RFP Number: HR-2013-01-RB



REQUEST FOR PROPOSALS

ADMINISTRATIVE OFFICE OF THE COURTS (AOC)

REGARDING:

RFP TITLE: JUDICIAL BRANCH WORKERS'

COMPENSATION THIRD PARTY

ADMINISTRATOR

RFP NUMBER: HR-2013-01-RB

Proposals Due: December 2, 2013

NO LATER THAN 1:00 P.M.

PACIFIC TIME

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1 BACKGROUND INFORMATION

1.1 <u>Judicial Council of California</u>. The Judicial Council of California (JCC), chaired by the Chief Justice of California, is the chief policy making agency of the California judicial branch. The California Constitution directs the JCC to improve the administration of justice by surveying judicial business, recommending improvements to the courts, and making recommendations annually to the Governor and the Legislature. The JCC also adopts rules for court administration, practice, and procedure, and performs other functions prescribed by law. The Administrative Office of the Courts (AOC) is the staff agency for the JCC and assists both the council and its chair in performing their duties.

- 1.2 Per California Rule of Court 10.350 Workers' Compensation (WC) Program: The AOC is directed, "to carry out the duty of the Judicial Council to establish a workers' compensation program for the trial courts, the Administrative Office of the Courts, through its Human Resources Division, must":
 - 1.2.1 Maintain a contract with a vendor to provide courts, on a voluntary basis, with a cost-efficient WC coverage program;
 - 1.2.2 Monitor the performance of the vendor with which it contracts to provide such services:
 - 1.2.3 Timely notify the Trial Courts concerning the terms of the WC coverage program;
 - 1.2.4 Timely inform the Trial Courts about the legal requirements with which a WC program must comply;
 - 1.2.5 Make personnel available by telephone to consult with Trial Courts regarding the cost and benefits of the plan being offered by the AOC; and
 - 1.2.6 Review and approve or disapprove any other WC programs identified by a trial court for consideration as a vendor to provide WC benefits to its employees."
- 1.3 The AOC serves as the Judicial Branch Workers' Compensation Program (JBWCP) Program Administrator (Program Administrator). On January 1, 2001, each of the 58 Trial Courts became independent employers. Prior to this date, the Trial Courts were employed by their respective counties. The JBWCP was created on January 1, 2003, in response to the courts that transitioned from county-administered plans.

The JBWCP is a highly decentralized self-insured program. Currently, 56 Trial Courts participate in the program. The JBWCP utilizes a cost allocation model with a charge-back system to the members. Each participating member shares in a pool of allocated risk, with the cost allocations distributed based upon payroll and loss activity. The loss selection that is currently used to calculate the loss modifier for each member is limited to a rolling three years of loss data excluding the most recent 12 months. The total allocation is based on the annual actuarial report projection.

The JBWCP Advisory Committee (Committee) is a nine member group that convenes annually every April. The Committee, in conjunction with the Program

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Administrator, review program initiatives, successes, and annual risk performance, and make recommendations for program changes to the Trial Court Budget Working Group and the JCC. The JCC approves any primary programmatic and/or financial change recommendations prior to the end of each fiscal year.

- 1.4 For purposes of properly allocating the cost to the JBWCP membership (JBWCP Member), the program is divided into three components:
 - 1.4.1 Trial Court Judges, which includes approximately 1,500 Judges of the California Trial Courts; and
 - 1.4.2 Trial Court Employees, which includes approximately 13,000 employees of 56 California Trial Courts participating in the program. Two Trial Courts, Los Angeles and Mono, do not participate in the program; and
 - 1.4.3 State Judiciary, which includes approximately 100 Justices and Judges and 1,600 employees in the Supreme Court, Courts of Appeal, AOC, Habeas Corpus Resource Center, California Judicial Center Library, and the Commission on Judicial Performance.
- 1.5 The current Third Party Administrator (TPA) for the JBWCP is CorVel and the Medical Provider Network (MPN) for the JBWCP is with CorCare, an MPN administered by CorVel. The JBWCP is permissibly uninsured, however, for Trial Court members there is excess insurance coverage of two million dollars. The current TPA provides for Claims Administration Services, Medicare Agent Services, Medicare Set-Aside Services and Medical Management Services including: Medical Bill Review/Hospital Bill Audit, Nurse Case Management, Utilization Review, Medical Provider Network (MPN) and Preferred Provider Organization (PPO) development and administration. Currently, all Medical Management Services are bundled within the TPA services and the preference and expectation of the State is that this would continue.

The current TPA processes approximately 1,300 new claims per year and maintains two centralized locations in Sacramento and Rancho Cucamonga for the administration of this state-wide program.

The current contract amount for the TPA averages approximately \$1,700,000.00 annually.

- 1.6 The primary objective of this RFP is to identify and retain a qualified WC TPA that can provide claims' handling administration and expertise for JBWCP Members. The selected vendor will partner with the Program Administrator and the JBWCP's Consultant/Broker to provide all WC services. The selected vendor will specifically provide compliant and relevant WC claims services including:
 - 1.6.1 Assisting individual members of the JBWCP with their WC inquiries;
 - 1.6.2 Analyzing losses and developing monthly, quarterly, and annual metrics;

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1.6.3 Supporting the AOC in delivering AOC training programs;

- 1.6.4 Performing WC claims file reviews at the members' request and at a minimum of one per year;
- 1.6.5 Adhering to the JBWCP service requirements found in Attachment 2, Exhibit D, Work To Be Performed;
- 1.6.6 Providing customer-focused Claims Administration Services, Medicare Agent Services, Medicare Set-Aside Services and Medical Management Services including: Medical Bill Review/Hospital Bill Audit, Nurse Case Management, Utilization Review, Medical Provider Network (MPN) and Preferred Provider Organization (PPO) development and administration; and
- 1.6.7 Provide real-time online claims reporting capability, and JBWCP Member Representative access to claims information such as claims examiner notes including action plans; and
- 1.6.8 Formulating methods to reduce JBWCP costs while improving program efficiencies and effectiveness.
- 1.7 The selected TPA shall be responsible for all aspects of the activities listed in Section 3, **Description of Services and Deliverables**. The contract will be for an initial two years, with three consecutive optional two-year terms, for a total of 8 years if the AOC exercises all optional terms.
- 1.8 Appendix 1 contains confidential historical data for use in preparing a proposal and will be provided to those prospective bidders after the AOC has received a signed Non-Disclosure Agreement sent to solicitations@jud.ca.gov by the due date set forth in Section 4, Timeline For This RFP.
- 1.9 <u>Website</u>. For additional information about this solicitation, including electronic copies of the solicitation documents, see the California Courts Website located at *www.courts.ca.gov/rfps.htm* ("Courts Website").

2 PROPOSER'S EXPERIENCE / CAPABILITIES

The AOC seeks the services of a single TPA whose managers, supervisors, examiners and representatives (collectively "Service Team") have expertise in WC claims administration for a large decentralized statewide government program.

- 2.1 The ideal proposer will have the following experience:
 - 2.1.1 10+ years experience in overseeing and monitoring a multi-member WC program in California, while partnering with a Program Administrator and Consultant/Broker; and
 - 2.1.2 10+ years experience in providing claims' administration services to a large, decentralized, multi-member public sector program;
 - 2.1.3 10+ years experience in providing clients with an online claims' reporting system/RMIS, allowing 24/7 real-time access and on-demand reporting capabilities;
 - 2.1.4 Experience in implementing similar-sized programs and converting loss data;

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2.1.5 Experience in generating metrics, conducting analysis, and clearly communicating results with the Program Administrator and members;

- 2.1.6 Proven track record in reducing medical costs for clients; and
- 2.1.7 Experience in developing communication plans for a large, decentralized program to include conversion communications, updates regarding contacts and industry/legal changes, consistently scheduling claim reviews, and other pertinent information regarding the program.
- 2.2 The ideal proposer will have the following capabilities:
 - 2.2.1 Capable of dedicating specific claims staff as defined under Section 3.1, to JBWCP Members;
 - 2.2.2 Ability to provide an industry competitive Risk Management Information System (RMIS) that provides members with 24/7 access to claims examiner notes, action plans, and allows customized fields as determined by the JBWCP;
 - 2.2.3 Ability to provide effective and timely data and quality measures;
 - 2.2.4 Ability to provide Medical Management Services;
 - 2.2.5 Ability to provide Nurse Case Management Services, which include telephonic and field services;
 - 2.2.6 Ability to provide Medicare Agent Services, Medicare Set-Aside Services compliant with Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA);
 - 2.2.7 Ability to coordinate with all parties involved (Claimant, Claims Examiner, Nurse Case Manager, Medical Provider and JBWCP Member, etc.) in a WC claim to facilitate an effective Return to Work.
 - 2.2.8 Ability to provide network development such as a customizable MPN and PPO:
 - 2.2.9 Ability to comply with program-wide and individual JBWCP Member service needs:
 - 2.2.10 Ability to provide dedicated Service Team to include a dedicated Account Manager, Claims Manager, Claims Supervisor, Senior Claims Examiner, Claims Examiner, and Claims Representative;
 - 2.2.11 Ability to adhere to the JBWCP service requirements found in Attachment 2, Exhibit D, Work To Be Performed, and to adjust as needed to address JBWCP Member specific needs;
 - 2.2.12 Ability to provide training and informational materials to the Program Administrator and JBWCP Members; and
 - 2.2.13 Ability to provide quarterly Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis.

3 DESCRIPTION OF SERVICES AND DELIVERABLES

3.1 Proposer's Service Team must consist of the following positions: Dedicated Account Manager, Claims Manager, Claims Supervisor, Senior Claims Examiner, Claims Examiner, and Claims Representative; and should have the expertise set forth in Attachment 2, Exhibit D, paragraph 7, Qualifications of Contractor's Key Personnel

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Positions, and paragraph 8, Qualifications of Contractor's Program Staff Positions.

3.2 The Proposer's Service Team will oversee and monitor the JBWCP's TPA activities to ensure the services and tasks described in subparagraphs 3.3 through 3.10.4 meet or exceed industry standards.

3.3 Claims Administration Services

- 3.3.1 Provide efficient and effective transition from the existing TPA including data conversion, program implementation, educating claims staff on handling requirements and program nuances, and other logistics such as draft communications to be distributed to all JBWCP Members;
- 3.3.2 Provide ongoing oversight of the claims examiners use of defense attorneys, investigative firms, nurse case management, coordination with the MPN or PPO, and Medical management to ensure that services are provided in a timely, relevant, and compliant manner and adhere to the service requirements found in Attachment 2, Exhibit D, Work To Be Performed; and
- 3.3.3 Provide a team of qualified claims examiners to handle the day-to-day administration of the members' WC claims in a compliant and timely manner.

3.4 Audits, Metrics, and Analysis

- 3.4.1 Provide regular monthly, quarterly, and annual metrics by JBWCP Member to the Program Administrator detailing the status of open claims, number of closed claims, incurred reserves, lost time;
- 3.4.2 Conduct a SWOT analysis to identify trends or gaps and recommend information sharing or educational opportunities for the JBWCP Members as the need arises; and
- 3.4.3 Conduct internal audits to ensure that all compliance standards and JBWCP service requirements found in Attachment 2, Exhibit D, Work To Be Performed, are adhered to.

3.5 **Program Oversight and Maintenance**

- 3.5.1 Coordinate quarterly calls with the Program Administrator and Consultant/Broker to discuss the program's SWOT in terms of delivering the most cost-efficient claims administration and highest customer satisfaction to JBWCP Members; and
- 3.5.2 Coordinate monthly meetings with all of the program's claims examiners to discuss issues, challenges, trends, changes in the account handling instructions or other program protocols; provide agendas and minutes to the Program Administrator within two days after each meeting, include the Program Administrator or designee when deemed necessary by all parties.

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3.6 Online Reporting System and Customization

3.6.1 Provide an online, 24/7 RMIS for all members (approximately 150 users) for immediate claims submission;

- 3.6.2 Provide an online RMIS that allows members access to all claims examiner notes, financials, medical reports as permitted by law, and claims examiner action plans;
- 3.6.3 Provide an online RMIS that allows members to generate reports such as open/closed claims, reserve information, type and cause of injury, and medical billings and payment data;
- 3.6.4 Customize the online RMIS to include member-specific location/department codes, occupational codes, claim type, and other fields as warranted by the program including modifiable data for cause, source, nature of injury, body part, and location structure;
- 3.6.5 Promote the use of the online RMIS to members and provide training three to five times per year, or as updates occur, to encourage and enable members to use the system; and
- 3.6.6 Generate ad hoc reports with multiple fields for up to 12 super-users.

3.7 Medical Management and Utilization Review

- 3.7.1 Provide network development via Preferred Provider Organization (PPO) or Medical Network Provider (MPN) to mitigate medical costs;
- 3.7.2 Provide utilization review with some flexibility for express approvals by claims staff;
- 3.7.3 Provide bill review with per line and/or per bill fee;
- 3.7.4 Ensure compliance with California WC laws regarding reporting of bill review and utilization review;
- 3.7.5 Leverage other network discounts and provider programs that will reduce medical costs to JBWCP:
- 3.7.6 Provide and/or establish strong quality control mechanisms to ensure efficiency and minimize errors; and
- 3.7.7 Produce periodic outcome reports for all programs.

3.8 Nurse Case Management

- 3.8.1 Adhere to the service requirements found in Attachment 2, Exhibit D, Work To Be Performed, including the following:
 - 3.8.1.1 All new claims are to be received by a triage nurse and the claims examiner, simultaneously, within 24 hours of reporting. A nurse must review the claim and triage is to be performed within 48 hours of receipt on all lost-time claims and medical-only claims that have one or more of the following:
 - 3.8.1.1.1 Injured worker has another claim;

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3.8.1.1.2 Injured worker has noted co-morbidity factors, such as diabetes, cardiac disease, hypertension, obesity, etc.;

- 3.8.1.1.3 Injured worker does not appear motivated towards recovery or return to work (RTW) as noted on the injury report; or
- 3.8.1.1.4 Medical treatment appears to be questionable based on initial injury report information;
- 3.8.1.2 Regularly update and work in coordination with the claims examiner to ensure appropriate course of action throughout each step of Nurse Case Management;
- 3.8.1.3 Facilitate prompt and appropriate medical treatment;
- 3.8.1.4 Facilitate Transitional RTW and promote early RTW;
- 3.8.1.5 Identify and positively impact medical treatment over-utilization; and
- 3.8.1.6 If the claim meets triage criteria, the triage nurse will:
 - 3.8.1.6.1 Perform a 4-point contact with the claims examiner, injured worker, JBWCP Member Representative, and medical provider;
 - 3.8.1.6.2 Assess the severity of injury, injured worker's response to injury and co-morbidity factors;
 - 3.8.1.6.3 Review the treatment plan and compare to American College of Occupational and Environmental Medicine (ACOEM Guidelines) and / or nationally recognized treatment guidelines;
 - 3.8.1.6.4 Identify barriers to recovery and optimal duration of medical care and disability based on diagnosis and nationally recognized disability duration guidelines;
 - 3.8.1.6.5 Make a recommendation for assignment to Telephonic Case Management (TCM) or Field Case Management (FCM) based on documented triggers or close the case if appropriate; and
 - 3.8.1.6.6 Document all findings in the claim notes.

3.9 Preferred Provider Organization/Medical Provider Network

Participation by any JBWCP Member in the PPO or MPN is not mandatory.

- 3.9.1 Provide a PPO or MPN that can be customized by the JBWCP and its various members:
- 3.9.2 Provide quality control of processes and outcomes;
- 3.9.3 Provide flexibility and options where feasible; and
- 3.9.4 If partnering with an external provider, ensure that strong interfaces, communication, and controls are in place.

3.10 Training and Informational Materials

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3.10.1 Partner with the Program Administrator and/or Consultant/Broker as requested to participate in webinars or live trainings regarding WC claims and related topics;

- 3.10.2 Identify topics for training based on members' frequently asked questions, claims file reviews, metrics and analysis, or requests from the Program Administrator;
- 3.10.3 Develop informational materials such as frequently asked questions, forms, or tip sheets as requested by the Program Administrator; and
- 3.10.4 Conduct research regarding WC claims handling best practices, rules, regulation, codes, or other related information as requested by the Program Administrator.

4 TIMELINE FOR THIS RFP

The AOC has developed the following list of key events related to this RFP. All dates are subject to change at the discretion of the AOC.

| EVENT | DATE |
|--|--|
| RFP issued | October 11, 2013 |
| Deadline for questions sent to solicitations@jud.ca.gov | October 29, 2013 |
| Deadline for receipt of a signed Non-Disclosure Agreement scanned and sent to solicitations@jud.ca.gov | October 29, 2013 |
| Questions and answers posted and Appendix 1 released (estimate only) | November 8, 2013 |
| Latest date and time proposal may be submitted | December 2, 2013 1:00 p.m. Pacific Time |
| Evaluation of proposals (estimate only) and Oral Presentations (tentative) | December 2, 2013 – January 3, 2014 |
| Notice of Intent to Award (estimate only) | January 10, 2014 |
| Negotiations and execution of contract (estimate only) | January 17, 2014 |
| Notice of Award (estimate only) | January 24, 2014 |
| Contract start date (estimate only) | February 1, 2014 |

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5 RFP ATTACHMENTS

The following attachments are included as part of this RFP:

| ATTACHMENT | DESCRIPTION |
|---|---|
| Attachment 1: Administrative Rules Governing RFPs (Non-IT | These rules govern this solicitation. |
| Services) | |
| Attachment 2: AOC Standard Terms and Conditions | If selected, the person or entity submitting a proposal (the "Proposer") must sign the AOC Standard Agreement Terms and Conditions. |
| Attachment 3: Proposer's Acceptance of Terms and Conditions | On this form, if exceptions are identified, proposers must submit (i) a red-lined version of Attachment 2 – AOC Standard Agreement Terms and Conditions that clearly track proposed changes to this attachment, (ii) written documentation to substantiate each such proposed change and (iii) written explanation to indicate how each proposed change will benefit the AOC. |
| | Note: A material exception to a Minimum Term may render a proposal non-responsive. |
| Attachment 4: Payee Data Record Form | This form contains information the AOC requires in order to process payments. |
| Attachment 5: Darfur Contracting Act Certification | Proposer must complete the Darfur Contracting Act Certification and submit the completed certification with its proposal. |
| Attachment 6: Iran Contracting Act Certification | Proposer must complete the Iran Contracting Act Certification and submit the completed certification with its proposal |
| Attachment 7: Conflict of Interest Certification Form | Proposer must complete Conflict of Interest Certification and submit the completed certification with its proposal |
| Attachment 8: Non-Disclosure | Proposer must complete and submit the Non- |
| Agreement | Disclosure Agreement by the due date set forth in Section 4 of this RFP to receive Appendix 1. |
| | Proposals will be deemed non-responsive if a signed Non-Disclosure Agreement is not received by the due date set forth in Section 4 of this RFP |
| Appendix 1 – JBWCP Claims Data - CONFIDENTIAL | The file will be provided to upon receipt of Attachment 8 Non-Disclosure Agreement. The file contains confidential historical data under the following tabs: • Open claims by type, |
| | Open claims only,New claims (estimate) |
| | Three years of open and closed claims,Claims register |
| | |

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| ATTACHMENT | DESCRIPTION |
|---------------------------|---|
| Appendix 2 – Pricing Form | Proposer must complete this form to submit its pricing. |

6 SUBMISSIONS OF PROPOSALS

- 6.1 Proposals should provide straightforward, concise information that satisfies the requirements of Section 7 ("Proposal Contents"). Expensive bindings, color displays, and the like are not necessary or desired. Emphasis should be placed on conformity to the RFP's instructions and requirements, and completeness and clarity of content.
- 6.2 The Proposer must submit **one** (1) **original and five** (5) **copies** of its proposal. The original must be signed by an authorized representative of the Proposer. The Proposer must write the RFP title and number on the outside of the sealed envelope.
- 6.3 The Proposer must submit an electronic version of the entire proposal on CD-ROM or flash drive. The files contained on the CD-ROM or flash drive should be in PDF, Word, or Excel formats.
- Proposals must be delivered by the date and time listed on the coversheet of this RFP to:

Administrative Office of the Courts Attn: Nadine McFadden, **RFP** #**HR-2013-01-RB** 455 Golden Gate Avenue, Sixth Floor San Francisco, CA 94102

- 6.5 Late proposals will not be accepted.
- 6.6 Only written proposals will be accepted. Proposals must be sent by registered or certified mail, courier service (e.g. FedEx), or delivered by hand. Proposals may not be transmitted by fax or email.

7 PROPOSAL CONTENTS

The following information must be included in the proposal. A proposal lacking any of the following information may be deemed non-responsive.

- 7.1 For each item in Section 2, Proposer's Experience / Capabilities, in the order as listed, provide a statement as to how your firm will meet or exceed the required experience and capabilities.
- 7.2 For each item in Section 3, Description of Services and Deliverables, in the order as listed, provide a statement as to how your firm would provide the services and deliverables and/or conduct the proposed activities and for sections 3.4, 3.6, 3.7, 3.8, 3.9, and 3.10, provide sample reports, material and/or documents.
- 7.3 For each member of Proposer's Service Team, provide a resume that describes their background and experience, as well as the individual's ability and experience in conducting the proposed activities include statements addressing how additional resources are obtained if needed and how performance and quality are monitored, communicated, escalated to the Program Administrator, and resolved.

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7.4 Provide a timeline and implementation plan that includes all ramp-up activities, a plan for data conversion, a plan for training claims examiners and JBWCP Members, and sample communications regarding implementation.

- 7.5 Provide references of a minimum of four (4) clients for whom the Proposer has conducted similar services. References should include: names, addresses, email addresses, and telephone numbers. The AOC may check references listed by Proposer.
- 7.6 Certifications, Attachments, and other requirements. Proposer must include the following completed forms/documents in its proposal:
 - 7.6.1 Attachment 3, Proposer's Acceptance of the Terms and Conditions;
 - 7.6.2 Attachment 4, Payee Data Record Form;
 - 7.6.3 Attachment 5, Darfur Contracting Act Certification Form;
 - 7.6.4 Attachment 6, Iran Contracting Act Certification Form;
 - 7.6.5 Attachment 7, Conflict of Interest Certification Form;
 - 7.6.6 Attachment 8, Non-Disclosure Agreement;
 - 7.6.7 If Proposer is a corporation and the contract will be performed within California, proof that Proposer is in good standing and qualified to conduct business in California. AOC may verify by checking with California's Office of the Secretary of State;
 - 7.6.8 Copies of current business licenses, professional certifications, or other credentials; and
 - 7.6.9 Proof of financial solvency or stability (e.g., balance sheets and income statements).
 - 7.6.10 Clearly state your policy regarding penalties should your firm's staff fail to perform according to California Labor Code.
- 7.7 Cost Proposal. The following information must be included in the cost proposal:
 - 7.7.1 Fully completed Appendix 2, Pricing Form, which includes staffing fees, Medicare Agent Services, Medicare Set-Aside Services pricing, Medical Management Service Pricing.
 - 7.7.2 A full explanation of all budget line items found in the Pricing Form, Appendix 2 in a narrative entitled "Budget Justification." This should also address all costs that are not allocated to claims and inventory variability.

NOTE: It is unlawful for any person engaged in business within this state to sell or use any article or product as a "loss leader" as defined in Section 17030 of the Business and Professions Code.

8 OFFER PERIOD

A Proposer's proposal is an irrevocable offer for one hundred and twenty days (120) days following the proposal due date. In the event a final contract has not been awarded within this one hundred and twenty days(120) day period, the AOC reserves the right to negotiate extensions to this period.

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9 EVALUATION OF PROPOSALS

9.1 At the time proposals are opened, each proposal will be checked for the presence or absence of the required proposal contents.

9.2 The AOC will evaluate the proposals on a 100-point scale using the criteria set forth in the table below. Award, if made, will be to the highest scored proposal. Although some categories are weighted more than others, all are considered necessary, and a proposal must be technically acceptable in each area to be eligible for award.

| CRITERION | MAXIMUM NUMBER OF POINTS |
|---|--------------------------------|
| DEMONSTRATED EXPERIENCE The ideal proposer will have 10+ years for each of the following experience: Overseeing and monitoring a multi-member W/C program in CA while partnering with a Program Admin and Broker Consultant (Section 2, paragraph 2.1.1) Providing claims admin services to a large, decentralized, multi-member public sector program (Section 2, paragraph 2.1.2) Providing clients with an online claims reporting system/RMIS allowing 24/7 real-time access and on-demand reporting capabilities (Section 2, paragraph 2.1.3) Implementing similar-sized programs and converting loss data (Section 2, paragraph 2.1.4) Generating metrics, conducting analysis, and clearly communicating results with the Program Administrator and program members (Section 2, paragraph 2.1.5) Reducing medical costs for clients and developing communication plans for a large decentralized program to include conversion communications, updates regarding changes, consistently scheduling claim reviews, and other pertinent information regarding the program (Section 2, paragraphs 2.1.6 and 2.1.7) | 20 |
| Proposer's Service Team must consist of the following positions: Dedicated Account Manager, Claims Supervisor, Senior Claims Examiner, Claims Examiner, and Claims Representative and should have expertise set forth in Attachment 2, Exhibit D, paragraphs 7 and 8 (Section 3, paragraph 3.1) Proposer's Service Team will oversee and monitor the TPA activities to ensure the services and tasks below meet or exceed industry standards (Section 3, paragraph 3.2): ✓ Claims Administration Services (Section 3, paragraphs 3.3) | 30 |

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| CRITERION | MAXIMUM NUMBER OF POINTS |
|--|--------------------------------|
| to 3.3.3) ✓ Audits, Metrics, and Analysis (Section 3, paragraphs 3.4 to 3.4.4) ✓ Program Oversight and Maintenance (Section 3, paragraphs 3.5 to 3.5.2) ✓ Online Reporting System and Customization (Section 3, paragraphs 3.6 to 3.6.6) ✓ Medical Management and Utilization Review (Section 3, paragraphs 3.7 to 3.7.7) ✓ Nurse Case Management (Section 3, paragraphs 3.8 to 3.8.1.6.6) ✓ Preferred Provider Organization/Medical Provider Network (Section 3, paragraphs 3.9 to 3.9.4) ✓ Training and Informational Materials (Section 3, paragraphs 3.10 to 3.10.4) | |
| CAPABILITIES TO PERFORM SERVICES The ideal proposer will have the following capabilities: Capable of dedicating Service Team as defined under Section 2, paragraphs 2.2.1 and paragraph 2.2.10) Ability to provide an industry competitive RMIS that provides members with around the clock access to claims information (Section 2, paragraph 2.2.2) Ability to provide effective and timely data and quality measures (Section 2, paragraph 2.2.3) Ability to provide Medical Management Services, Nurse Case Management Services, Medicare Agent and Set-Aside Services (Section 2, paragraphs 2.2.4 to 2.2.6) Ability to coordinate with all parties involved in the claim (Claimant, Claims Examiner, Nurse Case Manager, Medical Provider, Member) and facilitate an effective return to work (Section 2, paragraph 2.2.7) Ability to provide network development such as a customizable MPN and PPO (Section 2, paragraph 2.2.8) Ability to comply with member service needs (Section 2, paragraph 2.2.9) Ability to adhere to the service requirements found in Attachment 2, Exhibit D, Work To Be Performed and to adjust as needed to accommodate members (Section 2, paragraph 2.2.11) Ability to provide training and informational materials to the Program Administrator and members (Section 2, paragraph 2.2.12) Ability to provide quarterly Strengths, Weaknesses, | 10 |

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| CRITERION | MAXIMUM NUMBER OF POINTS |
|--|--------------------------------|
| Opportunities, Threats (SWOT) analysis (Section 2, paragraph 2.2.13) | |
| COST REASONABLENESS (Section 7; Appendix 2) | 30 |
| ACCEPTANCE OF THE TERMS AND CONDITIONS | 10 |

10 INTERVIEWS

The AOC may conduct interviews with Proposers to clarify aspects set forth in their proposals or to assist in finalizing the ranking of top-ranked proposals. The interviews may be conducted in person or by phone during the dates in the timeline. If conducted in person, interviews will be held at the AOC's office in San Francisco. The AOC will not reimburse Proposers for any costs incurred in traveling to or from the interview location. The AOC will notify eligible Proposers regarding interview arrangements.

11 CONFIDENTIAL OR PROPRIETARY INFORMATION

PROPOSALS ARE SUBJECT TO DISCLOSURE PURSUANT TO APPLICABLE PROVISIONS OF THE CALIFORNIA PUBLIC CONTRACT CODE AND RULE 10.500 OF THE CALIFORNIA RULES OF COURT. The AOC will not disclose (i) social security numbers, or (ii) balance sheets or income statements submitted by a Proposer that is not a publicly-traded corporation. All other information in proposals will be disclosed in response to applicable public records requests. Such disclosure will be made regardless of whether the proposal (or portions thereof) is marked "confidential," "proprietary," and regardless of any statement in the proposal (a) purporting to limit the AOC's right to disclose information in the proposal, or (b) requiring the AOC to inform or obtain the consent of the Proposer prior to the disclosure of the proposal (or portions thereof). Any proposal that is password protected, or contains portions that are password protected, may be rejected. Proposers are accordingly cautioned not to include confidential, proprietary, or privileged information in proposals.

12 DISABLED VETERAN BUSINESS ENTERPRISE PARTICIPATION GOALS

The AOC has waived the inclusion of DVBE participation in this solicitation.

13 PROTESTS

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Any protests will be handled in accordance with Chapter 7 of the Judicial Branch Contract Manual (see www.courts.ca.gov/documents/jbcl-manual.pdf). Failure of a Proposer to comply with the protest procedures set forth in that chapter will render a protest inadequate and non-responsive, and will result in rejection of the protest. The deadline for the AOC to receive a solicitation specifications protest is the proposal due date set forth in Section 4, Timeline For This RFP. Protests should be sent to:

AOC – Business Services ATTN: Protest Hearing Officer 455 Golden Gate Avenue, Sixth Floor San Francisco, CA 94102