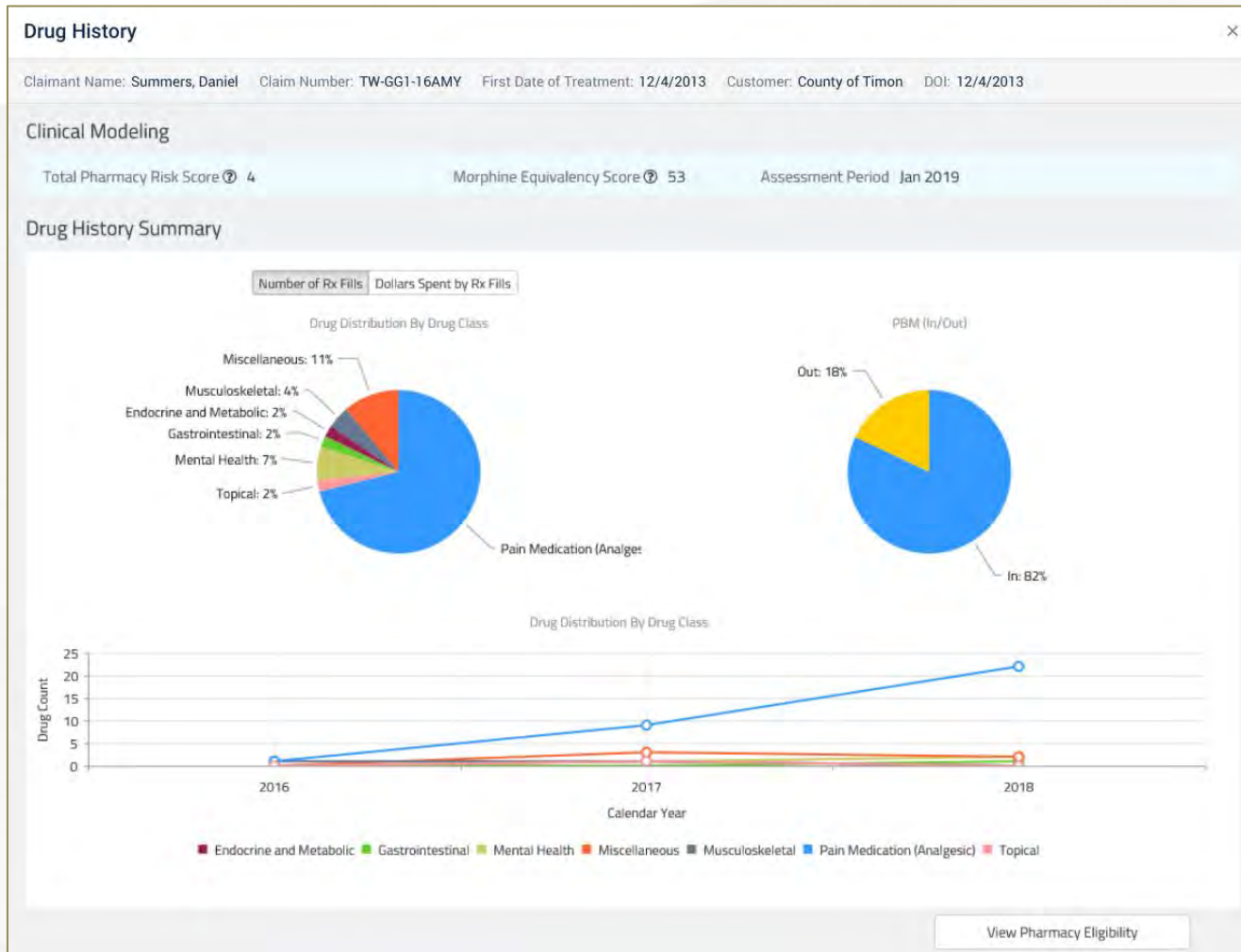
Description of Loss	
Date Received	02/17/2012
Date Employer Notified	
Nature of Injury	Sprain
Cause of Injury	Strain or Injury By Lifting

Medical Screen

Provides all details related to diagnosis, medical treatment, bill review and pharmacy.



Screenshots of Claims System



Drug History Summary

View pharmacy information including number of pharmacy fills, drug distribution, dollars spent, pharmacy risk score and morphine equivalency score.



Screenshots of Claims System

The screenshots show the Pharmacy Clinical Modeling interface for three different assessment periods: May 2015 (Total Risk Score 21, MED 181), Jun 2015 (Total Risk Score 10, MED 59), and May 2015 (Total Risk Score 4, MED 13). Each screen includes a pyramid chart for Risk Level (High, Medium, Low, None), a horizontal bar chart for Morphine Equivalency Score, and a 'Score Detail' section listing various clinical indicators such as '>6 Month Narcotic Usage', '>120 Day Supply', and 'Multiple Prescribers'. A 'Score History' table is also present at the bottom of each screen.

Assessment Period	Pharmacy Risk Score	Morphine Equivalency Score	Total Flags
May 2015	21	181	1
Jun 2015	10	59	1
May 2015	4	13	1
Apr 2015	4	11	1
Mar 2015	4	11	1
Feb 2015	4	10	1
Dec 2014	7	10	2

The Edge Clinical Modeling Screen

CorVel has developed 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.



Screenshots of Claims System

View Drug History
Add/Update Prior Authorization

Prior Authorization Bills

Prior Authorization Bill Count

CORVEL

Status ● Active

Name: Summers, Daniel DOB: 02/23/2018 First Date of Treatment: 12/04/2013 Customer: County of Timon Claim Number: TW-GG1-16AMY DOI: 12/04/2013

Company Name
COUNTY OF TIMON

Member Name
Daniel Summers

Member Number
987216543V1242013

BIN Rx Grp PCN
004336 RX2847 ADV

Effective Date 12/10/2013

Termination Date OPEN

Override Exception All Medications require Prior Authorization

Rx Claim Classification CORVEL-WC

Owning Office Sacramento

Text/Email Pharmacy Card
Add/Update Eligibility

Reported Patient Demographics

Address 1234 SUN VALLEY ROAD City ORANGE COVE State CA Zip 93646

Pharmacy Eligibility

CorVel's pharmacy eligibility screen displays information regarding the status of pharmacy eligibility, effective date, termination date, pharmacy claim classification, authorized medications and authorized prescribers.



Screenshots of Claims System

CS Financial Data

As Of Date: 6/1/2016

Reserves & Payments Reserve History Subrogation/Recovery

Claim #	AB-10-500007	Claimant	Sharon Perry
Company	ACME Brands	Date of Incident	1/16/2010

Export Worksheets

Posted Summary

	Category	Current Paid	Current Reserve	Current Incurred	Last Reserve Change
Detail	Allocated Expense	\$4,551.73	\$448.27	\$5,000.00	8/3/2011
Detail	Indemnity	\$105,918.00	\$834.00	\$106,752.00	8/26/2014
Detail	Medical	\$83,262.04	\$1,737.96	\$85,000.00	5/26/2011
		\$193,731.77	\$3,020.23	\$196,752.00	

Claim Payment History

Export to Excel

Check Date	Check Number	Payee	Reserve Category	Pay Type	Pay Type Description	Beginning Period	Ending Period	Check Status	Voided	Type	Requester	Amount	Check Image
08/26/2014	3100	Sharon K. Murphy	PER	21	Permanent Partial Disability	10/20/2011	10/26/2011	CABIN	No	Check	Peay, Jessica	\$834.00	
08/26/2014	3125	Sharon K. Murphy	PER	21	Permanent Partial Disability	10/27/2011	11/02/2011	CABIN	No	Check	Peay, Jessica	\$834.00	
08/26/2014	3145	Sharon K. Murphy	PER	21	Permanent Partial Disability	12/15/2011	12/21/2011	CABIN	No	Check	Peay, Jessica	\$834.00	
08/26/2014	3146	Sharon K. Murphy	PER	21	Permanent Partial Disability	11/24/2011	11/30/2011	CABIN	No	Check	Peay, Jessica	\$834.00	
08/26/2014	3122	Sharon K. Murphy	PER	21	Permanent Partial Disability	11/03/2011	11/09/2011	CABIN	No	Check	Peay, Jessica	\$834.00	
08/26/2014	3144	Sharon K. Murphy	PER	21	Permanent Partial Disability	12/01/2011	12/07/2011	CABIN	No	Check	Peay, Jessica	\$834.00	
08/26/2014	3123	Sharon K. Murphy	PER	21	Permanent Partial Disability	11/10/2011	11/16/2011	CABIN	No	Check	Peay, Jessica	\$834.00	
08/26/2014	3140	Sharon K. Murphy	PER	21	Permanent Partial Disability	12/22/2011	12/28/2011	CABIN	No	Check	Peay, Jessica	\$834.00	
08/26/2014	3139	Sharon K. Murphy	PER	21	Permanent Partial Disability	11/17/2011	11/23/2011	CABIN	No	Check	Peay, Jessica	\$834.00	
08/26/2014	3149	Sharon K. Murphy	PER	21	Permanent Partial Disability	12/08/2011	12/14/2011	CABIN	No	Check	Peay, Jessica	\$834.00	

Financial Data

Displays detailed financial information such as reserves and claim payment history.



Screenshots of Claims System

Perry, Sharon A (AB-10-500007)

Customer	ACME Brands	DOI	01/16/2010	Multiple Claims	No
Employer	East - Manufacturing	Coverage	WCM		

[+ Add Note](#)

Services: All | Sequences: All | Sensitivity: All | Categories: All

Date Range: Custom | 03/01/2011 | 06/01/2016 | Author: All | Events Only: | Keyword(s):

[Claim Details](#) | [Narrative View](#) | [View/Print PDF](#) | [Reset Filters](#) | [Refresh](#)

Date	Categories	Service/Author	Note
10/29/2012 11:33 AM PT	Client On-Li...	ADJ -1 Risk Manager	M *** 90 day review*** Example
12/29/2011 5:35 PM PT	Other	PT -1 Case Manager	M Doctor appointment scheduled for 12/30/2011 9:30am.
12/29/2011 5:34 PM PT	Comments (Ob...	PT -1 Case Manager	M Worker is still unable to work. Next doctor appointment should be scheduled by Friday.
10/12/2011 5:46 AM PT	Plan of Action	ADJ -1 John Smith	M Compensability/Injuries accepted: left leg Work status: release to full duty Diagnosis: left femoral neck fracture Salary Continuation or TTD: No ordered by NCIC to discontinue TTD benefits When Does Salary Continuation Expire; N/A Medical/Current treatment: Client has reached MMI, and rec'd a 40% rating given to left leg. Case management: none Subro
09/15/2011 12:00 AM PT	Supervision	ADJ -1 John Smith	M Supervisor review: Injury:left knee Treatment:Not actively treating. Audits have been cleared Reserves:Reserves are adequate for this file. Forms: NCIC forms have been sent to NCIC Todd, I agree if clmtis not released on her next appt., send questionnaire. Clmt has returned tow work and PPD has been paid. File will close with 28B.
09/14/2011 6:54 AM PT	Plan of Action	ADJ -1 John Smith	M Compensability/Injuries accepted: left leg Work status: release to full duty Diagnosis: left femoral neck fracture Salary Continuation or TTD: No ordered by NCIC to discontinue TTD benefits When Does Salary Continuation Expire; N/A Medical/Current treatment: Client has reached MMI, and rec'd a 40% rating given to left leg. Case management: none Subro
08/22/2011 12:00 AM PT	Payments	ADJ -1 John Smith	M This Claim been put on Payment Diary For the Period of 09/08/2011 Thru 12/28/2011. With the First Period Ending on 09/14/2011 A Payment Request will be made Prior to 09/14/2011

Page 1 of 3 | 7 Items per page | 1 - 7 of 20 items

Claim Documentation/Notes

All notes are unified, allowing notes from Adjusters and Case Managers to be viewed on one screen. Notes can be filtered by note type, date range, services, author or keyword.



Screenshots of Claims System

Brown, Robert AB-10-500008 Create Note ▾ Action Items 1 ▾

Age: 51 Occupation: Firemen, Incl. Drivers DOI: 03/30/2010 Claim Status: Active Diagnosis: Complete Rupture Of Rotato... Physical Demand Level: Heavy

Work Status Off Since 05/01/2017	Work Restrictions Treating - Active Independent - Active	Upcoming Appointments 5 MD 0 Other	Estimates 07/14/2017 32 day(s) until est.RTW	Obstacles 1 Active Patient Not Released
Compensation TTD/TPD 06/05/2017	Employment Status Coming Soon ---	Impairment Coming Soon ---	Outcomes Pending ---	

Claim Timeline

Jun 12, 2016 - Jun 12, 2018 ▾ 1 month 6 months 1 year Life of Claim

Events

Work Status

Restrictions

Jul 2016 Oct Jan 2017 Apr Jul Oct Jan 2018 Apr

Return to Work Module

Provides key details related to the injured worker’s return to work initiatives including work restrictions, upcoming appointments, estimated RTW dates, actual RTW dates and RTW outcomes.



Screenshots of Claims System

Claim Details - Calderon, Cathy: AB-16-010102 [EC]

Incident/Injury | Contacts | Medical | Financial | Documents/Notes | Legal | Services | Reference | New Service Referral | All

Claim Type	Medical Only [MO]			Flags	OSHA
Status	Active	Date of Incident	04/21/2016	Employer	West - Sales
Multiple Claims	Yes	Date of Hire	04/01/2000	Customer	ACME Brands
SSN	222-33-4444	Marital Status		Adjuster	Smith, John
Date of Birth		Jurisdiction State	OR	Jurisdiction Claim No	
Gender		Policy Effective Date		Policy Term Date	

OSHA 300/301

OSHA Form 301 - Employee Information

Full Name (1)	Cathy Calderon	DOB (3)		Date Hired (4)*	04/01/2000	Gender (5)	
Street (2)	222 NW Landon Street						
City	Beaverton	State	OR	Zip	97006		

OSHA Form 301 - Health Care Information

Physician Name (6)*	Marcus Welby	Establishment name	ACME Brands
Treatment Facility (7)	Broadway Medical Clinic	City	Portland
City	Santa Monica	State	OR

OSHA Form 301 - Injury/Illness Information

Case No.	Identify the person		Describe the case			Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:							
	(A)	(B)	(C)	(D)	(E)	(F)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				or ill worker was:		or choose one type of illness:						
	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness	Where the event occurred (e.g. Loading dock north end)			Remained at Work				On job								
							Days away from work (G)	Job transfer or restriction (H)	Other record-able cases (I)	Away from work (J)	Days away from work (K)	Job transfer or restriction (L)	(1)	(2)	(3)	(4)	(5)	(6)	
AB-19-010039	Coleman, Vicky		10/18	opened box-cut hand with box knife (opened box-cut hand with box knife)			X				61 days	0 day	X						
AB-19-010046	Jones, James		10/09	Employee was walking and fell causing sprain to left ankle. (I)					X		0 day	0 day	X						
AB-19-010052	Jones, Test		11/01	Employee was walking down steps, tripped and fell causing strain to left ankle. (I)					X		0 day	0 day	X						
AB-19-010057	Coleman, Vicky		11/19	hand slipped off of part (grinding a metal part)					X		0 day	0 day	X						
AB-19-010063	Coleman, Vicky		12/11	injured worker doing normal job duties (filing part)			X				20 days	0 day	X						
Totals:							0	9	0	11	512	0	20	0	0	0	0	0	0

OSHA 300/301 and OSHA Reports

Tracks lost time through module and can pre-populate the information in online system. The log will populate the form and be reviewed before submitting. System maintains absence information so that OSHA 300 reports are accurate using the Federal reporting standards.



Screenshots of Claims System

Claim Details - Butler, Grace: AB-10-500019 [EC]

Incident/Injury
 Contacts
 Medical
 Financial
 Documents/Notes
 Legal
 Services
 All

Claim Type	Indemnity [IND]		
Status	Active	Date of Incident	04/29/
Multiple Claims	No	Date of Hire	08/22/
SSN	333-00-1843	Marital Status	

Adjuster: Smith, Joh

Legal dropdown menu:

- Attorney Assigned
- Claim Witness List
- Investigation Profile
- Litigation Profile

Claim Witness List

Name	John Smith		
Home Phone	(415)238-7331	Work Phone	(415)555-5121
Address	627 Oak St		
City	San Francisco	State	CA
Zip	94121		

Summary of Witness Statement: Mr Smith has indicated that on March 31, 2012 at approximately 2:30 pm, he witnessed a shelving unit topple on the claimant, pinning the claimant to the ground. Mr. Smith and several others attempted to lift the shelves but could not.

Litigation Profile

Litigated	<input checked="" type="checkbox"/>	Litigated Date	06/14/2016	Hearing/Trial Date	<input type="radio"/> N/A <input checked="" type="radio"/> Hearing <input type="radio"/> Trial	06/14/2016	Tuesday
Claimant Self Represented	<input type="checkbox"/>	Date Claimant Represented by Attorney or by self	05/27/2016	Date Referred to Defense Counsel	05/25/2016		
Court / Room				Judge / Commissioner			
Disclosure Form Received	<input type="checkbox"/>			Disclosure Form Date			
Contested Issues	Medical Treatment						
Comments							
Appeal	-- Select --	Date of Appeal					
Disposition Type	-- Select --	Disposition Date					
Mass Tort Indicator	<input type="checkbox"/>						
Results							

Save

Legal Screen

Provides detailed information related to litigation.



Screenshots of Claims System

Category	Value	Status
My Claims	99	1 New
Bills	58	
Claim Alerts	10	
Case Management	30	Active
Pharmacy Services	95	Active
Specialty Services	162	Active

Category	Value	Status	Case Name	ID	Priority
High Pharmacy Risk Score	159		Howell, James	V6-K276-7GQI	High
Recent Activity on Aged Claim	276 Days		Woods, Franklin	40-9LF945-11P	Medium
UM Surgery Certified	Inpatient		Summers, Daniel	TW-GG1-16AMY	Low
Treatment Beyond Guidelines	14 Treatments		Radat, Bobby	CT-18-010021	Medium
Penalties	Past Due 6 Days		Hunzinger, Jerry	JKGS-333-RS	High
Penalties	Past Due 3 Days		Malone, Kelly	LM1-67J-LAS	Medium
Out of Network Pharmacy	1 Bill		Bennett, Christine	789-GGG-12I	Low
High Dollar	\$8,279.74		Graham, Louise	CT-17-010284	Medium
Attorney Involved	---		Chambers, Dawn	BE-R1F-JW3-WB	Low
Aged Bill	Beyond 2 days		Price, Madison	TE-37V6-1M6A	Low

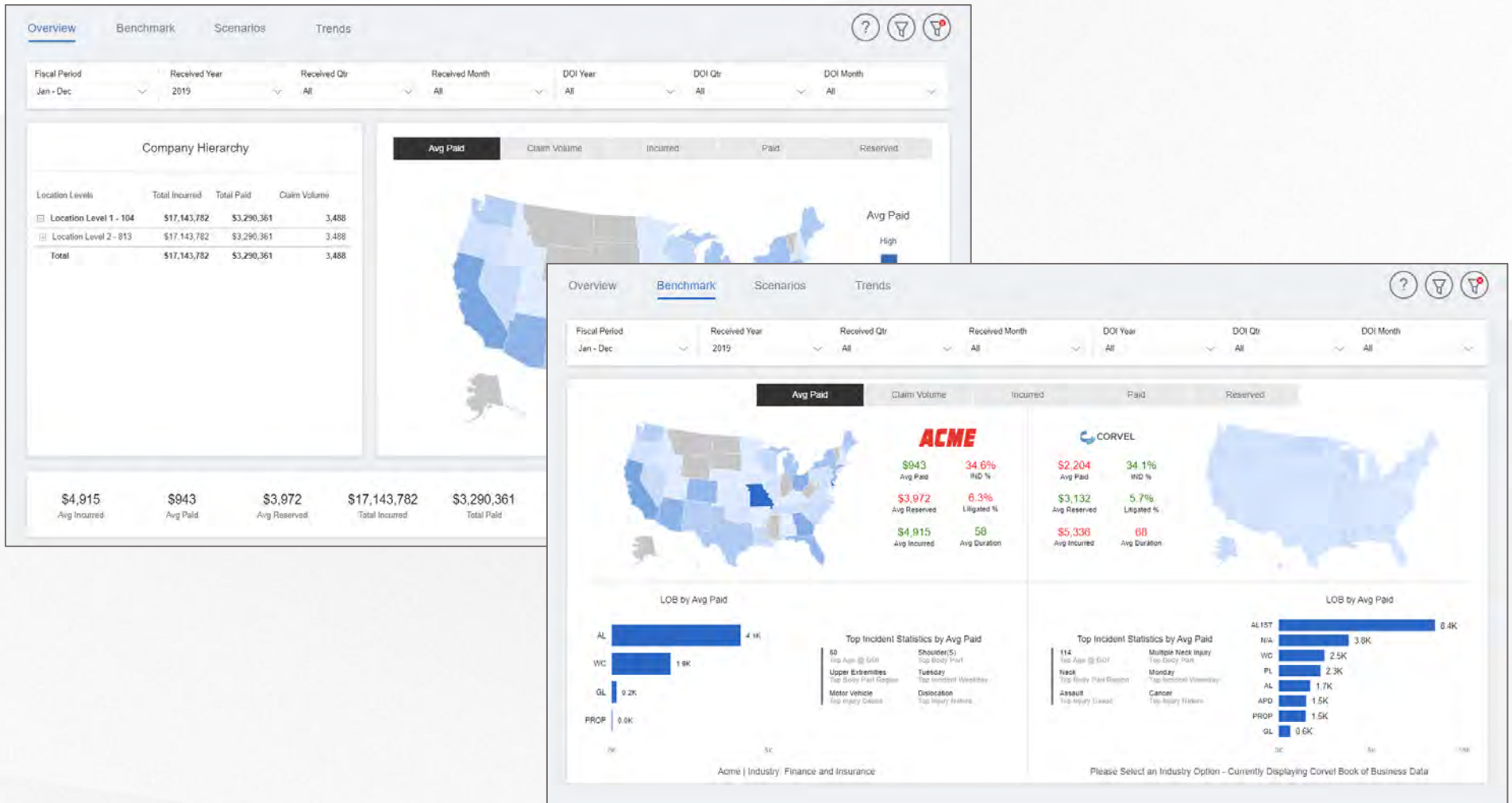
Care^{MC} Edge

The Edge modernizes claims processing and adapts to the way people need to work. This sophisticated module facilitates quicker decision making by prioritizing information that is easily actionable.

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Screenshots of Claims System



Executive Dashboard

The Executive Dashboard provides a dynamic and interactive high-level overview of your entire program. It offers complete visibility and real time updates, helping you proactively manage your program.

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Screenshots of Claims System

Select a Report

+ Expand All
- Collapse All

Claim

Claim Change Comparison
List of changes on claims valued compared at two selected points in time.

Claim History
Provides a list of claimant history consisting of value changes over time during a selected date range.

Claim Log
Provides a list of open and re-opened claims received during a specified time period.

Claims Received Count
Provides a count of claims received from a customer month by month within a fiscal year.

Custom Loss Run
Loss report that includes individual claim information that can be filtered and arranged according to a multitude of report parameters and valuation.

Customer Custom Field Data Extract
Report that outputs claims that have at least 1 and up to 25 Customer Custom field values as well as other high level claim information.

Overall Claims Summary
One page summary of a variety of claim metrics.

Claim History

Parameters

Customer

Location Level Level 1 Level 2 Level 3 Level 4 Level 5

Location Description

	Code	Description
<input type="checkbox"/>	Central	Central
<input type="checkbox"/>	East	East
<input type="checkbox"/>	North	North
<input type="checkbox"/>	South	South
<input type="checkbox"/>	West	West

Apply Date Range to Date Administrator Notified Date Employer Notified Date of Injury

Date Range

Selected Date Range 8/6/2017 - 8/12/2017

Status All Open and Reopened Open Reopened Closed

Filters

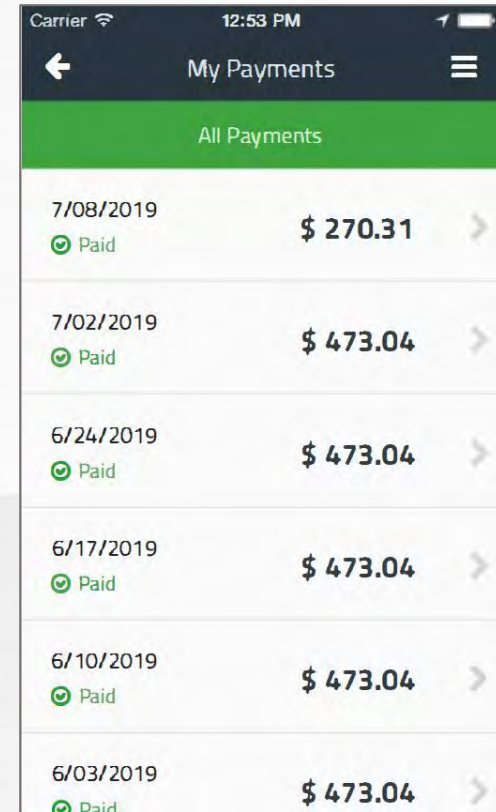
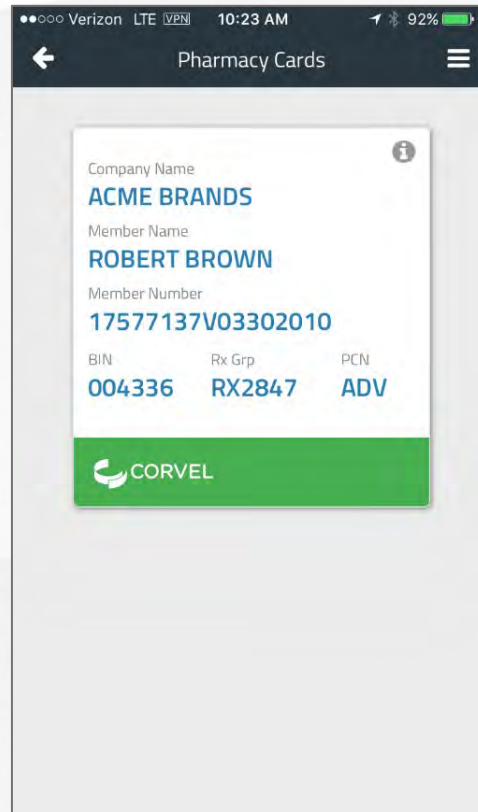
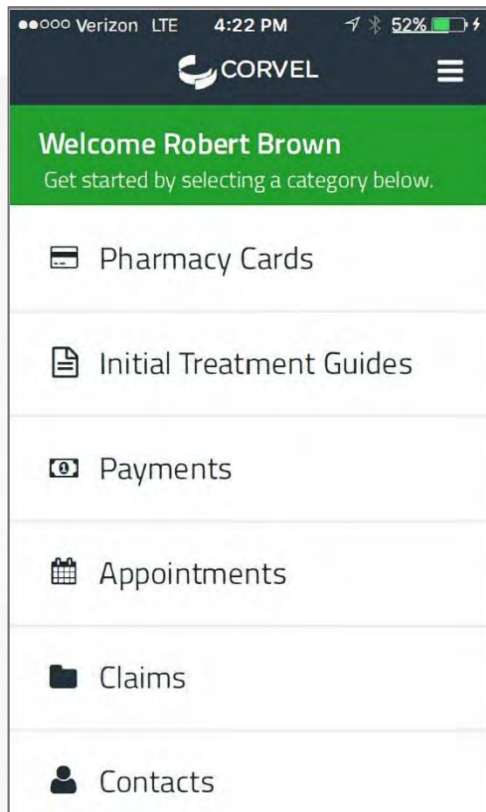
Groups

Reporting Module

A robust reporting module to customize and generate thousands of reports specific to your reporting needs.



Screenshots of Claims System



My Care App

The My Care App provides injured workers with access to their initial treatment guide, permanent pharmacy card, disability payments, doctor’s appointments and more.



Attachment R

Sample Claims Reports



Claims Management Analytics Capabilities

Workers' Compensation Claim Detail Report.....	2
Payment Register Detail Report.....	5
Loss Experience Summary Report.....	8
OSHA Form 300, 300A and 301.....	11
Workers 'Compensation Lag Time Report.....	16
Claims Scorecard	19
Claims Safety Dashboard	24
Ad Hoc Reporting.....	26



Workers' Compensation Claim Detail Report

Description

The Workers' Compensation Claim Detail Report includes individual claim information that can be filtered and arranged according to a multitude of report parameters and valuations. This report includes individual claim information that can be valued as of different points in time.

Features

- Displays a large variety of claim related information including claim detail for all claims, all open claims or closed claims.
- Data can be categorized by numerous filters including accounting code, claimant name, class code, coverage line, injury year, location levels, purpose code, denied or delayed status, status date, claim specialist, classification code, social security number, injury date range, nature of injury, type of accident, occupation, part of body injured and financial information.
- Due to the amount of detail provided, this report is great for analytical work.
- Reports can be generated as an Adobe PDF, CSV or Microsoft Excel file and can be emailed to the user.

Standard Loss Run: Claim Detail

For open and reopened claims

For Finance Amount Detail Level: None

Claim status and finance amounts as of 04/07/2017

ABC Company

Location Level 2: All Locations

Finance Detail Level 2: All

HIPPA WARNING - This report contain protected patient information

Claim Number:	AB-14-000207	Location Level 1:	619	Status Date:	08/19/2013	Subrogation:	No
Cov/Class/SubClass:	WC/IND/	Status:	Open	Injury Date:	08/16/2013	Avg WW:	\$202.74
Claimant:	xxxxxxxxxxxx	Jurisdiction:	California	Administrative Notified Date:	08/19/2013	Comp Rate:	\$160.00
Accident Description:	Employee was cleaning up the trash and e-commerce orders and as she lifted a box, she felt a very sharp pain in her right arm. (Cleaning up the trash and E-commerce orders)			Claimant Age:	44		
Nature of Injury:	Strain	Jurisdiction Claim No:		Finance Detail Level 2			
Part of Body:	Multiple Upper Extremities	Type of Loss:	Trauma	Paid-to-Date	Reserved	Incurred	
Accident Type:	*Captured Data	Benefit Type:	Temporary Total Injury	ALE	\$29,019.66	\$9,815.81	\$38,835.47
Source of Injury:	Lifting			IND	\$7,954.28	\$2,432.88	\$10,387.16
Occupation:	Third Assistant Manager			MED	\$18,191.83	\$19,722.61	\$37,914.44
Job Class:	8017/Store: Retail NOC & Drivers	Litigation:	Yes	PER	\$0.00	\$3,360.00	\$3,360.00
Policy Number:	21WNS17605	Policy Effective Date:	04/08/2013	Gross	\$55,165.77	\$35,331.30	\$90,497.07
Policy Termination Date:	01/30/2014	Company Claim No	2013~WC~5117	Recoveries	\$0.00		\$0.00
Accident State	California			Net	\$55,165.77		\$90,497.07

Standard Loss Run: Claim Detail

For open and reopened claims

For Finance Amount Detail Level: None

ABC Company

Location Level 2: All Locations

Finance Detail Level 2: All

HIPPA WARNING - This report contain protected patient information

	Finance Detail Level 2	Paid-to-Date	Reserved	Incurred
	ALE	\$534,809.13	\$262,464.86	\$797,273.99
	BI	\$0.00	\$128,350.00	\$128,350.00
	IND	\$275,411.18	\$103,280.67	\$378,691.85
	MED	\$681,852.87	\$512,627.30	\$1,194,480.17
	N/A	\$0.00	\$0.00	\$0.00
	PD	\$0.00	\$100.00	\$100.00
	PER	\$89,507.30	\$192,735.57	\$282,242.87
Report Total	Gross	\$1,581,580.48	\$1,199,558.40	\$2,781,138.88
	Recoveries	\$0.00		\$0.00
	Net	\$1,581,580.48		\$2,781,138.88

	Open	Reopened	Total
# of Claims	156	14	170



Payment Register Detail Report

Description

The Payment Register Detail Report summarizes payments issued between two dates and can be filtered and arranged according to different report parameters.

Features

- The report provides payment information sorted by check number and additional parameters based on filters and groups selected.
- The report body lists checks that match the parameters selected.
- Shows each payment issued on or within the check date range selected and matching other parameters.
- Report parameters, groups and filter combinations can be saved for future reports.
- Reports can be generated as an Adobe PDF, CSV or Microsoft Excel file and can be emailed to the user

Payment Register Detail

For all Checks dated 03/01/2017 - 03/31/2017

ABC Company

Locations: All

HIPAA WARNING - This report contain protected patient information

Check Number	Payment Code	Date Issued Class	Date Of Injury	Payee Claim Number	Type Service Dates	Description Claimant	Payment Amount
1017566	CHECK	03/01/2017 IND	12/02/2015	Butler Memorial Hospital AB16-000700	HOSPITAL 12/28/2015 - 12/28/2015	040010262541 xxxxxxxxxxxxxx	\$91.56
1017567	EFT	03/01/2017 IND	12/02/2015	CorVel Corporation AB-16-000700	BILL REVIEW ALE 12/28/2015 - 12/28/2015	040010262541 xxxxxxxxxxxxxx	\$8.50
1017568	EFT	03/01/2017 IND	12/02/2015	CorVel Corporation AB-16-000700	BILL REVIEW ALE 02/11/2016 - 02/11/2016	040010261731 xxxxxxxxxxxxxx	\$8.50
1017569	CHECK	03/01/2017 IND	12/02/2015	Butler Memorial Hospital AB-16-000700	HOSPITAL 04/21/2016 - 04/21/2016	040010261741 xxxxxxxxxxxxxx	\$112.50
1017570	EFT	03/01/2017 IND	12/02/2015	CorVel Corporation AB-16-000700	BILL REVIEW ALE 04/21/2016 - 04/21/2016	040010261741 xxxxxxxxxxxxxx	\$8.50
1017571	EFT	03/01/2017 IND	11/29/2015	CorVel Corporation AB-16-000678	TELEPHONIC CASE 02/07/2017 - 02/28/2017	C29505089097 xxxxxxxxxxxxxx	\$731.50
1017572	CHECK	03/01/2017 IND	12/02/2015	Butler Memorial Hospital AB-16-000700	HOSPITAL 12/29/2015 - 12/29/2015	040010261751 xxxxxxxxxxxxxx	\$2,415.48
1017573	EFT	03/01/2017 IND	12/02/2015	CorVel Corporation AB-16-000700	BILL REVIEW ALE 12/29/2015 - 12/29/2015	040010261751 xxxxxxxxxxxxxx	\$8.50
1017574	EFT	03/02/2017 IND	07/15/2014	CorVel Corporation AB-15-000249	BILL REVIEW ALE 01/06/2017 - 01/06/2017	040010274431 xxxxxxxxxxxxxx	\$8.50
1017575	EFT	03/03/2017 IND	11/29/2015	MD Now Medical Centers, Inc. AB-16-000678	MED OTHER 02/09/2017 - 02/09/2017	046036304931 xxxxxxxxxxxxxx	\$264.13
1017576	EFT	03/03/2017 IND	11/29/2015	CorVel Corporation AB16-000678	BILL REVIEW ALE 02/09/2017 - 02/09/2017	046036304931 xxxxxxxxxxxxxx	\$14.70
1017577	CHECK	03/03/2017	01/28/2016	Susan Bennett, PT PC	PHYS THERAPY	040010253631	\$49.60

Payment Register Detail

For all Checks dated 03/01/2017 - 03/31/2017

ABC Company

Locations: All

HIPAA WARNING - This report contain protected patient information

		Finance Detail Level 2	Payment Amount
		ALE	\$39,271.93
		BI	\$2,302.26
		IND	\$26,961.35
		MED	\$82,782.13
		PER	\$55,649.58
Report Total	# of Payments: 671		\$206,967.25



Loss Experience Summary Report

Description

The Loss Experience Summary Report shows the number of open and closed claims and associated financial information that can be filtered and arranged according to different report parameters.

Features

- Boundaries for the report can be tailored per client's request via CorVel's claims management system.
- Data is sorted by the fiscal year selected.

Loss Experience Summary
For all claims with Injury Year (FY) 2017
For Finance Amount Detail Level: None
Location Level 5: All Locations

	Claims				Category Level 2	Paid-to-Date	Reserved	Incurred	Recovery
	Open	Closed	Total	%Closed					
Quarter Issued: Qtr 1									
Month Issued: 02 February									
	0	34	36	94.44%	N/A	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
					ALE	\$ 20,773.82	\$ 8,656.40	\$ 29,430.22	
					BI	\$ 6,200.00	\$ 0.00	\$ 6,200.00	
					IND	\$ 8,537.93	\$ 5,516.27	\$ 14,054.20	
					MED	\$ 68,017.94	\$ 10,070.21	\$ 78,088.15	
					PD	\$ 2,304.53	\$ 0.00	\$ 2,304.53	
					PER	\$ 210.00	\$ 4,273.87	\$ 4,483.87	
					Total	\$ 106,044.22	\$ 28,516.75	\$ 134,560.97	
Month Issued: 03 March									
	0	37	38	97.37%	ALE	\$ 23,488.15	\$ 3,418.80	\$ 26,906.95	\$ 0.00
					BI	\$ 0.00	\$ 0.00	\$ 0.00	
					IND	\$ 22,949.69	\$ 2,500.00	\$ 25,449.69	
					MED	\$ 57,422.11	\$ 5,092.58	\$ 62,514.69	
					PER	\$ 9,236.03	\$ 50,000.00	\$ 59,236.03	
					Total	\$ 113,095.98	\$ 61,011.38	\$ 174,107.36	
Month Issued: 01 January									
	0	17	30	56.67%	ALE	\$ 1,142.74	\$ 4,558.05	\$ 5,700.79	\$ 0.00
					BI	\$ 0.00	\$ 2,600.00	\$ 2,600.00	
					IND	\$ 3,220.22	\$ 2,923.46	\$ 6,143.68	
					MED	\$ 14,595.45	\$ 16,226.80	\$ 30,822.25	
					PER	\$ 0.00	\$ 1,051.88	\$ 1,051.88	
					Total	\$ 18,958.41	\$ 27,360.19	\$ 46,318.60	
Total for Quarter Issued: Qtr 1									

Loss Experience Summary
For all claims with Injury Year (FY) 2017
For Finance Amount Detail Level: None
Location Level 5: All Locations

Claims				Category Level 2	Paid-to-Date	Reserved	Incurred	Recovery
Open	Closed	Total	%Closed					
16	88	104	84.62%	N/A	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
				ALE	\$ 45,404.71	\$ 16,633.25	\$ 62,037.96	
				BI	\$ 6,200.00	\$ 2,600.00	\$ 8,800.00	
				IND	\$ 34,707.84	\$ 10,939.73	\$ 45,647.57	
				MED	\$ 140,035.50	\$ 31,389.59	\$ 171,425.09	
				PD	\$ 2,304.53	\$ 0.00	\$ 2,304.53	
				PER	\$ 9,446.03	\$ 55,325.75	\$ 64,771.78	
				Total	\$ 238,098.61	\$ 116,888.32	\$ 354,986.93	



OSHA Form 300, 300A and 301

Description

- OSHA Form 300 – This is the OSHA Log of Work-Related Illness and Injuries. Federal law requires employers to record all reportable injuries and illness that occur in the workplace on this form.
- OSHA Form 300A – This is the OSHA Summary of Work-Related Injuries and Illnesses. Federal law requires employers to post this form in the workplace annually.
- OSHA Form 301 – This is the OSHA Injury and Illness Incident Report which is required by the United States Department of Labor's Occupational Safety and Health Administration (OSHA) for employer provided workplace incident records.

Features

- Easily create all OSHA Forms and print instantly
- Enter date ranges to get information for each calendar year

OSHA's Form 300

Log of Work-Related Injuries and Illnesses

(Rev. 01/2004)

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2017
U.S. Department of Labor
 Occupational Safety and Health Administration

Form approved OMB no.1218-0176

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name _____
 City _____ State _____

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or chose one type of illness:					
(A)	(B)	(C)	(D)	(E)	(F)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or chose one type of illness:					
Case No.	Employee's Name	Job Title (e.g., Welder)	Date of injury or onset of illness	Where the event occurred (e.g. Loading dock north end)	Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Job transfer or restriction	Other recordable cases	Away from work	On job transfer or restriction	(1)	(2)	(3)	(4)	(5)	(6)
						(G)	(H)	(I)	(J)	(K)	(L)						
KI-17-000957	xxxxx	Team Member	01/06		Team Member was stocking jarred candles on shelf and in the process felt a pain in her left hand. (Strain/Sprain)				X	0 days	0 days	X					
KI-17-000958	xxxxx	Team Member	01/07		Employee was rearranging supplies. She moved a ladder and knocked a riser off of a shelf striking her on the head. (Struck by)				X	0 days	0 days	X					
KI-17-000961	xxxxx	STORE MANAGER	01/09		Employee was setting an art easel and the top part of teh easel fell on her finger. ()				X	0 days	0 days	X					
KI-17-000969	xxxxx	Third Assistant Manager	01/12		Employee was unloading the freight truck. She picked up a very large leaner mirror and strained her lower back. (Strain/Sprain)				X	0 days	0 days	X					
KI-17-000978	xxxxx	Team Member	01/13		Employee was on a ladder assisting another TM with getting down a couple of swings. The swings started to fall and the employee twisted her back in preventing herself from falling with the swings. (Strain/Sprain)				X	0 days	0 days	X					

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

- (1) Injury
- (2) Skin disorder
- (3) Respiratory
- (4) Poisoning
- (5) Hearing loss
- (6) All other

condition illnesses
 CAM 22-0364



OSHA's Form 300A (Rev. 01/2004)

Year 2017

Summary of Work-Related Injuries and Illnesses

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	17	8	64
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
397	199
(K)	(L)

Injury and Illness Types

Total number of . . .			
(M)			
(1) Injuries	89	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., *Manufacture of motor truck trailers*) _____

Standard Industrial Classification (SIC), if known (e.g., 3715) _____

OR

North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment Information

Annual average number of employees _____

Total hours worked by all employees _____ 100.00

Sign Here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive Title

Phone Date

Optional

Calculating Injury and Illness Incidence Rates

Worksheet

Total number of injuries and illnesses

X

200,000

÷

Number of hours worked by all employees

=

Total recordable case rate

Number of entries in column H + column I

X

200,000

÷

Number of hours worked by all employees

=

DART incidence rate



Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

OSHA's Form 301 Injury and Illness Incident Report

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Information about the employee

- 1) Full name Gray, Daryl
- 2) Street 1750 Meadow Glen Drive
- City Wake Forest State NC ZIP 37067
- 3) Date of birth 10/13/1971
- 4) Date hired _____
- 5) Male
 Female

Information about the physician or other health care Professional

- 6) Name of physician or other health care professional _____
- 7) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State _____ ZIP _____

- 8) Was employee treated in an emergency room?
 Yes
 No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the Log KI-17-000943 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 01/01/2017
- 12) Time employee began work _____
- 13) Time of event 03:15:00 PM Check if time cannot be determined
- 14) *What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be Specific. Example: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry".*
- 15) *What happened? Tell us how the injury occurred. Example: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."*
- 16) *What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "Pain," or "sore." Example: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."*
- 17) *What object or substance directly harmed the employee? Example: "Concrete floor"; "Chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.*
- 18) *If the employee died, when did death occur? Date of death _____*

Completed by _____

Title _____

Phone (____) _____--____ Date ____/____/____



Workers' Compensation Lag Time Report

Description

The Workers' Compensation Lag Time Report shows the lag time between the date the injury occurred, the date the employer was notified and the date the injury was reported to CorVel. This report helps to understand how costly lag times may be affecting your workers' compensation program.

Features

- Data is sorted by parameters, groups and filters.
- Save a date and time for the report to be created automatically.
- Report can be exported to an Adobe PDF file, CSV and Microsoft Excel file and can be emailed to the user.

Workers' Compensation Lag

ACME Brands

For Claims with a Date Administrator Notified From 03/01/2017 - 03/31/2017

Location Level 1: All

HIPAA WARNING - This report contains protected patient information.

Location Level 2: (East) East

Claim Number	Claimant	Date of Injury	Date Employer Notified	Date Incident Reported	Date Administrator Notified	Employee Lag	Manager Lag	FNOL Lag	Total Lag	
E-Man East - Manufacturing										
AB-17-010087		2/16/2017	2/16/2017	2/16/2017	3/1/2017	0	0	13	13	
AB-17-010092		3/2/2017	3/2/2017	3/2/2017	3/2/2017	0	0	0	0	
AB-17-010094		3/8/2017	3/8/2017		3/9/2017	0		1	1	
3 Claim(s)						Average:	0.00	0.00	4.67	4.67
Location Level 2: (East) East *Totals* 3 Claim(s)						Average:	0.00	0.00	4.67	4.67

Workers' Compensation Lag

ACME Brands

For Claims with a Date Administrator Notified From 03/01/2017 - 03/31/2017

Location Level 1: All

HIPAA WARNING - This report contains protected patient information.

Claim Number	Claimant	Date of Injury	Date Employer Notified	Date Incident Reported	Date Administrator Notified	Employee Lag	Manager Lag	FNOL Lag	Total Lag
Grand Total 3 Claim(s)						0.00	0.00	4.67	4.67
Average for All Location Level(s) 1:						0.00	0.00	4.67	4.67



Claims Scorecard

Description

The Claims Scorecard easily compares major data elements over certain time periods. In addition, the Claims Scorecard will provide exception reporting commonly requested by Risk Manager to help manage specific claims responsible for the majority cost of your program.

Features

- The Claims Scorecard is populated on the Friday after the third day of the month with a snapshot of the previous month's data.
- Data includes: Summary of Claim Expenditures + Recovery, Payment Comparison, Changes in Claim Volume, Largest Claim Costs, Largest Paid Exposure, Largest Paid Payees by Payline and Largest Reserves.
- The largest group categories display ten claims; however, the Claims Scorecard Dashboard allows for additional claims to be viewed.
- Ability to drill down into various divisions or regions.
- The Claims Scorecard can be exported to an Adobe PDF file and Microsoft Excel file.

Claims Scorecard

Summary of Claim Expenditures + Recovery [1]

Period	Indemnity	Permanency	Medical	Expense	Total	Recovery
Mar. 2017	\$28,372	\$55,010	\$82,590	\$37,400	\$203,371	\$0
Feb. 2017	\$14,480	\$2,517	\$45,671	\$48,831	\$111,499	\$0
Jan. 2017	\$24,797	\$15,109	\$91,529	\$40,036	\$171,471	\$173
Total	\$67,650	\$72,636	\$219,789	\$126,267	\$486,341	\$173

Payment Comparison

Month Over Month			Year Over Year		
Feb. 2017	Mar. 2017	Change	FY 2017 to Mar. 31, 2016	FY 2018 to Mar. 31, 2017	Change
\$111,499	\$203,371	↑ \$91,873	\$305,780	\$314,870	↑ \$9,090

Summary of Claim Expenditures + Recovery [2]

Period	Indemnity	Permanency	Medical	Expense	Total	Recovery
Mar. 2017	\$28,372	\$55,010	\$82,590	\$37,400	\$203,371	\$0
Feb. 2017	\$14,480	\$2,517	\$45,671	\$48,831	\$111,499	\$0
Jan. 2017	\$24,797	\$15,109	\$91,529	\$40,036	\$171,471	\$173
Dec. 2016	\$29,152	\$25,053	\$67,636	\$37,973	\$159,813	\$0
Nov. 2016	\$18,462	\$44,300	\$59,729	\$33,102	\$155,593	\$0
Oct. 2016	\$14,583	\$8,641	\$53,837	\$31,354	\$108,414	\$0
Sep. 2016	\$23,520	\$6,721	\$55,267	\$33,941	\$119,449	\$0
Aug. 2016	\$20,441	\$21,769	\$86,995	\$34,769	\$163,974	\$0
Jul. 2016	\$26,426	\$2,612	\$80,847	\$35,269	\$145,154	\$0
Jun. 2016	\$17,229	\$23,560	\$61,768	\$34,088	\$136,645	\$0
May 2016	\$19,920	\$6,080	\$71,949	\$31,404	\$129,353	\$0
Apr. 2016	\$14,266	\$3,676	\$58,366	\$24,611	\$100,919	\$0
Total	\$251,648	\$215,047	\$816,182	\$422,778	\$1,705,656	\$173

Change In Claim Volume

Period	Begin	New	Reopen	Closed	Ending	Change
Mar. 2017	144	36	1	31	150	↑ 6
Feb. 2017	146	33	3	38	144	↓ -2
Jan. 2017	145	36	2	37	146	↑ 1
Total		105	6	106		↑ 5

Fiscal Activity Recap - [Mar. 2017]

	Begin	New	Reopen	Closed	End	Total Claims	Change	Current Payments	Change In Reserve	Total Incurred	Change In Incurred	Claim Average
2018	24	35	0	3	56	64	↑ 32	\$15,926	\$132,312	\$212,444	↑ \$148,238	\$3,319
2017	95	1	1	27	70	425	↓ -25	\$108,439	(\$52,222)	\$1,533,038	↑ \$56,216	\$3,607
2016	11	0	0	0	11	394	▬ 0	\$17,137	(\$4,419)	\$1,452,377	↑ \$12,718	\$3,686
2015	8	0	0	0	8	314	▬ 0	\$60,065	(\$56,065)	\$1,389,353	↑ \$4,000	\$4,425
2014	6	0	0	1	5	271	↓ -1	\$1,805	(\$31,590)	\$1,939,706	↓ (\$29,785)	\$7,158
Total	144	36	1	31	150	1,468	↑ 6	\$203,371	(\$11,985)	\$6,526,919	↑ \$191,387	\$4,446



Largest Incurred Decreases - [Mar. 2017]			
Claim Number	Claimant	Injury Date	Incurred
KI-14-000382		11/29/2013	(\$51,726)
KI-17-000793		11/23/2016	(\$5,256)
KI-17-000850		12/7/2016	(\$3,924)
KI-17-000821		11/26/2016	(\$3,665)
KI-14-000443		12/7/2013	(\$3,639)
KI-18-000027		2/8/2017	(\$2,840)
KI-17-001017		1/30/2017	(\$2,542)
KI-17-000939		12/30/2016	(\$2,476)
KI-17-000598		9/18/2016	(\$2,000)
KI-17-000897		12/17/2016	(\$1,887)

Largest incurred decreases during Mar. 2017.

Largest Incurred Decreases - [FY 2018 to Mar. 31, 2017]			
Claim Number	Claimant	Injury Date	Incurred
KI-14-000382		11/29/2013	(\$51,726)
KI-17-000861		12/10/2016	(\$9,189)
KI-17-000547		8/28/2016	(\$6,921)
KI-17-000012		2/4/2016	(\$6,725)
KI-17-000396		7/11/2016	(\$6,689)
KI-17-000765		11/17/2016	(\$6,248)
KI-17-000793		11/23/2016	(\$5,256)
KI-17-000902		12/19/2016	(\$4,796)
KI-17-000821		11/26/2016	(\$3,665)
KI-14-000443		12/7/2013	(\$3,639)

Largest incurred decreases during FY 2018 to Mar. 31, 2017.

Largest Incurred Increases - [Mar. 2017]			
Claim Number	Claimant	Injury Date	Incurred
KI-17-000444		7/15/2016	\$62,543
KI-18-000090		3/3/2017	\$25,920
KI-14-000207		8/16/2013	\$25,580
KI-18-000088		3/6/2017	\$10,000
KI-17-000986		1/21/2017	\$7,487
KI-18-000046		2/15/2017	\$6,834
KI-18-000061		2/20/2017	\$5,516
KI-18-000074		2/25/2017	\$5,500
KI-18-000122		3/15/2017	\$5,480
KI-18-000031		2/9/2017	\$5,000

Largest incurred increases during Mar. 2017.

Largest Incurred Increases - [FY 2018 to Mar. 31, 2017]			
Claim Number	Claimant	Injury Date	Incurred
KI-17-000444		7/15/2016	\$62,943
KI-18-000090		3/3/2017	\$25,920
KI-14-000207		8/16/2013	\$25,580
KI-17-000065		3/2/2016	\$12,336
KI-18-000021		2/6/2017	\$11,500
KI-18-000088		3/6/2017	\$10,000
KI-17-001016		1/27/2017	\$9,721
KI-17-000442		7/14/2016	\$9,500
KI-18-000010		2/3/2017	\$9,229
KI-18-000061		2/20/2017	\$9,016

Largest incurred increases during FY 2018 to Mar. 31, 2017.



Largest Claim Costs - [Mar. 2017]

Claim Number	Claimant	Incident Date	Paid
KI-15-000163		5/22/2014	\$51,884
KI-17-000598		9/18/2016	\$31,010
KI-15-000141		5/4/2014	\$6,796
KI-17-000694		10/22/2016	\$5,272
KI-16-000071		3/18/2015	\$4,986
KI-17-000484		8/4/2016	\$4,878
KI-17-000198		4/7/2016	\$4,865
KI-17-000210		5/2/2016	\$4,556
KI-17-000897		12/17/2016	\$4,060
KI-17-000516		8/13/2016	\$3,829

Claims with the largest total paid during Mar. 2017.

Largest Claim Costs - [FY 2018 to Mar. 31, 2017]

Claim Number	Claimant	Incident Date	Paid
KI-15-000163		5/22/2014	\$54,845
KI-17-000598		9/18/2016	\$32,039
KI-17-000065		3/2/2016	\$9,334
KI-17-000255		5/17/2016	\$8,949
KI-17-000694		10/22/2016	\$7,952
KI-17-000563		9/2/2016	\$7,927
KI-15-000141		5/4/2014	\$7,126
KI-17-000516		8/13/2016	\$7,071
KI-15-000249		7/15/2014	\$6,864
KI-17-000198		4/7/2016	\$6,438

Claims with the largest total paid during FY 2018 to Mar. 31, 2017.

Largest Paid Exposure - [Mar. 2017]

Payee	Payline	Paid
Mary Bienkoski C/O Chandler Law Firm	PER	\$49,874
Sierra Providence East Medical Center	MED	\$26,770
Debbie Collins And Her Attorney Ted Williams	IND	\$6,387
Mhhs Southeast Hospital	MED	\$4,547
Felipe Viveros C/O Morgan And Akins	PER	\$4,035
Morgan & Akins, Pllc	ALE	\$4,034
Corvel Corporation	ALE	\$3,489
Butler Memorial Hospital	MED	\$2,415
Chandler Regional Medical Center	MED	\$2,415
Thorndal, Armstrong, Delk, Balkenbush, Eisinger	ALE	\$2,177

Largest single amount issued for a payee during Mar. 2017.

Largest Paid Exposure - [FY 2018 to Mar. 31, 2017]

Payee	Payline	Paid
Mary Bienkoski C/O Chandler Law Firm	PER	\$49,874
Sierra Providence East Medical Center	MED	\$26,770
St. Michaels Emergency Center	MED	\$7,840
Debbie Collins And Her Attorney Ted Williams	IND	\$6,387
Hall Booth Smith Pc	ALE	\$5,990
Mhhs Southeast Hospital	MED	\$4,547
Richard, Thorson, Graves & Royer LLP	ALE	\$4,449
Felipe Viveros C/O Morgan And Akins	PER	\$4,035
Morgan & Akins, Pllc	ALE	\$4,034
Corvel Corporation	ALE	\$3,489

Largest single amount issued for a payee during FY 2018 to Mar. 31, 2017.

Largest Paid Payees By Payline - [Mar. 2017]

Payee	Payline	Paid
Mary Bienkoski C/O Chandler Law Firm	PER	\$49,874
Sierra Providence East Medical Center	MED	\$26,770
Corvel Corporation	ALE	\$14,106
Careiq Transportation	MED	\$6,875
Debbie Collins And Her Attorney Ted Williams	IND	\$6,387
Morgan & Akins, Pllc	ALE	\$5,829
Mhhs Southeast Hospital	MED	\$4,547
Felipe Viveros C/O Morgan And Akins	PER	\$4,035
Christy Winkle	IND	\$3,993
Vocational Solutions Inc.	ALE	\$3,399

Largest total amounts paid to single payee during Mar. 2017.

Largest Paid Payees By Payline - [FY 2018 to Mar. 31, 2017]

Payee	Payline	Paid
Mary Bienkoski C/O Chandler Law Firm	PER	\$49,874
Sierra Providence East Medical Center	MED	\$26,770
Corvel Corporation	ALE	\$22,319
Richard, Thorson, Graves & Royer, LLP	ALE	\$11,956
Careiq Transportation	MED	\$11,768
Hall Booth Smith Pc	ALE	\$8,949
St. Michaels Emergency Center	MED	\$7,840
Morgan & Akins, Pllc	ALE	\$7,203
Debbie Collins And Her Attorney Ted Williams	IND	\$6,387
Gallivan, White & Boyd, Pa	ALE	\$4,971

Largest total amounts paid to single payee during FY 2018 to Mar. 31, 2017.



Repeaters With Open Claims - [Mar. 2017]			
Claimant	Claims	Incurred	
G. Lynch	4	\$6,913	
J. Trone	4	\$4,736	
L. Lafond	4	\$4,306	
J. Sayers	3	\$5,284	
S. Martin	2	\$92,362	
J. Kelley	2	\$55,239	
J. Young	2	\$28,846	
P. Buegel	2	\$17,648	
K. Houck	2	\$10,183	
M. Thomas	2	\$6,872	
Claimants with multiple accidents and a current open claim.			

All Repeaters - [Mar. 2017]			
Claimant	Claims	Incurred	
L. Holt	6	\$62,311	
R. Davis	5	\$5,186	
T. Lunsford	4	\$42,012	
T. Webb	4	\$14,905	
A. Jones	4	\$13,939	
G. Lynch	4	\$6,913	
J. Trone	4	\$4,736	
L. Lafond	4	\$4,306	
C. Williams	4	\$2,432	
G. Spears	4	\$507	
Claimants with multiple claims (open or closed) by total cost.			

Largest New Claims - [Mar. 2017]			
Claim Number	Claimant	Injury Date	Incurred
KI-18-000090		3/3/2017	\$25,920
KI-18-000088		3/6/2017	\$10,000
KI-18-000122		3/15/2017	\$5,480
KI-18-000093		3/7/2017	\$4,761
KI-18-000110		3/6/2017	\$4,500
KI-18-000107		3/9/2017	\$4,500
KI-18-000101		3/10/2017	\$4,432
KI-18-000116		3/16/2017	\$4,015
KI-18-000121		3/17/2017	\$3,900
KI-18-000128		3/20/2017	\$3,900
Largest incurred on new claims during Mar. 2017.			

Largest New Claims - [FY 2018 to Mar. 31, 2017]			
Claim Number	Claimant	Injury Date	Incurred
KI-18-000090		3/3/2017	\$25,920
KI-18-000021		2/6/2017	\$11,500
KI-18-000088		3/6/2017	\$10,000
KI-18-000010		2/3/2017	\$9,229
KI-18-000061		2/20/2017	\$9,016
KI-18-000054		2/19/2017	\$8,527
KI-18-000046		2/15/2017	\$7,934
KI-18-000074		2/25/2017	\$5,500
KI-18-000122		3/15/2017	\$5,480
KI-18-000031		2/9/2017	\$5,000
Largest incurred on new claims during FY 2018 to Mar. 31, 2017.			

Largest Reserves - [Mar. 2017]			
Claim Number	Claimant	Incident Date	Reserves
KI-17-000065		3/2/2016	\$63,260
KI-17-000444		7/15/2016	\$62,225
KI-17-000372		7/4/2016	\$57,940
KI-16-000678		11/29/2015	\$39,885
KI-15-000163		5/22/2014	\$35,644
KI-14-000207		8/16/2013	\$35,331
KI-17-000483		8/4/2016	\$33,765
KI-16-000203		6/7/2015	\$30,912
KI-15-000457		11/20/2014	\$30,780
KI-16-000348		8/4/2015	\$29,431
Largest reserve balances during Mar. 2017.			

Largest New Closures - [Mar. 2017]			
Claim Number	Claimant	Incident Date	Incurred
KI-17-000026		2/9/2016	\$6,853
KI-17-000291		5/31/2016	\$5,738
KI-17-000897		12/17/2016	\$5,613
KI-17-000627		9/26/2016	\$2,836
KI-17-000850		12/7/2016	\$2,331
KI-17-000947		12/31/2016	\$2,219
KI-17-000746		11/7/2016	\$2,137
KI-17-000714		10/31/2016	\$2,133
KI-17-000821		11/26/2016	\$1,335
KI-17-001017		1/30/2017	\$1,158
Largest incurred on a first time closure during Mar. 2017.			





Claims Safety Dashboard

Description

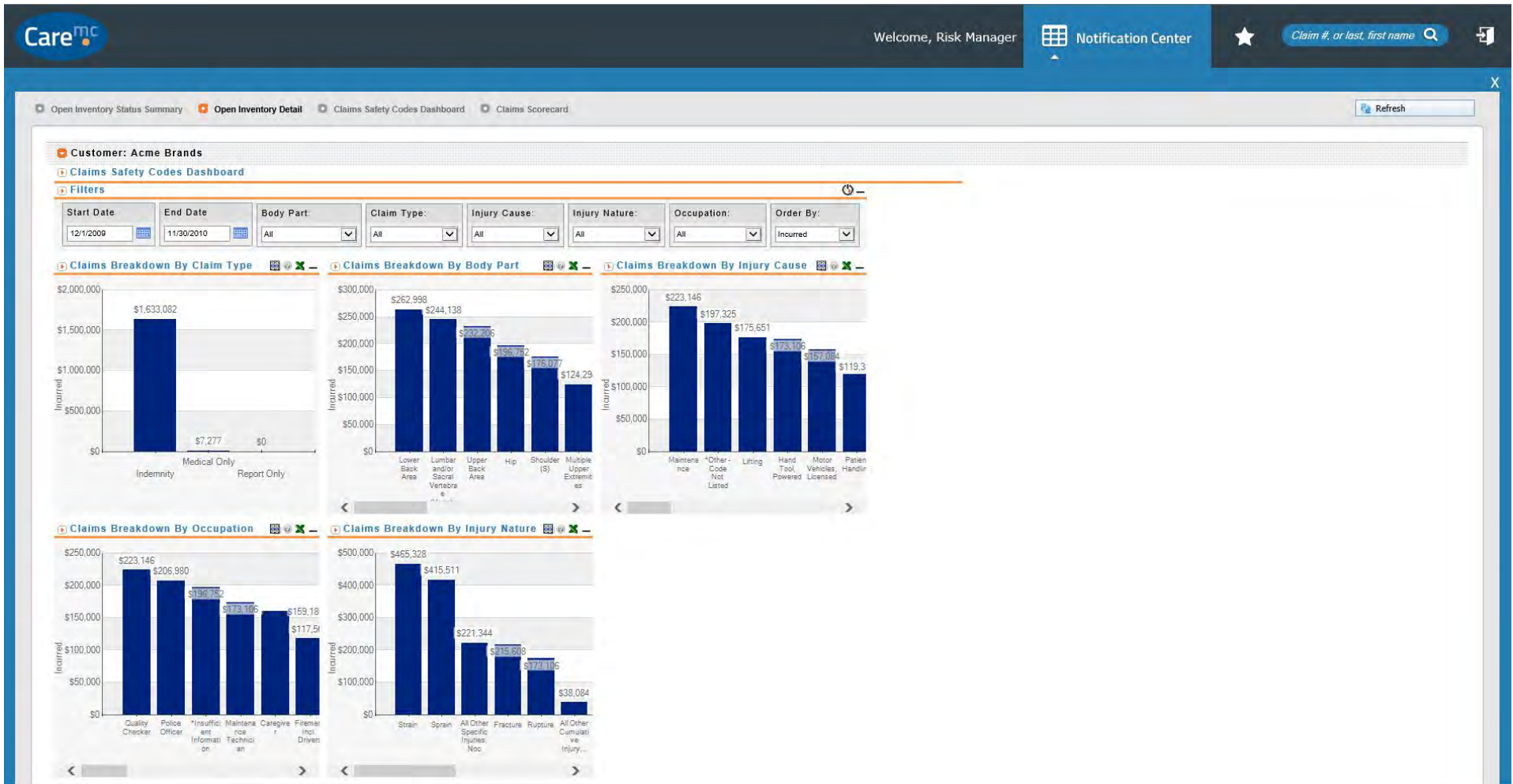
The Claims Safety Dashboard is an interactive tool that allows the user to view information sorted by various filters and displayed on easy-to-read graphs. Information is displayed on up to six different information panels based on each user's account and dashboard preference settings.

Features

- Injury cause and nature are NCCI driven.
- Occupation can be pre-populated with the specific occupations of the employer.
- View additional information related to specific claims – Ability to view specific information about claims that are populated in each bar within the bar graph and into various divisions or regions.
- The Claims Safety Dashboard sorts data by start date, end date, body part, claim type, injury cause, injury nature and occupation.
- Graphs reflect the filters chosen by the user.
- Ability to hover the cursor over graphs to show additional information such as claim type, number of claims, total amount paid and incurred, reserves, number of claims closed, average amount incurred and paid, average reserve amount, etc.



Claims Safety Dashboard



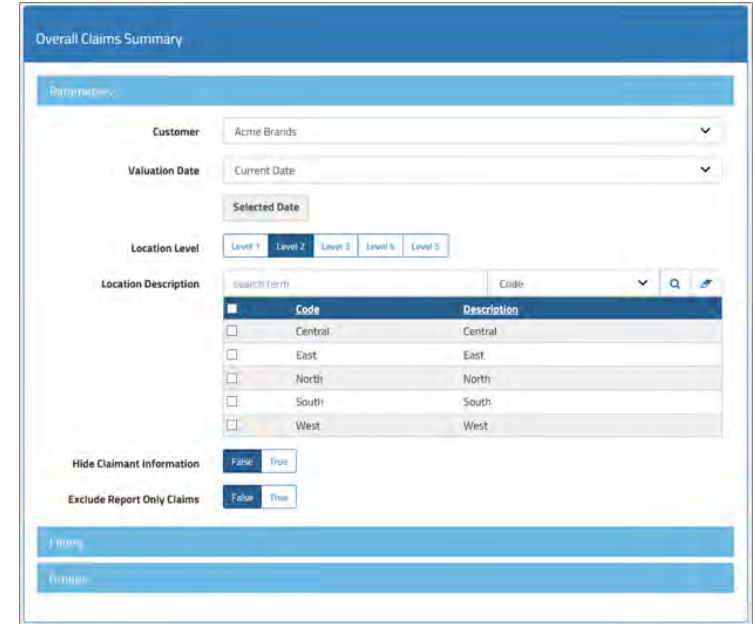


Ad Hoc Reporting

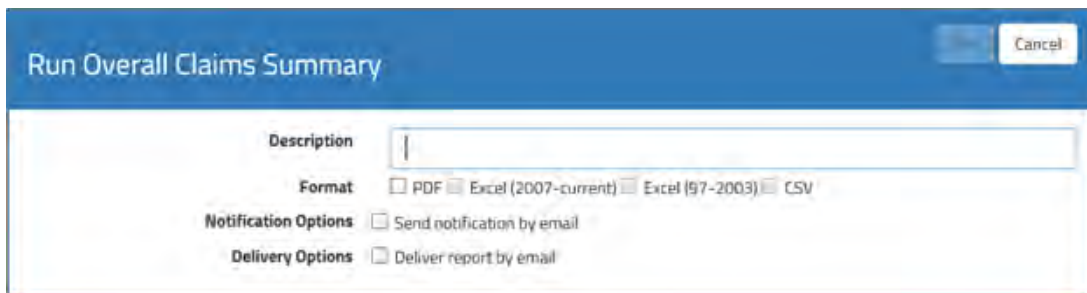
CorVel's standard reporting capabilities are extensive; however, we have the ability to provide ad hoc reports for any special reporting needs. Ad hoc report inquiries can be made with data elements that we capture in the claims system. Most ad hoc reports are available in PDF and Excel formats. These reports can be run instantly or scheduled for regular output.



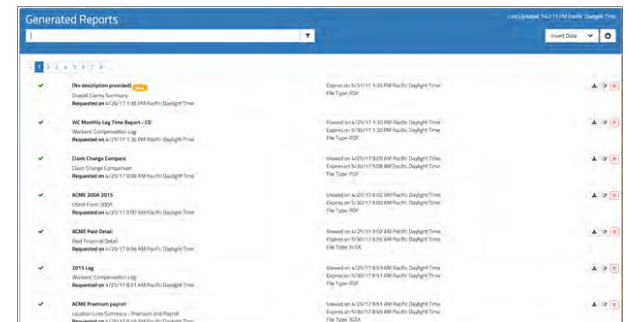
Choose which report to create



Choose parameters, groups and filters



Open the report in PDF, email or save the report



Completed reports are ready to view



Attachment S

SOC2 Letter

4774 Munson Street NW Suite 402 | Canton, Ohio 44718
P 330.966.9400 F 330.966.9401 W maloneynovotny.com



February 9, 2021

To Whom It May Concern:

This letter is being furnished to you in response to your request for the CorVel Corporation Core IT Services System, System and Organization Control (SOC 2) Report on System Description and on the Suitability of the Design and Operating Effectiveness of its Controls.

We confirm that we have completed a Type 2 SOC 2 report on the CorVel Corporation Core IT Services System covering the criteria relevant to security, availability, confidentiality, and privacy trust service categories for the period November 1, 2019 through October 31, 2020. The opinion was dated January 22, 2021 and was unqualified. We conducted our examination in accordance with attestation standards issued by the American Institute of Certified Public Accountants.

Maloney + Novotny LLC is a full-service public accounting firm headquartered in Ohio and has been providing audit, accounting, tax and consulting services to clients for over 85 years. Maloney + Novotny LLC is registered with the Public Company Accounting Oversight Board (PCAOB) and a member of the Center for Audit Quality of the American Institute of Certified Public Accountants. We have performed service organization control audits for CorVel Corporation for several years.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven M. Thomas".

Steven M. Thomas, CPA, CISA
Shareholder
Maloney + Novotny LLC



Attachment T

E-Verify Affirmation Statement

E-VERIFY AFFIRMATION STATEMENT

RFP/Bid /Contract No:

Project Description:

Contractor/Proposer/Bidder acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of,

- (a) all persons employed by Contractor/Proposer/Bidder to perform employment duties within Florida during the term of the Contract, and,
- (b) all persons (including subcontractors/vendors) assigned by Contractor/Proposer/Bidder to perform work pursuant to the Contract.

The Contractor/Proposer/Bidder acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the Contract is a condition of the Contract.

Contractor/Proposer/ Bidder Company Name:

Authorized Company Person's Signature:

Authorized Company Person's Title:

Date:



Attachment U

Addendums



City of Fort Lauderdale • Procurement Services Division
 100 N. Andrews Avenue, 619 • Fort Lauderdale, Florida 33301
 954-828-5933 Fax 954-828-5576
purchase@fortlauderdale.gov

ADDENDUM NO. 1

RFP No. 12537-525

TITLE: Third Party Workers' Compensation Administration
 and Medical Bill Review Services

ISSUED: September 9, 2021

This addendum is being issued to make the following change(s):

1. Section VII – Supplemental Question #14, Bill review has been removed and shall now read: Explain any fees proposed for managed care (medical case management, ~~bill review~~, and UR and rehabilitation services). These are not to be included in the annual fee proposed. If you use a subcontractor, which firms do you use?

All other terms, conditions, and specifications remain unchanged.

AnnDebra Diaz, CPPB
 Procurement Administrator

Company Name: CorVel Enterprise Comp, Inc.
 (please print)

Bidder's Signature: *Richard Schaepp*

Date: September 28, 2021



City of Fort Lauderdale • Procurement Services Division
100 N. Andrews Avenue, 619 • Fort Lauderdale, Florida 33301
954-828-5933 Fax 954-828-5576
purchase@fortlauderdale.gov

ADDENDUM NO. 2

RFP No. 12537-525

TITLE: Third Party Workers' Compensation Administration
and Medical Bill Review Services

ISSUED: September 24, 2021

This addendum is being issued to make the following change(s):

1. Section II, Item 2.49 is now added and shall read:

2.49 Security Breach

The Contractor agrees to provide electronic and physical security to personal information, as defined in Section 501.171, Florida Statutes (2021), as may be amended or revised, ("Section 501.171"), that is obtained from the City, in accordance with the standard set forth in Section 501.171. As provided in Section 501.171, the Contractor shall take reasonable measures to protect and secure data in electronic form containing personal information. The Contractor shall notify the City of any breach of security of a system maintained by the Contractor as expeditiously as practicable, but no later than 10 days following the determination of the breach of security or reason to believe the breach occurred. Such notification from the Contractor shall include all information that the City needs to comply with the notice requirements set forth in Section 501.171. The Contractor, as the City's third-party agent, as defined in Section 501.171, shall comply with and perform all of the requirements set forth in Subsections 501.171(3) and (4), Florida Statutes (2021), as may be amended or revised, in the event the Contractor experiences a breach of security involving unauthorized access of the City's data in electronic form containing personal information.

All other terms, conditions, and specifications remain unchanged.

AnnDebra Diaz, CPPB
Procurement Administrator

Company Name: CorVel Enterprise Comp, Inc.
(please print)

Bidder's Signature: *Richard Schweppe*

Date: September 28, 2021



City of Fort Lauderdale • Procurement Services Division
100 N. Andrews Avenue, 619 • Fort Lauderdale, Florida 33301
954-828-5933 Fax 954-828-5576
purchase@fortlauderdale.gov

ADDENDUM NO. 3

RFP No. 12537-525
TITLE: Third Party Workers' Compensation Administration
and Medical Bill Review Services

ISSUED: October 4, 2021

This addendum is being issued to make the following change(s):

1. Section 2.35 Contract Period: 1st sentence has been revised and shall read: The initial contract term shall commence upon date of award by the City or **April 1, 2022**, whichever is later, and shall expire three years from that date....
2. Section 2.36 Cost Adjustments has been removed. Prices shall be fixed for all five years.
3. Section 4.2.4 Approach to Scope of Work: The following sentence has been removed: As a part of the response, a design plan and diagram(s) shall be presented to the City for approval.
4. The Bid End Date has been changed to Tuesday, October 19, 2021.

All other terms, conditions, and specifications remain unchanged.

AnnDebra Diaz, CPPB
Procurement Administrator

Company Name: CorVel Enterprise Comp, Inc.
(please print)

Bidder's Signature: *Richard Schugfle*

Date: October 5, 2021



Attachment V

Legal Clarifications



Legal Clarifications

**CorVel Enterprise Comp, Inc.'s Legal Exceptions to
the City of Lauderdale Florida RFP for Workers Compensation and Managed Care Services**
CorVel reserves the right to negotiate the terms and conditions of the Agreement if awarded the RFP.

City of Ft Lauderdale General Conditions - Requested Variances

Section 5.09 - Termination for Cause: Pursuant to this RFP CorVel requests the right to term for Cause.

Section 5.10 - Termination for Convenience: CorVel requests ability to terminate for convenience upon a prior 90 day written notice to City to terminate for convenience after the first year of the Initial Term of the Agreement.

Exhibit A Business Associate

Agreement under this RFP and agreement HIPAA is not applicable – CorVel agrees to comply with all other applicable US security and privacy laws.

Workers' Compensation Claims Administration Services RFP Legal Requests

Section 2.9 - Payment Method: CorVel requests a continuation of the ACH Debit card payment method currently in place under the current TPA contract with the City.

Section 2.13 - No Exclusive Contract: Under Workers' Compensation statutory requirements CorVel is exclusive as the TPA.

Section 2.14 Sample Contract Agreement Sample Agreement Exceptions

Section VI General Conditions (D) - Termination for Convenience: CorVel requests ability to terminate for convenience upon a prior 90 day written notice to City to terminate for convenience after the first year of the Initial Term of the Agreement.

Section VI General Conditions (F) - Insurance: Subcontractors if applicable will maintain insurance coverage but cannot name City additional insured.

Section 2.26.11 – Insurance: Subcontractors if applicable will maintain insurance coverage but cannot name City additional insured.

Section 2.47 - PCI (Payment Card Industry) Compliance: CorVel is not receiving any claimant financial information – PCI not applicable under this Agreement.

Section 2.48 - Business Associate Agreement: Under this RFP and agreement HIPAA is not applicable – We will maintain the same privacy standards we have in place today for the City.

Addendum 2 Redline Exceptions

See next page



Legal Clarifications

2.49 Security Breach

The Contractor agrees to provide electronic and physical security to personal information, as defined in Section 501.171, Florida Statutes (2021), as may be amended or revised, ("Section 501.171"), that is obtained from the City, in accordance with the standard set forth in Section 501.171. As provided in Section 501.171, the Contractor shall take reasonable measures to protect and secure data in electronic form containing personally identifiable information ("PII"). The Contractor shall notify the City of any confirmed breach ("Security Breach") of City's data or PII ~~of through the~~ security of ~~a Contractor's~~ system maintained by the Contractor as expeditiously as practicable, but no later than 10 days following the determination of ~~The Security Breach~~ ~~the breach of security or reason to believe the breach occurred~~. Such notification from the Contractor shall include all information that the City needs to comply with the notice requirements set forth in Section 501.171. The Contractor, as the City's third-party agent, as defined in Section 501.171, shall comply with and perform all of the requirements set forth in Subsections 501.171(3) and (4), Florida Statutes (2021), as may be amended or revised, in the event the Contractor experiences a Security Breach. ~~breach of security involving unauthorized access of the City's data in electronic form containing personal information.~~