

# EXHIBIT B

(PMA'S PROPOSAL TO CITY OF STAMFORD RFP NO. 731)



## Workers' Compensation and Heart and Hypertension Claims Administration (Self-Insured Municipality)

Presented to:  
City of Stamford

RFP No.: 731

Closing Date: January 18, 2018 @ 4:00 PM

**25 Years**  
TPA & Risk  
Services  
Expertise

**95%**  
Avg. Client  
Retention

**100  
Years**  
in Workers'  
Compensation

**95%**  
of Clients  
Would  
Recommend  
PMA



OLD REPUBLIC INSURANCE GROUP

Erik J. Larson, Purchasing Agent  
City of Stamford  
888 Washington Boulevard  
Stamford, CT 06904-2152

Dear Mr. Larson,

On behalf of PMA Companies, thank you for the opportunity to submit a proposal for Workers' Compensation Third-Party Administrative (TPA) & Risk Services.

We understand that your business and risk management priorities include creating a safer, healthier workplace and reducing your total cost of risk. Our approach to risk management aligns our priorities with yours, helping to maximize the results we can achieve together.

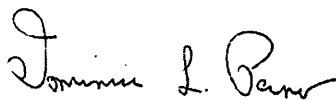
This proposal outlines why PMA Management Corp. of New England, a PMA Companies Third-Party Administrator, is the best choice to continue to be your partner in managing risk. Key highlights of our workers' compensation TPA & Risk Services proposal include:

- Unique **holistic approach**—which provides pre-loss, loss-reduction, and post-loss strategies to reduce your total cost of risk
- An **innovative company with a stable leadership team**, and **service-driven culture**—all focused on protecting workers while preventing claims and reducing their costs
- **Industry expertise** earned through **decades of experience and research collaboration** with various national self-insurance and public risk organizations
- A professional **service team** leveraging PMA's 100 years of specialized workers' compensation expertise and infrastructure
- **Low target caseloads and new assignments** for claims professionals to facilitate greater focus on each claim
- A continuously evolving and fully integrated **managed care program** driven by a **strategically sequenced approach** that uses six levels of **nurse intervention** and **predictive data analytics** to assess lost-time claims and cost effectively get injured workers the **right care at the right time**
- **24/7 Customer Service Center** that supports you, your injured workers, and their medical providers, enabling our claims professionals to focus on cost-effective claims resolutions.

At PMA, we have created a 100-year success story one relationship at a time. We are passionate about doing what we say, and delivering exceptional value to our clients. We look forward to the opportunity to continue our partnership with you in managing your risk, improving your program results, and exceeding your service expectations.

We have received Addendum # 1.

Sincerely,



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# Executive Summary

Workers' Compensation represents an increasingly complex and costly benefit that can have a significant impact on your bottom line and most important resource: your employees.

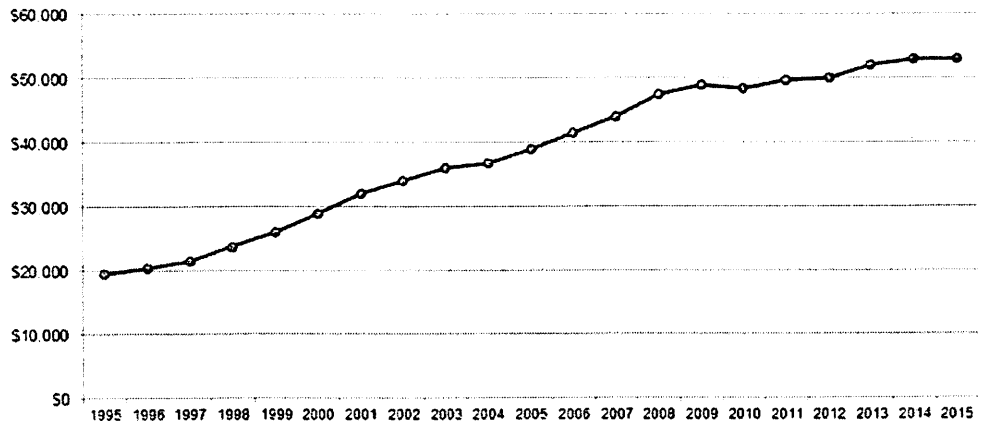
Workers' Compensation cost and complexity are being driven by a number of factors:

- The aging of America's workforce
- A growing presence of comorbid medical conditions, such as hypertension, obesity, and diabetes impacting work injuries and recovery times
- Escalating pharmacy costs and narcotic use/abuse
- Rising inpatient and outpatient medical costs
- Changing state and federal regulatory requirements, including Electronic Data Interface (EDI) reporting requirements, Medicare Affordable Care Act, Medicare Secondary Payer, and ICD-10.

PMA Companies has specialized in workers' compensation for over 100 years. That makes us uniquely positioned to help reduce your frequency and severity of claims, including indemnity and medical costs, outstanding reserves, and overall workers' compensation budget—while providing access to appropriate medical care and improving return-to-work outcomes for injured workers.

PMA is a leading provider of Property and Casualty Third-Party Administration and risk services in the United States. PMA's TPA & Risk Services business client retention averages 95% and client satisfaction averages 95% per independent surveys. PMA aims to deliver tangible value every day, striving to exceed our clients' service expectations and improve their financial results.

## Average Cost of a Lost-time WC Claim



Source: National Council on Compensation Insurance, September 2016



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# About PMA Companies

PMA Companies provides risk management solutions and services in the U.S., specializing in workers' compensation and offering property and casualty insurance. Headquartered in Blue Bell, PA, PMA has over 100 years of workers' compensation experience. As part of Old Republic Companies (NYSE: ORI)—one of the nation's 50 largest publicly held insurance organizations with consolidated assets of \$17.99 billion (as of June 30, 2016)—PMA offers long-term financial strength and stability.

## About PMA Management Corp. of New England

PMA Management Corp. of New England, part of PMA Companies, offers a unique, holistic approach to managing your total cost of risk and providing results-driven TPA and Risk Services. PMA Management Corp. of New England provides complete, multi-level claims and risk management services—including claims administration for workers' compensation, commercial auto, commercial property, and general liability, as well as medical cost-containment programs and risk control services. With more than two decades of expertise and dedicated, local service teams, PMA Management Corp. of New England partners with clients to understand their loss drivers, implement effective risk control and cost containment measures, and optimize the claims process.

## About PMA Companies

- 100+ years of workers' compensation experience
- 450+ TPA clients with client retention averaging 95%
- Active member of:



- Thought leadership:
  - **Workers' Compensation Benchmarking Survey Results, Facts, and Solutions**, which highlights findings of research by URMIA and PMA Companies
  - **Zero In on Workers' Compensation Cost Drivers**, which highlights findings of research by PRIMA and PMA Companies
  - **Integrating Risk Management and Wellness Programs**
  - **Predicting and Preventing Severe Workplace Injuries**



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# Unique Approach to TPA and Risk Services

PMA's holistic approach integrates three key strategies that can help you reduce the frequency and severity of your claims by focusing on risk control, claims, managed care, and risk management information services:

- **Pre-Loss – Prevents** claims before they occur.
- **Loss-Reduction – Mitigates** the cost of claims that do occur with timely, quality medical treatment, integrated claims and managed care services, and return-to-work programs.
- **Post-Loss – Learn from losses** that have occurred so your organization can prevent similar losses from occurring again.

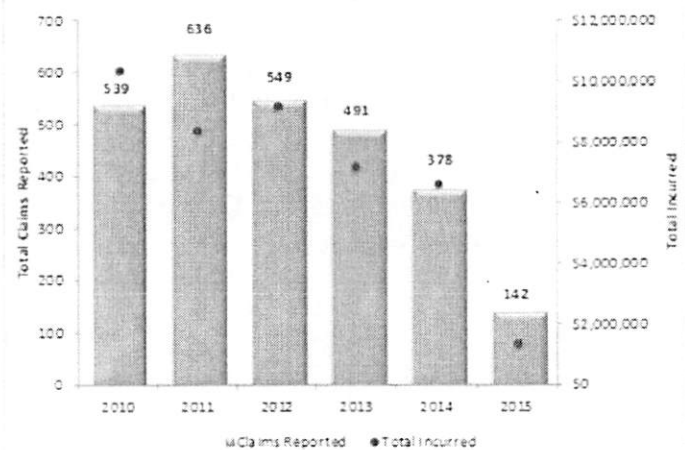


## Pre-Loss

We will partner with you to understand your loss drivers and implement effective risk control measures. Our pre-loss strategies typically include the following:

- **Risk Management Assessment** – We will perform an assessment of your operations and risk management program to identify your past loss exposures and opportunities for future improvements to lower frequency and severity of claims.
- **Goal Setting** – We will collaborate with you to establish goals and identify performance metrics to guide our improvement efforts.
- **Planning** – We will work with you to develop a plan to guide the improvement process and enhance results for a greater return on investment.

Total Claims vs. Total Incurred



*Sample chart tracking frequency and severity of workers' compensation claims.*

PMA offers a full range of in-person and online risk control services and resources, including access to PMA Websource®, our interactive online safety and risk management portal.

## Loss-Reduction

Our **claims service** is designed to aid in reducing your overall exposures and controlling your costs. Early intervention on each claim will help us manage claims to cost-effective resolutions

and mitigate your exposure on all claims. Each step of our comprehensive claims management process is structured to achieve favorable results.

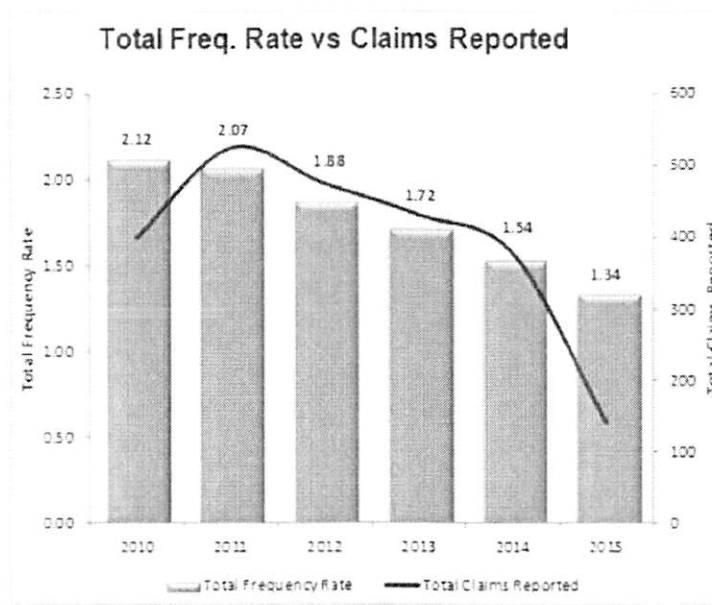
Our **Managed Care Program**, which is fully integrated with our claims service and claims management system, focuses on:

- Predicting high-risk/high-cost claims for timely intervention
- Obtaining timely, quality care for injured workers
- Managing medical costs
- Reducing total claims costs.

PMA's Managed Care Program includes Nurse Triage (available 24/7 Nurse Triage via PMA Care 24), Medical Bill Review, Workers' Compensation PPO & Specialty Networks, Nurse/Medical Code Examiners, Pharmacy Benefits Management, Pharmacy Nurse Intervention, Nurse Case Management, and a Utilization Review Program with Medical Peer Review.

### Post-Loss

PMA will analyze your loss history, benchmark your performance against your peer group (where possible) and industry results, and report back to you through our stewardship reporting process. More important, we explain ways to improve your program and implement best practices. Our goal is to help you develop best practices that enhance your program and facilitate timely claims intervention.

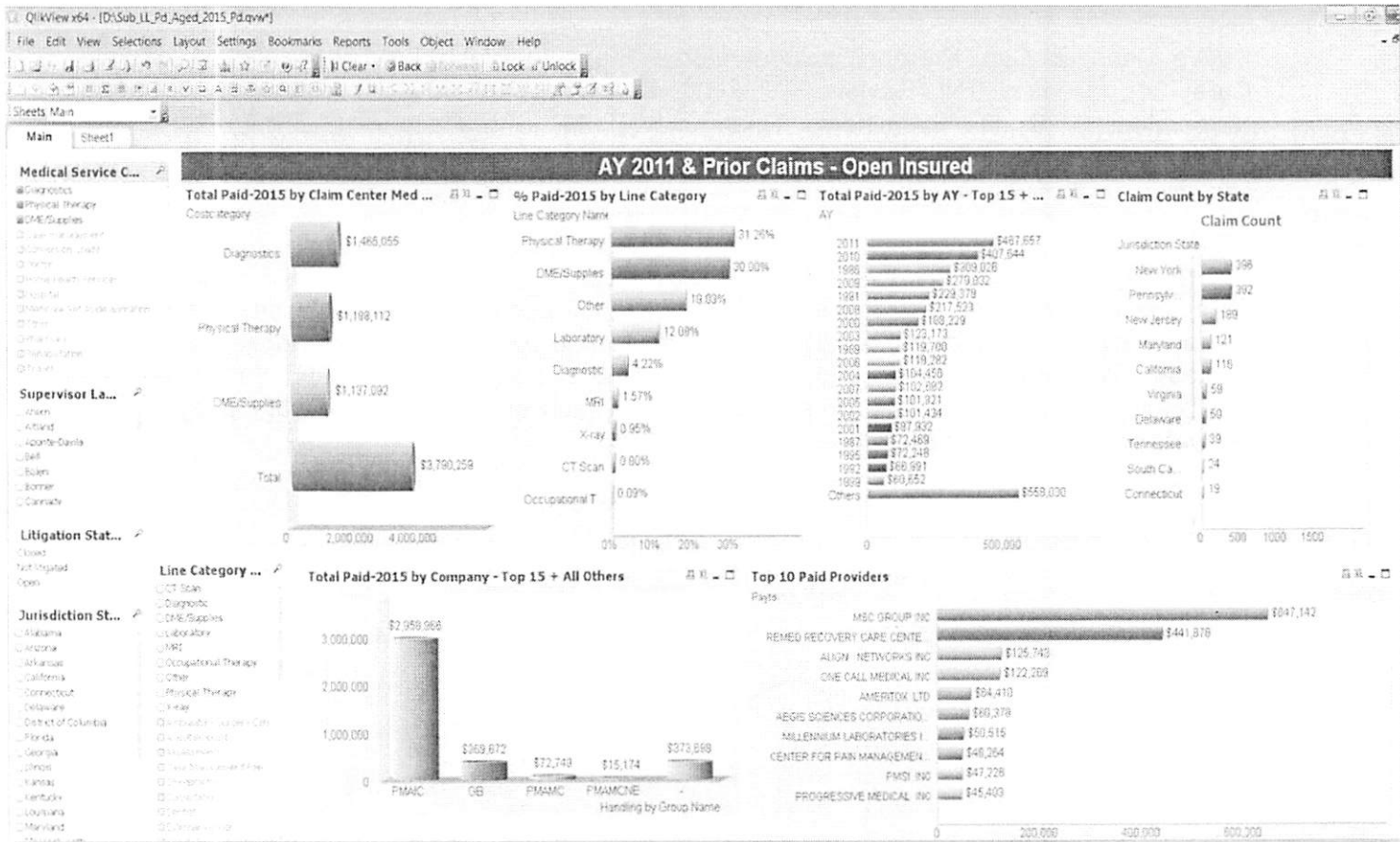


*Sample chart tracking worker's compensation claims frequency rate.*



## PMA Data Analytics & Visualization Tools to Spot Trends

With a robust collection of workers' compensation claims data in an enterprise-wide data warehouse, we are able to benchmark your results against organizations in our database and often against other entities within your industry. We can drill down to benchmark the performance of each location, providing valuable insights into relative strengths and opportunities for improvement. Additionally, we are able to quantify the potential financial impact of loss trends and continually monitor performance improvements over time. All of this information is presented to you using leading edge data visualization tools from Qlik.



Comprehensive Qlik data visualization tool allows faster trend spotting for more timely intervention

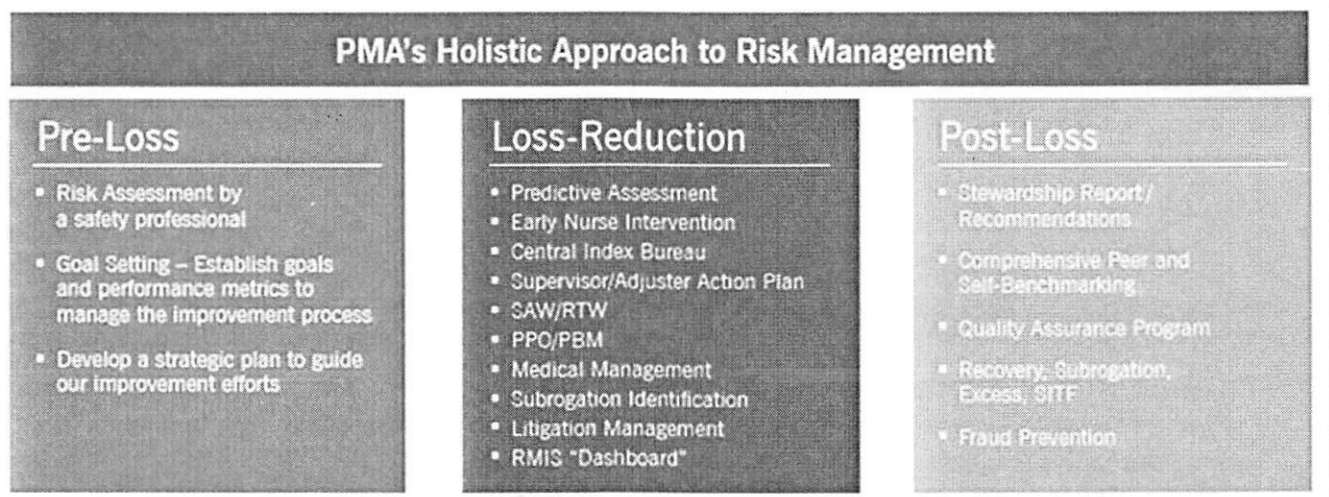


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## Results that Make a Difference

PMA's holistic approach can achieve a positive impact on your risk management efforts. We will work with you to execute pre-loss, loss-reduction, and post-loss strategies complete with multilevel claims and risk management services, including:

- **Account Management Team** – Account Executive, Client Service Manager, Triage Nurses, Nurse Case Manager, Risk Control Consultants, Claims Professionals, Quality Assurance Specialists, and Customer Service Representatives
- **Triage/Intervention Nurses** – intervene on all lost-time and high-risk medical-only workers' compensation claims
- **Pharmacy Nurse Specialists** – dedicated to prescription drug oversight with focus on regulating narcotic dispensing
- **Quality Assurance Program** – Quality Assurance Specialists ensure consistency in all areas of claims management services
- **Special Investigative Unit** – trained specialists who investigate potentially fraudulent claims and, where appropriate, refer claims to local authorities and assist with prosecution
- **PMA Websource®** – an online-only portal of safety and risk management resources
- **Benchmarking and Stewardship Reporting** – turns data into actionable information for better business decisions



# Vendor Corporate Information

## Corporate Profile:

|  |   |
|--|---|
| Corporate Name:                          | PMA Management Corp. of New England   |
| Corporate Address:                       | 101 Barnes Road, Suite 300, Wallingford, CT   |
| Number of Years Doing Business as Above: | 10 years  |
| Previous Name (if less than 5 years):    | N/A   |
| Corporate Mission Statement:             | <p><u>Our Mission:</u> To provide our clients with claims management solutions that include medical cost containment initiatives, early intervention and return-to-work solutions, risk control services, and a cutting-edge risk management information system.</p> <p><u>Our Vision:</u> Our vision is to positively impact our clients' insurance programs cost by solving their risk management challenges and assisting with improving their bottom line.</p> <p>We will achieve this by:</p> <ul style="list-style-type: none"> <li>• Reduction in Program Costs</li> <li>• Experienced Service Team</li> <li>• Ease of Doing Business</li> <li>• Strong Communication</li> <li>• Quality Assurance</li> </ul> <p>Our Values: PMAMCNE employees consistently execute in their work processes. For our employees to succeed in our performance-based culture, they need to embrace the following values:</p> <ul style="list-style-type: none"> <li>• Passion</li> <li>• Accountability</li> <li>• Execution</li> <li>• Professionalism</li> <li>• Teamwork</li> </ul> |
| Provide the Most Recent Annual Report:   | See Exhibits  |

## Team Profile:

|  |   |
|--|---|
| Name of Sales Person/Account Executive Assigned to the Project | Dominic Perno, Sr. Vice President           |
| Years of Experience  | 25 years                                    |
| Years Employed by Current Company                              | 10 years                                    |
| Address of Sales and Support Personnel                         | 101 Barnes Road, Suite 300, Wallingford, CT |
| Telephone Number(s) of Above                                   | 203-679-3900                                |
| Account Team Organizational Chart                              | See Exhibits                                |
| Telephone Number(s) of Above                                   | See Organizational Chart in Exhibits        |

Partner Profile (if applicable): Not Applicable



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# Customer References

The service provider shall be able to demonstrate their ability to satisfactorily provide services of the type and to the degree as specified herein. Please list below at least four (4) current references for which you have performed this type of work successfully and over a substantial period of time.

|                              |   |
|------------------------------|---|
| Client/Company Name:         | City of Bridgeport                              |
| Address:                     | 45 Lyon Terrace, Bridgeport, CT                 |
| Contact Person/Phone Number: | Richard Weiner, Benefits Manager (203-576-7007) |
| Date of Services:            | 2013 – Present – TPA WC/RC Services             |
| Number of Employees on Team: | 10  |

|                              |   |
|------------------------------|---|
| Client/Company Name:         | City of Bristol                                   |
| Address:                     | 111 North Main Street, Bristol, CT                |
| Contact Person/Phone Number: | Diane Ferguson, Personnel Director (860-584-6179) |
| Date of Services:            | 2003 – Present – TPA WC/RC Services               |
| Number of Employees on Team: | 7   |

|                              |  |
|------------------------------|--|
| Client/Company Name:         | Town of West Hartford                      |
| Address:                     | 50 South Main Street, West Hartford, CT    |
| Contact Person/Phone Number: | Sue Donatelli, Risk Manager (860-561-7487) |
| Date of Services:            | 2002 – Present – TPA WC/PAL/RC Services    |
| Number of Employees on Team: | 7  |

|                              |  |
|------------------------------|--|
| Client/Company Name:         | Town of East Haven                               |
| Address:                     | 150 Main Street, East Haven, CT                  |
| Contact Person/Phone Number: | Jim Keeley, Accounting Supervisor (203-468-3341) |
| Date of Services:            | 1993 – Present – TPA WC/RC Services              |
| Number of Employee on Team:  | 7  |

# Program Questionnaire

## 1. Scope of Services

Please indicate services provided in your proposal

- √ Claims Investigation and adjustment
- √ Legal
- √ Payment/check issuance
- √ Medical management
- √ Medical cost containment
- √ PPO and utilization review
- √ Loss control
- √ Management information systems
- √ Early return to work programs

## 2. Vendor identification and qualifications

- A. Provide following information for firm responsible for proposal and management of the plan, if selected.

Name: PMA Management Corp. of New England

Servicing office address:

101 Barnes Road, Suite 300, Wallingford, CT 06492

Managing office address: Same as above

Contact name (s), titles, telephone numbers, facsimile numbers:

Dominic L. Perno, Sr. Vice President,

Phone 203-679-3900

Facsimile 203-679-0276

- B. Provide proposed contract with City of Stamford and provide copies of most recent audited financial statements and annual report. If proposal is joint venture, provide following for each participating company:

See Exhibits



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C. Provide following for each company participating in joint venture:

Not Applicable

D. Describe affiliations or relationships with other organizations (e.g., HMO's casualty insurer)

i. For claims administration, is staff dedicated to workers' compensation only.

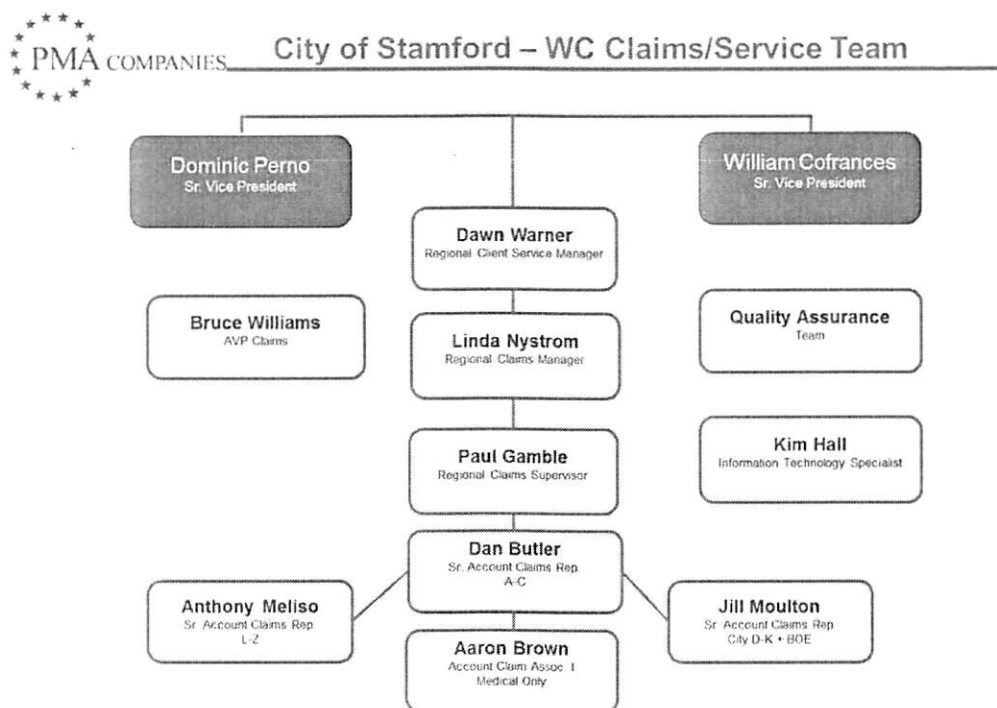
PMAMCNE workers' compensation claims staff is dedicated solely to the administration of workers' compensation claims for the City and BOE of Stamford.

ii. For managed care, are decisions regarding provider network totally independent of any affiliated organization.

Decisions regarding the provider network for the City of Stamford rest solely with the City. Together we have developed, implemented and continue to file the preferred provider network in conjunction with CAREWORKS MCS.

iii. Describe proposed account management organization, including names, titles, and experience of each member (resumes desirable). Provide organizational chart.

The account management organization for the City of Stamford will include Dominic Perno Senior VP, Linda Nystrom, VP Claims, Paul Gamble, AVP Claims Unit Manager, and, AVP, Loss Control Services.



See Exhibits for Biographies

- iv. Describe individuals who will provide claims services. Discuss titles, roles, experience and workload of all individuals having responsibility for City's and Board of Education's account. Provide position description. Will they be dedicated exclusively to City's and Board of Education's account?

Claims services will be provided three (3) Indemnity Adjusters, a Heart & Hypertension Adjuster, a Medical Only Adjuster and a Regional Claims Supervisor:

- Paul Gamble – Regional Claim Supervisor. Paul has 24 years of Workers' Compensation experience, with the last 11 years as a Claims Supervisor. He oversees a unit of three Indemnity Adjusters and three Medical Only Adjusters who are responsible for quality claims service for eight of PMAMCNE's Municipal clients. Three of Paul's Indemnity Adjusters are dedicated solely to the City of Stamford claims .
  - Dan Butler – Sr. Account Claims Representative - Dan is currently one of two dedicated licensed adjusters assigned to handle indemnity workers' compensation claims for the City's and Board of Education account. Dan has 8 years of workers' compensation experience and has worked on the City's account for 8 years.. Dan will continue to be dedicated solely to the City's and Board of Education account.
  - Anthony Meliso – Sr. Account Claims Representative – Tony is the second of two dedicated licensed indemnity adjusters assigned exclusively to the handling of indemnity claims for the City and Board of Education account. Tony has 25 years of workers' compensation experience with 12 years on the City's account.
  - Jill Moulton – Account Claims Representative – Jill is currently responsible for the handling of all Board of Education claims. Jill has 20 years of workers' compensation experience with 4 years on the City's account.
  - Aaron Brown – Account Claims Representative I – Aaron is responsible for the medical only claims for the City and Board of Education. Aaron has 3 years' experience in workers' compensation experience with 2.5 years on the City's account.
- v. Describe firm's experience and knowledge of greater Stamford area.

In addition to providing Workers' Compensation Claim Administration Services to the City of Stamford, PMAMCNE also provides Liability Claims Administration and Risk Control Services. PMAMCNE also provides both Claim administrative and risk control services to a number of municipalities and hospitals in the greater Stamford area. In addition, PMAMCNE has extensive experience with and knowledge of the 7<sup>th</sup> Workers Compensation district.



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vi. Provide full reference contacts for following clients handled by proposed servicing office:

(a) Connecticut municipalities

A list of the Connecticut municipalities where we administer the claims are as follows:

|                              |                        |
|------------------------------|------------------------|
| Bridgeport Housing Authority | City of Ansonia        |
| City of Bridgeport           | City of Bristol        |
| City of Hartford             | City of Middletown     |
| City of Milford              | City of New Britain    |
| City of Norwich              | City of Stamford       |
| City of Waterbury            | City of West Haven     |
| Town of East Haven           | Town of Fairfield      |
| Town of Hamden               | Town of North Haven    |
| Town of Seymour              | Town of Stratford      |
| Town of Watertown            | Town of West Hartford  |
| Town of Windham              | Greater New Haven WPCA |

(b) Self-Funded accounts in CT with at least 1,000 employees

|                               |                                |
|-------------------------------|--------------------------------|
| Bristol Hospital              | Connecticut Children's Medical |
| Charlotte Hungerford Hospital | Gaylord Hospital               |
| Griffin Health Services       | Hartford Arch Diocese          |
| Middlesex Hospital            | National Healthcare            |
| UIL Holdings                  | Prospect Waterbury Hospital    |

(c) Connecticut references from current and former clients.  
See References for current PMA clients.

|                 |   |
|-----------------|---|
| Former Client:  |   |
| City of Meriden | Wilma Petro, Purchasing<br>203-630-4115 |

vii. Provide current Connecticut Client list for workers' compensation.

|                              |                                |
|------------------------------|--------------------------------|
| Bridgeport Housing Authority | City of Ansonia                |
| City of Bridgeport           | City of Bristol                |
| City of Hartford             | City of Middletown             |
| City of Milford              | City of New Britain            |
| City of Norwich              | City of Stamford               |
| City of Waterbury            | City of West Haven             |
| Town of East Haven           | Town of Fairfield              |
| Town of Hamden               | Town of North Haven            |
| Town of Seymour              | Town of Stratford              |
| Town of Watertown            | Town of West Hartford          |
| Town of Windham              | Greater New Haven WPCA         |
| Bristol Hospital             | Connecticut Children's Medical |



|                               |                             |
|-------------------------------|-----------------------------|
| Charlotte Hungerford Hospital | Gaylord Hospital            |
| Griffin Health Services       | Hartford Arch Diocese       |
| Middlesex Hospital            | National Healthcare         |
| UIL Holdings                  | Prospect Waterbury Hospital |

viii. Provide current municipal client list for worker's compensation.

|                              |                       |
|------------------------------|-----------------------|
| Bridgeport Housing Authority | City of Ansonia       |
| City of Bridgeport           | City of Bristol       |
| City of Hartford             | City of Middletown    |
| City of Milford              | City of New Britain   |
| City of Norwich              | City of Stamford      |
| City of Waterbury            | City of West Haven    |
| Town of East Haven           | Town of Fairfield     |
| Town of Hamden               | Town of North Haven   |
| Town of Seymour              | Town of Stratford     |
| Town of Watertown            | Town of West Hartford |
| Town of Windham              |                       |

E. Joint venture statement of vendor – Describe in detail firm's past and present working relationship with each of companies in joint venture.

Not Applicable

# Coordination of Administrators

## A. Describe your proposed claims reporting procedures.

PMA offers you a selection of claims reporting options so you can choose the method that's most convenient for you and that best suits your needs. We can receive Injury Reports electronically through PMA's website or through PMA Cinch, our internet-based risk management information system. You can report losses from mobile devices, including iPhones, iPads, Android smartphones, and tablets. Telephone, fax, and e-mail reporting options are also available.

Claims reported electronically are immediately assigned a PMA claim number, and that claim number will instantly be provided to you. For all reported claims, acknowledgement letters will be mailed or e-mailed to designated client contacts.

PMA has 24 hours per day, 7 days per week, and 365 days per year capabilities to respond to our clients' needs and to provide around-the-clock emergency service. A claim or management professional is available at all times via a toll-free number to answer questions and provide direction. Senior management is also available 24 hours/7days per week via phone and e-mail.

PMA has a toll free telephone number for reporting claims that is staffed 24 hours per day. This number is currently used by multiple clients, but we have the ability to obtain a designated number specifically for the City, if necessary. No additional cost for any of the described services.

## B. What is the responsibility of each party, including the claimant and work supervisor?

**Employee:** Report the incident/injury immediately to his/her supervisor. Treat within the Approved Workers' Compensation Network of doctors for the City of Stamford. Keep the employer informed of any changes in work status or need to leave work for medical treatment.

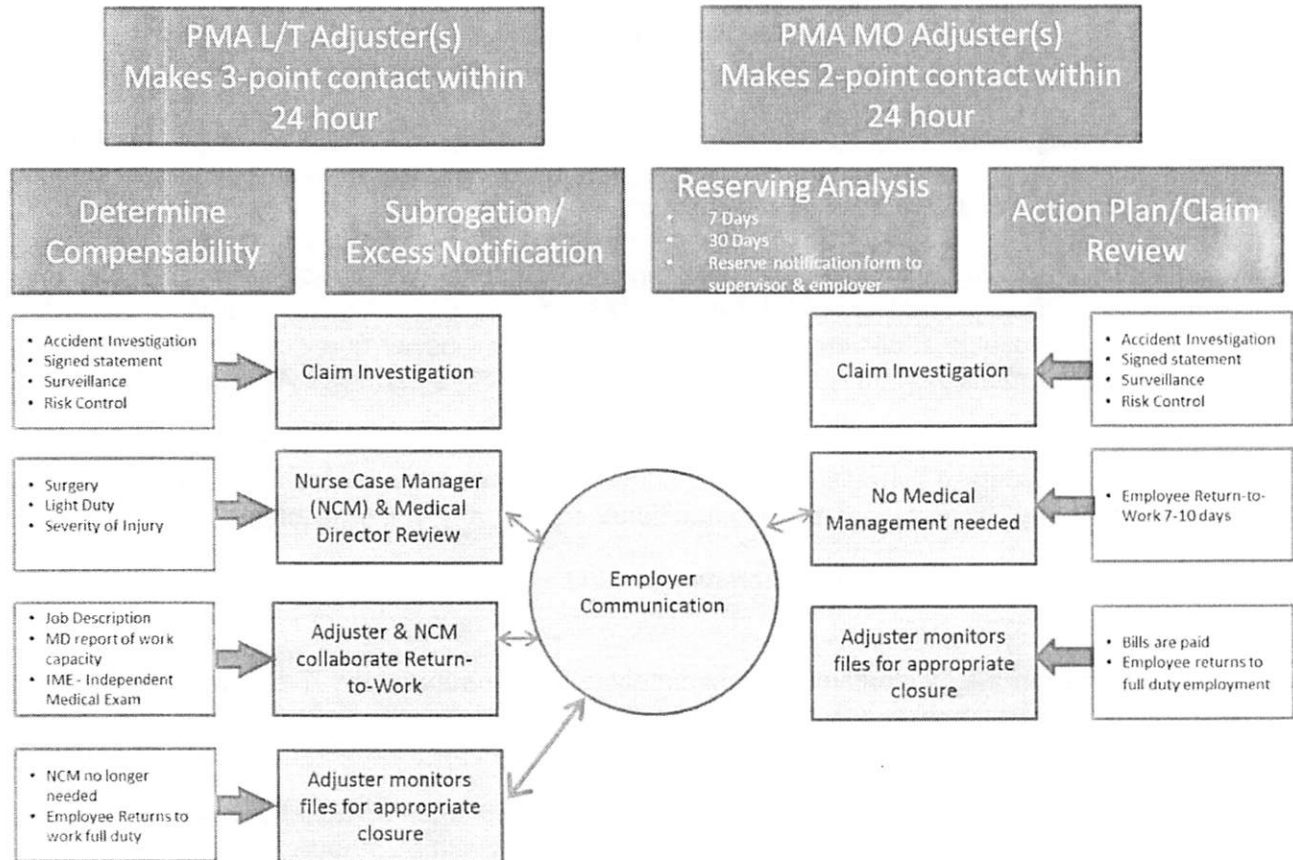
**Supervisor:** Complete the First Report of Injury immediately upon being informed of a Workers' Compensation claim. Fax the First Report of Injury to PMA within 24 hours. Be available for contact by adjuster when the file is being investigated to answer questions regarding the claimed incident/injury.

**PMA:** 24 hour contact to be made with the employee, employer and physician upon the assignment of any lost time claim. Continued contact to be made by the adjuster to the employee to monitor progress of the injury and answer any questions regarding the claim, with the employer to provide updates with regard to work status and medical progress and with the physicians to approve appropriate treatment, monitor recovery and pursue appropriate work releases of either on a light or full duty basis. Attend monthly claim reviews with all departments to update managers on claims within their departments.

C. What are the timing factors? Please provide a copy of your First Report of Injury.

At the on-set of an injury, the employee must report the injury/incident to their appropriate supervisor immediately. The employee supervisor is to fax the first report to PMA within 24 hours. PMA then will initiate their 24-hour contacts as soon as the file is assigned to an adjuster.

See exhibits for a copy of the First Report of Injury.



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D. Under your proposed plan for the City of Stamford/Board of Education, fully describe how a typical medical claim would be handled.

1. Include all proposed case management activities.
2. Explain actions and interactions by all parties including City/Board of Education personnel.
3. Include timing requirements.
4. Description should continue for the length of the claim.

**"Medical Only Claims":** shall mean any reported workers' compensation accident or claim involving an injured worker who is or may be entitled to medical benefits; but, is not likely to lose time from work or submit a claim for indemnity benefits.



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Once a file is assigned to an adjuster, 24 hour three-point contact is required to determine the claims compensability.

1. The employer is contacted to determine if there are any concerns regarding the compensability of the reported injury and if alternate or light duty is available.
2. The claimant (employee) is contacted to gain insight into the nature and mechanism of the injury; name of the medical provider; return to work status; subrogation potential and prior injuries to reported body parts.
3. The provider (doctor) contact provides us with the treatment plan and work status. It is at this time that we remind the provider whether there is or isn't a light duty program for the employees.

Initial reserves are placed on the file and then re-visited within 30 days. File will be reserved to the expected medical outcome. Reserves continue to be reviewed and adjusted as medical documentation dictates. Medical authorization and Filing Status forms are mailed to the claimant within 24 hours.

The designated adjuster will place the file on diary to follow up with all aspects of the on-going investigation.

A system generated diary is set for PMA supervisors who must review each file within seven days of the file being assigned and again at 30 days. The file diary is then set by the supervisor as the file dictates.

Driven by the medical issues presented on a file, the adjuster may schedule a Respondent's Medical Exam (RME) or Functional Capacity Exam (FCE). Also they may assign a medical record review to be done by our Medical Consultant, telephonic or field case management (to help manage treatment plans, medical issues and return to work status), legal counsel (to represent the City at workers' compensation hearings and provide support/opinions on legal questions). Also, communication with the excess insurance carriers, including initial reporting, status updates and reimbursement requests, are initiated when any claim meets the criteria to do so. At all times there is an open communication between all parties (employer, claimant and provider) regarding the ongoing treatment plan and work status.

E. What additional actions would be performed for serious claims? (include all parties)

On serious claims, field case nurses are immediately assigned to assist in gathering necessary medical information and the Safety Officer is notified to investigate the nature of the accident or injury. Claimant and witness statements are requested. Immediate excess insurance notification is made. Our Loss Control team is available upon request if additional assistance is needed for investigations and/or recommendations.

F. What additional actions would be required for questionable claims?

On questionable claims, a Form 43, denial of claim, is filed. Written statements are obtained where necessary and surveillance is assigned if appropriate. All medical reports (including the claimant's prior treatment if warranted) will be obtained and forwarded to either our medical consultant or scheduled for a Respondent's Medical Exam (RME) to help determine compensability. We will work closely with defense counsel to provide complete information regarding the basis of any denial and consult on strategy if the file proceeds to hearings.

- G. Provide a sample memo to City employees that introduce and describes your proposed claim and medical management program.

See sample acknowledgement letter used for new claimants.

- H. Please provide sample instruction booklet for distribution to City supervisors and employees.

See sample welcome packet.

- I. What interaction between your representatives and the City's Risk Management department do you suggest?

Besides the daily communication with the City's Risk Manager, and Department Managers, monthly claim reviews are conducted (third Thursday of the month). All departments are invited to discuss their open indemnity claims. Continued action plans are developed during these sessions.

Adjusters are on site twice a week at the Government Center. During this time the City's employees and management can ask questions and seek information concerning workers' compensation. The assigned on-site adjusters have an active work station from which our claim system is accessed. The adjusters have also utilized this time to meet with Human Resources and the Legal Department to discuss various issues as they relate to workers' compensation (i.e. disability benefits, subrogation)

# Administration of Prior Claims

- A. Please fully describe your proposed program for the transition of nearly 40 pre-1985 workers' compensation files and the open H&H files.
- B. What is expected from the present administrator?
- C. From the City Risk Management Department?
- D. How long will the transition take?
- E. What will be the impact on our claimants?
- F. Will there be specific charges for the transition activities?

PMA Management Corp. of New England, formally Webster Risk Services, successfully imported all of the pre-1985 workers' compensation and Heart & Hypertension claims files into our claims management system as a part of the data conversion at the inception of the program on July 1, 2002. All notes and payments made by the previous TPA were imported as well. This information was live to our adjusters on July 1, 2002, enabling them to actively work on these claims accurately and timely, minimizing the impact of the transition on the City. Our adjusters were able to review the status and details of each file and work closely with the workers' compensation defense counsel, Williams Moran, LLC.

PMA has been able to close the following number of claims since 7/1/2002.

**City of Stamford WC & HH Claims 7/1/02 to 12/31/17**

|                     | <b>TOTAL # WC CLAIMS</b> | <b>WC Closed</b> | <b>WC Percentage Closed</b> | <b>TOTAL # HH CLAIMS</b> | <b>HH Closed</b> | <b>HH Percentage Closed</b> |
|---------------------|--------------------------|------------------|-----------------------------|--------------------------|------------------|-----------------------------|
| <b>Indemnity</b>    | 1,636                    | 1,379            | 84.29%                      | 93                       | 47               | 50.54%                      |
| <b>Medical Only</b> | 7,025                    | 6,970            | 99.22%                      | 111                      | 105              | 94.59%                      |
| <b>Totals</b>       | <b>8,661</b>             | <b>8,349</b>     | <b>96.40%</b>               | <b>204</b>               | <b>152</b>       | <b>74.51%</b>               |

As the current administrator, the transition questions do not apply, however, should the City decide to select another vendor going forward, we will comply with the City's requests to make the transition as smooth as possible.

# The Building Blocks of Your Success

## Account Management

As a TPA and Risk Services client, you will be supported by a team that will become an extension of your risk management resources. Your team will include an Account Executive, Client Service Manager, Triage Nurses, Nurse Case Manager, Risk Control Consultants, Claims Professionals, Quality Assurance Specialists, and Customer Service Representatives. A claims supervisor leads the claims team, which also includes a 24/7 Customer Service Center.

By assigning these teams, PMA provides you with direct contacts for any questions you may have. The results: strong, collaborative relationships, a deeper understanding of your business needs, and, ultimately, greater value for your business.

## Special Handling Guidelines

As a PMA client, we will create for you custom claims handling guidelines at the onset of our partnership (and periodically thereafter) that explain how we need to service your account. This can include settlement authority levels, attorney selection, reserve notifications, and more.

## Stewardship Reports

PMA also provides annual Stewardship Reports, which outline trends that have an impact on your organization's total cost of risk. Your Stewardship Reports provide benchmarking, pending analysis, risk profiles, and risk management analysis, as well as recommendations to help you make risk management decisions.

PMA's goal is simple—to reduce the frequency and severity of your workers' compensation claims creating a safer, healthier workplace.

### PMA's Commitment to Service

- **24/7 Customer Service Center** at 1-888-476-2669
- **pmacompanies.com**, our interactive website featuring:
  - Injured Worker Center
  - Workers' Compensation Guide for Injured Workers
  - Pharmacy Search Tool
  - Temporary Pharmacy Cards
  - Return-to-Work Information
  - State Workers' Compensation Resources

### WEST HARTFORD



West Hartford is a central Connecticut town adjacent to the state's capital and home to 62,000 residents. PMA serves as the Town's TPA and risk management partner.

### Partnership Results

- TPA WC client since 2002; TPA PAL client since 2015
- PMA resolved six PAL takeover claims reducing West Hartford's reserves by \$350,000
- PMA reduced West Hartford's reserves an additional \$100,000+ on a single takeover claim
- Open communication and collaboration make PMA and the Town true partners in risk management

### Town of West Hartford says...

*"PMA does a fabulous job for us. They are professional, confident, committed to taking a proactive role in our self-insured programs, and recommend resolution strategies that work. We couldn't be happier."*

— Susan Donatelli  
Senior Risk Manager



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# Medical Management

## A. Describe role of medical management in the proposed plan.

The primary goal of Careworks MCS's medical case management is to identify and help resolve medical and non-medical issues in order to expedite a worker's ability to return to productivity in a timely manner. Our integrated medical managed care objectives are:

- Seek prompt return-to-work strategies
- Assure appropriate medical care is received, in and out of Network
- Control the cost of the claims paid
- Build strong provider relationships
- Keep employee satisfaction high
- Identify risk prevention opportunities

The tools for the case manager to achieve these goals include:

- Telephonic Case Management
- Field Case Management
- Pre-Certification
- Utilization Review
- Return-to-Work Efforts
- Peer Review

Our goal is to ensure the injured worker received appropriate and quality care aimed at returning him/her back to full productivity; case managers typically stay involved with their case until there is a satisfactory resolution to the case.

It is essential for the success of the City of Stamford's program that employees are educated about their managed medical care program. PMA will provide a refresher training course to any of the City's departments that would include information and instruction on the following subjects:

- How to report an injury
- What to do in an emergency
- Where to seek treatment
- Your rights and responsibilities under Connecticut Workers' Compensation Law
- Details about the pharmacy benefit
- Contact information (toll free number) to address any questions relating to the managed medical plan

## B. How/When do manager coordinate with the claims administrator?

Careworks MCS's nurse case managers are located on premise in the PMA Claims Department. The direct communication between the claims managers, adjustors and nurse case managers positively impacts a case's resolution through coordinating care, communicating with the employee and medical providers, negotiating rates, and working with the supervisor to expedite return-to-work.



After a review of the case details as obtained during an interview with the injured worker, the case manager determines the appropriate intervention strategy, sets goals for the case and begins to work towards those goals. These actions include contact to the treating provider, the claims adjuster, the City of Stamford Risk Manager, and/ or the employee to ascertain work restrictions, assess treatment efficacy, coordinate additional services, etc.

**C. Discuss interaction with City personnel.**

The case manager's roles, responsibilities and interaction with City personnel and claims adjusters will include, but not be limited to, the following:

- Establishing and monitoring client-specific case management plans, including short and long-term goals, follow-up periods, resources used, and collaborative approaches
- Developing working relationships with the providers
- Verifying and recording all information related to injury/illness claims
- Verifying all injury information with the reporting supervisor, injured worker, and, when appropriate the treating provider's office staff
- Maintaining regular contact with the injured/ill employee, supervisor, and the treating provider(s)
- Focus case management activities on ensuring that employees are receiving the appropriate treatment with the appropriate provider
- Evaluating treatment plans and estimated duration of disability based on industry guidelines
- Working with provider(s) to ensure that treatment and return-to-work plans are reasonable and consistent with industry guidelines
- Actively participating in the return-to-work process and continuing to monitor employees, for a defined period following return-to-work, in order to minimize the potential for re-injury
- Continuing case management for cases in which an employee has returned to work on modified duty, in order to facilitate return to full duty or to plan a proposed alternative work assignment if restrictions remain

**D. Describe your approved provider network.**

The Careworks MCS's Provider Network is a comprehensive statewide network built exclusively for Connecticut workers' compensation. Our Provider Network consists of; hospitals, primary and specialty care physicians, urgent care centers, and rehabilitation specialists. Currently we have over 1,500 providers in our network as well as an established relationship with American Medical Response, a statewide ambulance emergency and non-emergency transportation service. In addition, for those employees who live outside of Connecticut, we have contracts with physicians in Massachusetts, Rhode Island and New York. Currently, our non-hospital based CT network is contracted at 10% below the CT State Fee Schedules.

**E. What is your philosophy in its design?**

Careworks MCS/PMA created its Connecticut based workers' compensation provider network in 1993, in response to the then new legislation. Our Connecticut network is directly contracted with providers and facilities, and specifically built for workers' compensation. We believe that a quality workers' compensation network is best achieved by contracting directly with providers, allowing for the highest levels of accountability and lines of communication between our case management nurses and each medical provider. The Network has been customized for the specific needs of the City of Stamford. Providers have been selected by PMA and the City for optimal performance.

**F. Is your network connected in any way to a separate HMO network?**

Our network is not connected to a separate HMO network.

**G. What is the process to add or remove providers?**

The process for adding providers starts with the identification of a desired provider. This request may come from a provider, State agency, adjuster, case manager, or provider relations staff. In addition, analysis of out of network utilization and initial contact program referral patterns can identify prospective providers for participation based on a number of factors, including current penetration for that specialty in a given area; a decision is made to on whether to solicit that provider's participation in our network. Unless contradictory or negative information has been previously received, an initial contact is made by telephone to assess the provider's interest in pursuing credentialing for the network.

If we decide against soliciting that provider, we would inform the requestor of the reasons behind our decision. If the decision is made to solicit that provider, we proceed with the application and credentialing process.

Additionally, providers can be removed from the City's network for a variety of reasons. This process starts with a written notification of the desire to remove a provider sent to Careworks MCS. We have worked with the City to add and remove providers as needed and requested by the City.

**H. Describe you credentialing criteria.**

Careworks MCS measures the qualifications of providers against multiple sets of standards. We confirm that each provider considered for inclusion in the network has met applicable national, state, and local credentialing, licensing, and regulatory requirements. In addition, history of disciplinary action with Connecticut Department of Health applicant as well as with the National Provider Data Bank is checked for each provider applicant.

Any provider who has been involved in malpractice litigation is required to complete an extensive litigation review questionnaire that is then examined for evidence of negligence and trending of poor practice patterns.

Years of experience in practice are also reviewed as part of the application process. Those provider applicants who are in a solo practice must meet all credentialing criteria, have five years of post-residency experience and be board certified in their specialty. Younger providers, who do not have three years' experience are allowed into the network if all other criteria are met and there are experienced, board certified partners available for consultation.

Each applicant is also asked what memberships they hold in other Preferred Provider Organizations. An essential requirement for participation in our network is the willingness of the provider to participate in our quality assessment and utilization management programs as well as communicate and cooperate with the Managed Medical Care Program.

We confirm that facilities and structured programs have been accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) and/or the Commission on Accreditation of Rehabilitation Facilities (CARF), if appropriate, and have met applicable standards developed by specific professional organizations.

- I. If you are associated with an HMO, is credentialing of workers' compensation providers separate from the HMO process?

Not Applicable.

- J. Please provide a copy of the directory for approved networks.

See exhibits for Careworks MCS Provider Network Directory.

- K. Describe any combined performance measurements of the coalition of providers you would provide to the City.

By contract, all Careworks MCS providers are obligated to address and cooperate with return to work efforts. This is emphasized again during provider education and included in the providers' Account Specific Attachment.

Identification of non-cooperative providers must be maintained in a structured manner so follow-up can occur. Claims adjusters and case managers are usually the first to identify a non-cooperative provider. If they are unable to obtain a desired outcome, they can request a peer-to-peer review. A peer-to-peer review is a physician contact to the provider to discuss the grievance. Additionally, a Provider Flag can be generated which provides details of complaint to the Provider Relation staff. The Provider Relations staff will contact provider to discuss and correct the issue. If necessary a call from our Medical Consultant, or a personal visit may be necessary.

Non-cooperative physicians can also be identified when looking at EDD (Estimated Disability Durations) verses actual return to work statistics. Again, intervention would include contact with physician and reeducation. If the provider refuses to cooperate, the Corrective Action Plan would be followed which could result in termination of the provider from the network.

Careworks MCS utilizes Provider Flags to identify potential inappropriate behavior of a provider. Flags may be generated by the claims adjusters, case managers, or through them by patients and members.

Aberrant practices that may be identified via a Provider Flag include:

- Unduly long lengths of stay for a particular level of illness;
- Patterns of high re-admission rates;
- A higher than average use of ancillary services or charges;
- Large variance in the planned versus the actual treatment episode lengths;
- Treatments of marginal clinical effectiveness for certain patients.

Once a Provider Flag is generated it is referred to our Provider Relations staff for appropriate action.

Our Medical Bill Review program allows Careworks MCS to evaluate providers in a variety of ways. We evaluate providers based on appropriateness of procedures performed as they relate to the diagnosis, trends over time, billing practices, utilization of services, referrals to other providers, and denials of payment due to inappropriate or unnecessary care.

In addition, we examine profiles of provider activity on a regular basis. The profiles include:

- Number and Percentage of Denials and Appeals
- Number and Percentage of Provider Flags
- Injured Worker Survey Responses
- Number of Incidents/Complaints

L. Describe the fee schedule and utilization review process with your provider.

Reimbursement is currently at 10% below the Connecticut fee schedule.

PMA can utilize peer/utilization management techniques to control escalating medical fees. Peer/Utilization Review reduces costs by identifying inappropriate hospital admissions and excessive treatment patterns. Our Peer/Utilization Review program consists of:

- Hospital Utilization Review
- Physical Therapy Review
- Chiropractic Review
- Discharge Planning

Hospital, Physician, Physical Therapy and Chiropractic Peer/Utilization Review will be recommended on cases where reasonableness, necessity and/or casualty of treatment is in question.

M. Describe the provider discount program.

Reimbursement is currently at 10% below the Connecticut fee schedule. PMA has an arrangement for Hospital Services through Corvel which average a 45% discount.

The following PPO networks are included in Careworks MCS network offering:

| PPO Network              | Coverage             | Level   |
|--------------------------|----------------------|---------|
| Careworks MCS<br>CareSys | CT, MA ,NY Providers | Primary |
| Coventry                 | CT Hospitals         | Primary |

Most network discounts are applied via an overnight pend and transmit process, which allows the networks themselves to apply the proper discounts, increasing accuracy and reducing provider disputes. Multiple networks may be utilized in accordance with provider agreements, but an additional day of processing time may be required in order to achieve additional savings.

#### **Out of Network Negotiated Discounts**

Careworks MCS/PMA provides Out of Network Negotiated Discounts through Merit, Qmedtrix, and Centurion. A successful negotiation process includes a review of the claim (either UB92 or HCFA 1500) for clinical coding accuracy and a financial comparison of cost, charge and reimbursement data. All successful negotiations are complimented with a signed letter of agreement by the provider excepting the reductions and the only further action required by the client is to release the check to the provider for the reduced amount.

#### **Out of Network Review and Audit**

Careworks MCS/PMA utilizes Qmedtrix Systems, Inc. (National), Fairpay Solutions, and Merit Medical Review Services (TX). Each of these vendors utilizes their proprietary databases to bills that meet the pre-defined criteria and recommend a "fair and reasonable" value to be paid. These values are defined by each group's proprietary methodology. Reductions are supported and defended by the vendor and each will provide statistical evidence and defense for any dispute that may arise from their reviews.

All of our out of network partners bear the responsibility and cost of defending any of their reviews that are disputed.

N. Describe your recommended program regarding initial providers.

1. Why/how are they selected?

Providers are selected in several ways:

- Through recommendations from claims adjusters and/or employer
- Through recommendation from case managers
- Through referral patterns by Initial Care Providers
- By analysis of utilization data

PMA will work with the City to review the current panel and make any changes as necessary.

## 2. What are their responsibilities?

Our network providers are supplied with an Account Specific Attachment (ASA) for each client, which contains account-specific information needed by them to understand the terms of the client's Managed Medical Care Plan, including referral requirements. Items of information covered by the ASA include:

- Accessing the Program
- Professional Disciplines Covered
- Notification to Careworks MCS
- Completion of Medical Documentation
- Communication with Careworks MCS nurse case managers and physician advisors
- Referrals to other Treatment Providers
- IME Reporting Requirements
- Payment/Claims Processing

## 3. Do you provide training to them?

Careworks MCS/PMA has two primary methods to train providers.

Site Visits For large primary care centers, or specialist or ancillary providers, we will do a site visit to review protocols and procedures as necessary. Site visits are generally scheduled at the inception of a medical care plan and then on an as needed basis.

Provider Forums Provider Forums are held at contracted hospitals throughout the state. Providers and their administrative staff are invited to attend and meet personally with Careworks MCS and our clients. We invite a speaker to present a topic relative to treatment of work related injuries and have lively question and answer sessions regarding completion of medical documentation, submission of bills and other pertinent topics.

## 4. How often and what issues are covered in training?

Additional training sessions are scheduled on an as needed basis. The items that are covered in training sessions include the following:

- Expectations of provider re: treating injured employees, referrals to specialists,
- Distribution of medical care plan providers,
- Case management needs,
- Provision of medical documentation to adjusters & to nurse case managers,
- Billing and claims submission,
- Necessity of addressing work capacity including capabilities and restrictions.

Also Careworks MCS/PMA periodically publishes a newsletter which is designed to keep our network providers informed of pertinent data related to the workers' compensation field, to share treatment strategies, interventions and readings that have proven to be effective, and to profile individual providers and their services.

5. Do you have recommended first treatment centers in the Stamford/Norwalk area?

The current primary care centers utilized by the City/BOE are:

Concentra Medical Center  
15 Commerce Road, 3<sup>rd</sup> Fl  
Stamford, CT

Greenwich Hospital Occupational Health  
75 Holly Hill Lane  
Greenwich, CT

Greenwich Occupational Health Services  
2015 West Main Street, 2<sup>nd</sup> Floor  
Stamford, CT

6. How would you approach the possibility of creating a "customized" network to meet the unique needs of the City of Stamford?

Careworks MCS/PMA is able and willing to further customize the current network in place for the City of Stamford. After providing the names of those providers and medical specialties of those currently credentialed and contracted to the City of Stamford Risk Manager, Careworks MCS would work with those personnel to determine what providers are necessary for recruitment, and if necessary, what current providers would not be included in the 25 mile geographic radius. Also, as the City of Stamford has numerous employees living in the greater Bridgeport/Fairfield area, the providers in those cities would be included as well as viable choices for medical care for injured employees.

7. Describe the size and composition of a complete custom network.

At a minimum, all medical specialties required by the State of Connecticut's Workers' Compensation Commission are included. For certain specialties, i.e., dental, ob/gyn, it is generally allowed that injured employees can treat with their personal physician. Approved specialties would include a minimum of 5 providers within 2 groups, or 3 providers in private practice. There are additional providers in many of the medical specialties. Those can be included or excluded from the customized provider network, dependent upon the needs of the employer plan.

8. Who would have the final authority in adding/eliminating providers from a custom network?

The City's Risk Manager will have the final authority in on adding or eliminating providers from the Provider Network currently in place for the City.

9. Have you done this for other large employers? Please describe in detail.

Yes, we have provided custom networks to other large employers. Most notably, Careworks MCS built a custom network for Amtrak in over 50 metropolitan areas throughout the country. Currently these services are provided to all PMA clients, including the City of Stamford. All employers are provided with the current provider listing for review and have the opportunity to request additions as well as deletions from the listing for the employer plan-specific

listing. As recruitment needs are identified, the Provider Relations Dept. contacts and extends requests and/or invitations to apply for credentialing and contracting.

PMA is the only TPA in Connecticut to file individual, customized care plans for all of our 70 self-insured clients who are a part of our program.

- O. Please give examples of successes where effective medical management reduced a client's total workers' compensation expenses/costs.

The City / BOE has had the benefit, through the PMA program for the following savings:

- Bill Review Savings - last 3 years - \$13,755,772 off of billed charges.
- Pharmacy Program savings - last 3 years - \$757,918.
- Pharmacy UR savings - last 3 years - \$356,379 cost average
- 60 file reviews by our Medical Consultant (Dr. Danyliw) resulted in \$89,400 in savings for 2017

- P. Describe how quality and quantity of medical care is managed with your approved network (fee screening, peer review, service utilization review, dispute resolution procedures).

Through vigorous and quality provider credentialing, aggressive claims management, coordinated nurse case management clients may expect an expeditious and healthy return to work of their employees. Additionally, a Provider's Report Card (by employer) compares the number of times that a provider sees a patient, time duration of the care, and the providers' total charges with the performance of other providers who treat patients for the same condition. In addition, we conduct performance analysis using the following categories:

- Utilization by diagnostic studies
- Utilization by surgical procedures by diagnosis code
- Comparison of actual Lost Time days compared to estimated disability duration
- Duration of treatment

- Q. Does it differ with a custom City network? Describe the "return to work" program utilized by your network providers.

State of Connecticut Workers' Compensation Commission requires that an employer medical care plan have a functioning Return to Work program. Nurse Case Managers work in conjunction with the medical provider and the employer/employee to accommodate the designated capabilities and restrictions of the individual injured employee in a manner to reinforce safe and timely return to work.

- Our Nurse Case Managers begins the return to work planning during the first contact with treating provider.
- The treating provider is made aware of the City's willingness and ability to accommodate employees with restricted duty.
- If available, we will provide the treating provider with job descriptions.



- Finally, successful return to work cannot be accomplished without a willing and ready employee. The Nurse Case Manager develops a close relationship with the employee, often helping them feel comfortable about easing back into the workplace.

Based on the Official Disability Guidelines (ODG) and Connecticut workers' compensation medical protocols, PMA will solicit the treating network providers to comment on an injured workers' return-to-work status. PMA has the provider complete a Return-to-Work Status Form (see exhibits for sample) PMA utilizes our medical consultant to either correspond to or speak directly with the network provider to discuss a RTW strategy.

R. How do you monitor and evaluate their performance in his important responsibility?

The most important element of monitoring the performance of providers is from adjusters, claimants and case managers. They see firsthand the performance, quality of reports, and attentiveness to return to work of each provider. Their feedback is provided to our Director of Network Services through the Provider Flag mechanism. Provider Flags can be initiated within OPUS, or can be manually filled out and called into our Director. Each complaint is evaluated and the next step determined. This most often includes research with the provider, reeducation. Feedback is provided to the individual who initiated the Provider Flag.

S. How would City representatives be involved in return to work decisions?

The treating provider is made aware of the City's willingness and ability to accommodate employees with restricted duty. If available, we will provide the treating provider with job descriptions. The Nurse Case Manager also interfaces with the appropriate City personnel to transition employees back to the workplace as soon as they are safe to return. Coordination with the claims adjusters is done on every return to work case.

T. Please describe any specialized programs you offer that focus on heart disease and hypertension. Explain how the programs reduce this exposure.

Our third-party services include the specialized area of heart & hypertension claims administration. Public Act No. 96-231 (An Act Concerning Heart and Hypertension Benefits) affords special benefits to uniformed members of paid municipal fire departments and regular members of paid municipal police departments.

The benefits afforded by this Act are **not** covered under a Workers' Compensation and Employers Liability Policy. Therefore municipalities are "self-insured" for heart and hypertension and must set aside a reserve fund for known or potential cases.

PMAMCNE's experienced claim adjusters help municipalities to effectively manage heart & hypertension claims. Claims management services include:

- Thorough investigation
- Determination of eligibility
- Calculation of benefits in accordance with statute
- Coordination with disability payments to properly manage statutory caps
- Communication with claimant to explain processes and benefits
- Ongoing communication with claimant, employer and physician
- Timely payment of benefits
- Medical case management



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- Hearing representation
- Prescription drug plan and medical bill review
- Choice of legal counsel (Corporation Counsel)
- Medicare Section 111 reporting

While H&H is handled outside the scope of the CT Workers' Compensation statute, PMAMCNE complies closely with Section 7 -433 of the statute, and provides the same comprehensive and thorough claims administration as we do with statutory Workers' compensation claims.

In order to protect the client and to extend the fact finding time of the file the majority of H&H claims are denied at the initial onset of the claim. The file should be reserved for at least 50% of its anticipated ultimate exposure.

U. Please describe your utilization management program.

PMA partners with Careworks MCS to provide a dedicated UR hotline for reviewing and approving certain procedures, tests. Below is a brief description of our UR/Pre-certification process.

The Prior Authorization Process meets the requirements as outlined by the State of Connecticut. It includes:

- A dedicated, toll free Provider Prior Authorization Hotline;
- A policy of what types of services need to receive prior authorization; and
- Identification of the resources that are required at various levels of a prior authorization request.
- Adverse determination and expedited review procedures

Currently, the licensed registered nurses providing Utilization Review services are available 8:30 a.m. to 5:00 p.m.; Monday through Friday at (800) 992-5531 ext. 7273.

### **Adverse Decisions**

Within 24 hours of receiving the information regarding the initiation of treatment or when receiving a call from the treating provider for pre-authorization, a Careworks MCS Utilization Review nurse will evaluate the case. Generally, the review would include a discussion with the treating provider. The discussions with the treating providers over the telephone focus on specific details relating to the need for treatment, including clinical elements of the case as well as circumstantial factors such as accessible alternative treatments and attitude toward employer.

The majority of the cases will receive recommendation for authorization of outpatient and inpatient therapies and diagnostic tests during the review over the telephone, assuming all the information required is available. For complex or difficult cases the Utilization Review nurse is generally able to provide the recommendation within one (1) business day.

Notification of adverse decision letters will include the principle reasons for the adverse determination, a description of the source of the screening criteria that were utilized in making the determination, and a description of the appeal process. Authorization numbers utilize the claim number on file. Adverse decision numbers utilize the claim number with an alphabetical suffix.

The Utilization Review nurse or other licensed healthcare practitioner once contacted will review the submitted Expedited Request Form and render a decision. This decision must be rendered within three hours, as per Public Act 97-99, Section 18(e). Should a determination be made not to certify the request for service, procedure, or extension of stay, Careworks MCS will first call the requesting physician and advise them of the denial decision, as well as informing them of their right to an appeal. In addition, we will issue a denial letter indicating the reasons for the denial and the process to initiate an appeal.

The standard appeal procedures by which a practitioner and/or injured employee may seek review of the applicant's utilization review determinations are described below:

The appeals process gives the injured workers and/or provider the opportunity to appeal a decision over the telephone to our case reviewers and to speak with a Careworks MCS review physician of the same school on an expedited basis. The appeal will not occur later than 30 days from the date of receipt of notice of adverse discrimination.

**V. What services are offered and what is the criteria for utilizing these services?**

PMA adjusters evaluate each case and determine which intervention strategy best meets the needs of the case, and will insure value added for the City of Stamford.

The services offered include:

- Telephonic and Field Case management
- Medical Director Peer Review
- Independent Medical Examinations
- Functional Capacity Evaluations

Areas that may require Utilization Review services include:

- Arthroscopic Procedures (Diagnostic & Therapeutic)
- Home Health Care
- Hospital Admissions
- Injection Therapy Treatment Regimens
- Pain Management Programs
- Psychiatric Therapy
- Surgeries
- Work Conditioning/Hardening Programs

**W. Explain how you would assure "balance" to the responsibilities of maintaining quality care and supporting an effective return to work program.**

Historically the participants in Careworks MCS's Provider Network and Managed Care Services have enjoyed close working relationships with the injured workers and providers that allows for open communication and the ideology to support a healthy and swift return to work program.

X. Describe your prescription drug plan for workers' compensation claimants.

### **Prescription Benefits Management (PBM)**

On average, pharmacy costs account for 19% of the total medical costs of worker's compensation claims, and are increasing each year. This means managing the pharmacy program is crucial to successfully managing overall worker's compensation costs and combat the escalating costs of prescription medications. PMA has partnered with Express Scripts to deliver PMA's Pharmacy Benefit Management program.

PMA Management Corp works hard to align its interests with those of our clients, to ensure that every dollar our clients spend for their injured workers makes a difference, to be prepared to serve our clients in an ever-changing pharmacy landscape, and to help our clients succeed by offering excellent service through experienced, intelligent, and compassionate professionals.

Our PBM principles include a focus on providing value pricing to clients, encouraging the use of high-quality and less expensive generic drugs, maintaining excellent pharmacy relationships to provide a robust pharmacy network and offering a skilled team of professionals to manage and achieve our program goals. Express Scripts and PMA have significant resources to help control pharmacy costs and to meet the needs of injured workers.

Some of the features of the PMA Pharmacy Benefit Management program include:

- Over 62,000+ pharmacies-chains and independents. Including all major retail chains (CVS, Walgreen's, Target, Wal-Mart, Albertsons & Rite Aid)
- Injury Specific Formulary (ISF)-determined by NCCI Codes
- Comprehensive narcotics solutions
- 24/7 contact center for injured worker's pharmacy questions and concerns
- Direct billing to PMA Companies for authorized medications which prevents out of pocket expenses for your employees
- First-Fill capabilities even if claim has not been reported to PMA
- In-house medical and clinical expertise to guide claim representatives and nurse case managers
- Script Alert- identifies potentially inappropriate patterns of medication use and evaluates the need for interventions
- In-house medical and clinical expertise to guide claim representatives and nurse case managers
- Concurrent and Retrospective Drug Utilization Review
- Physician Outreach Program encourages providers to use generic vs. brand name prescriptions whenever possible
- Medication Review with Peer to Peer Outreach
- Drug Testing and Monitoring
- 24/7 contact center for injured worker's pharmacy questions and concerns
- Direct billing to PMA Companies for authorized medications which prevents out of pocket expenses for your employees
- Home delivery from express Scripts Pharmacy, for employees who require long-term medications, with a 99.99% accuracy rating, resulting in even greater savings
- PMA Management Corp supplies claim eligibility information to Express Scripts once per business day through an electronic interface which:

- allows delivery of up to date information for your employees, including information about their injuries and the authorized treating doctors
- generates an ID Card and Welcome Packet to be sent to the Injured Worker within 3-5 business days, as triggered by the eligibility feed.
- permits Express Scripts to prospectively review prescriptions prior to dispensing,
- provides PMA Management Corp the ability to screen the prescriptions for authorization, and for the appropriateness of the medication to the claim,
- facilitates direct billing to PMA Management Corp for authorized medications that are dispensed, i.e. there are no out of pocket expenses for your employees.

In order to obtain medications through the Express Scripts program, your employee can receive medication through the First Fill program, if the claim has yet to be reported, they can present their Express Scripts ID card to the pharmacy. No out of pocket expense is incurred by the employee.

Using Express Scripts enhanced on line pharmacy locator, injured workers and their employers can easily look up local pharmacies using a radius search on address, zip code, name, and phone number.

Through the use of Express Scripts Nationwide Pharmacy Network, PMA Management Corp penetration rate can average 96%, that savings can then be realized by our clients.

### **Out of Network Conversion and Network Penetration**

PMA leverages one platform for all bill types including retail, home delivery, out of network and injured worker reimbursements. PMA takes an aggressive and innovative approach to the management of out-of-network pharmacy bills, resulting in maximum savings and increased network penetration. If the processing pharmacy is part of the ExpressComp National Network, Express Scripts will contact the pharmacy to communicate proper billing protocols to ensure future transactions are sent electronically and routed within the network, minimizing cost and administrative burden. In addition, Express Scripts adheres to state payment guidelines to ensure timely payment.

PMA's comprehensive utilization management program applies unique clinical edits to every out-of-network bill retrospectively. When prescriptions are identified that are not related to the injured worker's injury, or inappropriate prescribing is identified, an alert is sent to the claim's handler and the cost of medications not related to the injury can now be eliminated on the back end before the bill is paid, much like they are at the point of sale.

The objective of the Out of Network Conversion process is not just bill review. Rather, we aim to eliminate out of network bills altogether thus reducing the out-of-network invoices received by the client, increasing overall network penetration, and ultimately lowering pharmacy expenditures. Express Scripts is able to achieve this goal by gathering data, contacting the pharmacy, contacting the patient, and providing the client with reports to monitor program success.

### **Clinical Programs and Support**

Chronic and complex injuries drives a large share of workers' compensation medical spend. At this stage, we understand the challenge is not only to detect problems and intervene, but to also monitor and follow up. Express Script's clinical programs focus on researched driving solutions for proven pharmacy results. Ensuring clinical safety also drives out waste.



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Scripts Alert Reporting identifies high risk claims that may have the potential for inappropriate use. Step Therapy can help drive lower cost utilization. PDRX Report is a full clinical review of claims. The result is a reduction in total claim costs without jeopardizing quality of care.

### **Medication Review with Optional Peer to Peer Outreach**

The medication review evaluates the identified injured worker's medication program for therapeutic appropriateness and includes recommendations for medication optimization. Upon request, an Express Scripts physician enters into a collegial discussion with the prescriber(s) involved in the case to better understand the clinical situation and, if warranted, implement the recommended changes in the therapeutic plan. The main objective is to optimize the patient's medication therapy such that optimal patient outcomes will be achieved.

### **Drug Testing and Monitoring**

The Drug Testing and Monitoring program assists prescribers, adjusters, and case managers with the appropriate monitoring of patients receiving chronic opioid therapy, thereby improving the care of the injured worker and reducing fraud. Results of the program include mitigating risks, reducing costs, and improving injured worker care.

### **Narcotics**

PMA Management Corp takes a multi-pronged approach to managing narcotics, as we approach this issue from all possible angles. Through our Point-of-Sale Prescription Utilization process, we analyze and impact narcotic use before the prescription is ever dispensed at the pharmacy. In addition, through our Internal Pharmacy Nurse Intervention Program, Retrospective Prescription Utilization process, we conduct further investigation after the prescription has been filled. Additionally, our Services and Consultation provides ongoing clinical support based on client needs, providing tools to assist with management of claims for your injured workers and ongoing recommendations for the ever-changing pharmacy landscape, specific to narcotics.

- **Long-Acting Narcotics Intervention:** This targets physicians who initiate treatment with long-acting narcotics and encourages a review to determine if a short-acting narcotic is more appropriate for the patient's condition. This minimizes unnecessary use of medications having a greater propensity for addiction and supports treatment according to FDA guidelines.
- **Injured Worker Narcotics Education:** Through targeted communications, Express Scripts educates injured workers about the side effects of narcotics dependence and addiction. This helps injured workers understand the dangers of narcotics abuse and reinforces proper medication usage, increasing safety.
- **Fraud, Waste, And Abuse:** Our Fraud, Waste, and Abuse program offers a dedicated team that manually examines and investigates potentially fraudulent cases, including narcotics, through multiple variables at a case level, such as outreach to the prescriber and reviewing hand-written pharmacy prescriptions.
- **Internal Pharmacy Nurse Intervention Program:** PMA provides a team of Registered Nurses who are trained to effectively manage complex files utilizing Pharmacy resources and tools that best support the needs of the individual claimant. Applications of Clinical

Guidelines are utilized to assist in establishing appropriate treatment patterns that inhibit possible long term medication dependency.

## **Consumerology**

By using Express Scripts Consumerology principles — the advanced application of the behavioral sciences to healthcare — we work with clients to engage and encourage injured workers to use participating pharmacies, generics when available, and home delivery when appropriate. These ideas are tested in Express Scripts Research and New Solutions Lab, one of the most advanced research and development facilities in the industry, to turn data into insights and insights into proven, practical solutions for clients and injured workers.

Our products and services combine proven approaches to effecting change at the injured worker level with emerging findings from behavioral economics and related disciplines.

By applying our behavioral science expertise to the pharmacy benefit, we promote positive outcomes while maintaining injured worker satisfaction. These efforts create substantial savings for our clients.

Y. Describe your medical management quality assurance program.

Careworks MCS has several integrated program components and systems for assuring accountability of staff members and providers. Our Quality Assurance program ensures functions are conducted according to established clinical policy and operational procedures and also identifies operational weaknesses and deficiencies. These proven components include:

- Daily/Weekly Operational Performance Reports
- Daily/Weekly Quality Assurance Reports
- Performance Audits (Clinical and Operational)
- Program Operating Policies and Procedures Manual
- Satisfaction Surveys

At the conclusion of each audit, the results are reviewed with the appropriate staff responsible for the files. If the performance is below a "threshold for action," it may require supervision intervention on an individual basis. If this occurs, a Performance Enhancement Plan (PEP) and training program are developed to address any deficiencies discovered during the audit. A copy of the audit findings remains in the file and instructions are left on each claim file requiring immediate action.

Z. Describe the results that will be shared with the City.

In conjunction with PMA, Careworks MCS will accommodate any reasonable request of information from the City of Stamford. The following contains information on Reporting Plans that we have provided for other clients.

Individual and aggregate case information can be made available to the City of Stamford on a real-time basis, with a full series of standard reports provided weekly during implementation with the flexibility to move to a monthly or quarterly basis as the program matures. All reports that summarize First Report of Injury results will be broken down by employer, division and so forth, as

well as by type of activity as requested by our client. We also have a standard reporting package that is automatically generated through WebOPUS® on a monthly basis.

The information can be printed, sent to a disk file for further manipulation, or provided electronically. Listed below are the data elements contained within WebOPUS® standard reports. In addition, designated personnel of Stamford may be able to generate the reports using WebOPUS®.

### **Sample Standard Data Elements Available for Reporting Purposes**

- |   |  |
|---|--|
| ▪ Primary Diagnosis   | ▪ Current Work Status  |
| ▪ Current Lost Time   | ▪ Total Lost Production Days                                 |
| ▪ Current Modified Duty                                     | ▪ Total Modified Duty  |
| ▪ Total Lost Time - No Accommodation                        | ▪ Current Lost Time - No Accommodation                       |
| ▪ Estimated Disability Duration                             | ▪ Disability Length Analysis                                 |
| ▪ Primary Provider  | ▪ Days Claim Open for Case Management                        |
| ▪ Medical Allowances Paid                                   | ▪ Close Date   |
| ▪ Close Reason  | ▪ Description of Injury                                      |
| ▪ Date of Injury  | ▪ Employer/Department/Division                               |
| ▪ Work Restrictions   | ▪ Estimated Disability Savings                               |
| ▪ Benchmarking First Report Lag Times                       | ▪ Future cost & savings projections                          |
| ▪ Benchmarking average lost time days lost time claims      | ▪ Benchmarking average medical cost for lost time claims     |
| ▪ Benchmarking average indemnity costs for lost time claims | ▪ Benchmarking average medical cost for medical only claims. |
| ▪ Savings by category overview and analysis                 |  |

Careworks MCS can provide a standard or customized set of savings reports that provide results on savings, penetration, and return on investment. Savings reports can be provided on summary, claim level, and bill level basis and can be sorted by claims office, jurisdiction, employer, and adjuster. Employer level reporting can be set up to report on not only the employer, but also on a division or location of employer.

See exhibits for additional information on our Medical Management Program.



# Claims Administration

- A. Describe the role of the claims administrator within the proposed plan.
- B. How/when do you coordinate with the medical management administrator?
- C. Discuss your communications with City personnel.

In Response to the above mentioned sections (A, B, C):

PMA Management Corp. of New England has been the TPA for the City of Stamford since 7/1/2002. Our role is to control costs associated with the City's workers' compensation program. We have accomplished this in many ways.

- We have partnered with various medical cost containment programs that allow us to provide the City with the deepest discount off the ever rising cost of medical treatment and aggressively pursuing the medical provider for the claimants release to light/alternate duty.
- We openly communicate with the City's personnel, especially the Risk Manager and police department on a daily basis.
- We have successfully identified and reduced the long- term Injured On Duty (IOD) police officers and moved them toward retirement and /or back to work.
- We have implemented a light duty program for all employees, where previously before our handling of the claims there was none.
- Our nurses have made visits to the providers in the managed care network to keep them informed of the light duty program and to make sure they were on board with their obligations as a workers' compensation provider.

- D. Discuss your proposed program for file closures.

Our goal is a 1:1 file closing ration for our claims team. This is monitored not only the Supervisor and Manager, but the internal Quality Assurance audits on a monthly, quarterly and annual basis.

- E. Who recommends stipulations and structured settlements?

Our adjusters will recommend to the City claims that are positioned for stipulations and/or structure settlements. With the City's approval the use of a structured settlement specialist may be enlisted.

- F. Discuss your ability to present/support stipulation recommendations to a City council claims committee (occasional evening meetings).

Our Claims Supervisor, Claims Adjuster of Client Service Manager are always available to present recommended settlements at the City council claims committee meetings.

- G. Describe how you would address the large number of older claims.

We inherited many older claims at the inception of our partnership with the City. Our goal is too always resolve claims in the most expedient and efficient manner. We have worked closely with the City to eliminate the IOD and older claims. We look to settle and close out claims timely via stipulation, in collaboration with the City on any terminations/retirements or personnel issues.

**H. What creative suggestions do you propose?**

We have made it a focus to eliminate the long term IOD claims within the Police department. We meet monthly with all departments to discuss their claims for expedient return to work and/or settlement of cases. We provide strategies to return employees back to work and file to closure and conclusion.

**I. What legal/medical specialists might be involved?**

We work with the City Corporation counsel on all long term claims and potential retirement cases. Hired outside counsel is also coordinated with (Scott Williams) for depositions and any medical/legal conferences for all claims it is warranted. Our medical consultant Dr. Thomas Danyliw, also provides medical opinions and has testified on the City's behalf at informal/formal hearings.

**J. Describe similar successful programs you have initiated with other clients.**

All of our clients have Specific Handling Instructions that tailor their Risk Management program to suit their needs. Similar success stories have happened with them as well. Implementing a return to work program in a Fire Department, where there was none. Starting a safety awards program in a Public Works department for no lost time claims occurring. Updating accident investigations in a Police Department, the Who, What, Why, and Where. Revamping the entire Safety Manual for a Fire Department to improve overall safety compliance and reducing injury occurrence.

**K. Please describe your success in assisting other clients (especially municipalities) in enhancing their limited duty program. Focus on both management and claimant issues.**

Working closely with our in-house nurses we have successfully implemented a light duty program throughout the City where, in the past, there was none. Our Risk Services Department nurses educated our clients' management staff into the importance of a light duty program and the financial impact into their bottom line. We have assisted many municipalities, the City of Waterbury and the City of Bridgeport, to name a few with light duty programs that have seen similar success to that of the City of Stamford.

**L. Describe how and when claim status reports will be supplied/discussed with City representatives.**

Claim status reports are provided on a monthly basis and presented at our monthly claim review. Stewardship reports are presented on a yearly basis. Financial analysis reports are provided to the Risk Manager on a monthly basis.

**M. What is your suggested payment authority without client approval?**

Our current authority for claim payments is that we call the City's Risk Manager with any and all claim payments over ten thousand dollars (\$10,000).

N. Discuss your practice of contacting clients before issuing denials.

All claim denials are discussed with the City's risk manager and/or department head in order to keep them informed of the reason and course of action being taken on the file. These files are also discussed at the monthly claim review.

O. Describe your claims reserving program.

1. How often are reserves reviewed?
2. By whom?

Reserves reflect the expected financial impact of a claim, are based on the facts obtained via investigation and are a forecast of the reasonable probability of future events and its ultimate cost.

PMA sets reserves for the realistic value of the claim based on the most current information available at the time of review. Reserves are set when the compensability decision is made during the investigation phase of the claims handling process, and reserve changes are considered as the facts and circumstances of the loss develop. Reserves are reviewed when the claims professional works the file, and all claims are reviewed regularly for reserve adequacy by the claims supervisor.

All files will have a fact-based reserve, reflecting probable ultimate exposure, within 30 days of receipt of claim. The reserve will be based on compensability, investigation to date, conclusions reasonably drawn from facts at hand, past experience with similar claims, current trends and reasonable probabilities in order to calculate a figure sufficient to reflect our financial obligation and total claim cost. The reserves should reflect the anticipated financial exposure of the claim based on facts obtained at that time, however minimal. Claim factors to consider include compensability, jurisdiction, claimant age, occupation, injury, resulting permanency, treatment plan, hospitalization, probable and possible surgery, pre-existing conditions, work availability, claimant profile and history, existence of a medical care plan, attorney involvement and potential settlement. Expense reserves should be based on the best estimate of outside costs associated with the management of the file.

Reserves are reviewed each and every time the claim professional works a file, and all claims are reviewed periodically for reserve adequacy by the claim supervisor. Subsequent reserve changes will be established immediately upon receipt and evaluation of additional relevant claim information.

A mandatory review of reserves is required on all files remaining open beyond six months, to be performed every 30-60 days during the life of the file.

If a claim is denied, reserves should reflect the percentage of the probable success of its defense. For example, if we foresee a 50/50 chance at successfully defending a claim or compromising due to mitigating factors, the case should be reserved at 50% of its anticipated ultimate exposure.

Reserve estimates exceeding adjuster authority require claim supervisor review and approval.

The adjuster will adhere to all specified autonomy levels and requirements, both interoffice and external including carrier and client loss reporting standards.

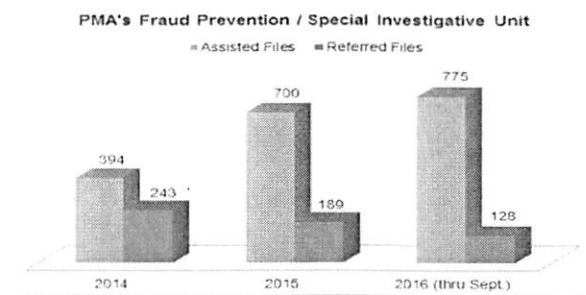
Reserve evaluations should be documented in the PMA automated system under the note category of "reserves" and are expected to reflect all factors utilized in determining case worth and ultimate exposure. Remarks should address all reserve line items, inherent to a particular claim,

including appropriate indemnity payment and medical treatment categories. Reserves for potential claim stipulation should be entered under the note category of "Lump Sum Settlement". Additional reserve categories such as "Indemnity Miscellaneous" and "Non-Scheduled Indemnity" should be utilized as required.

PMA will consult with you on all reserve changes in excess of an agreed upon threshold, which will be memorialized in your Special Handling Guidelines. In addition, we will provide written notice of all major losses through the use of a large loss report form. Rationale for all reserves will be documented in claim file log notes, and will be detailed when reserve changes are requested.

**P. Describe your program to discover all types of fraud.**

PMA employs a full-time Special Investigative Unit. The SIU is staffed with industry fraud professionals with over 25 years of experience who are committed to detecting, deterring, and preventing fraud while protecting the assets of our clients. The SIU is active with industry professional organizations and in working with related regulatory bodies. The Corporate SIU Coordinator is a Board Member of the PA Insurance Fraud Prevention Authority and the SIU is active in the International Association of Special Investigative Units. Our Unit works in conjunction with the PMA claims professionals, receiving referrals from claims adjusters, supervisors, managers, and clients. This collaborative approach has resulted in significant savings for our clients and criminal insurance fraud prosecutions in many states. PMA's SIU is responsible for fraud investigations, fraud training, regulatory anti-fraud compliance, private investigator vendor management, and maintaining PMA's Anti-Fraud Plan.



*Reflects all PMA Companies results*

Each claim is reviewed for red flag fraud indicators by the claims adjuster and the claims supervisor. Inconsistencies are pursued and our SIU assists with the investigation and information gathering with services to support making appropriate claims decisions, including:

- Social Media Search
- Skip trace (locate an individual, address history, relatives, etc.)
- Confirm personal information (name/ DOB/ SSN, liens, judgments/bankruptcies, etc.)
- Background investigation
- Order police report
- Criminal and/or civil record search

When a misrepresentation is material to the claim, an insurance fraud referral is prepared and sent to the appropriate Fraud Bureau/DOJ/District Attorney or Attorney General. A questionable claim

submission may also be made to the National Insurance Crime Bureau. PMA will track the status of referred claims and the potential for recoveries or restitution.



Q. How do you prevent duplicate claims under workers' compensation and medical benefits?

PMA's Risk Management System has the ability to recognize duplication entries of a claim by key words, either claimant name, injury date of birth, etc. This mechanism will not allow the claim to be entered more than once.

R. Describe your program for audit of payments and file reviews.

1. Who performs these functions?

#### **Fiscal Administrative Capabilities**

A system of fiscal control and accountability of claim payments and administrative billing on a per claim level is currently in place and will continue pending award of the contract. The system is responsible for all accounting functions inclusive of general ledger posting, check writing, refunds, voids, issuing stop payments, bank reconciliations and tracking overpayments and subrogation recoveries. Per claim billings for the month are reviewed on a by line basis by the Claim Manager for accuracy prior to billing the City of Stamford. In addition the payment summary report provided by administrative billing is reviewed each week by the Supervisor, who must review and approve any payments in excess of \$5,000.

## Audits

PMA has established and operates a series of internal controls, both claim and fiscal, designed for quality assurance of performance, production, and fiscal integrity. Claim department standards dictate annual staff reviews including mid-year assessments to evaluate performance and develop action plans as needed. Supervisory staff audits are performed on an ongoing basis and generate monthly reports reflecting compliance with standards. Managerial review of audits guarantees quality in reviews. Files are placed on Supervisor's diary to ensure completion of recommended tasks and consistency in the claim administrative process. Performance is measured to strict departmental claim standards. Additional quality assurance and reviews are conducted at various levels of the claims operation including administrative performance and production, bill review and payment process, and fiscal management of files. These include compliance with timing and production standards such as lag-time and reporting time frames, claim verification and administrative guidelines, recoveries and overpayment reduction, and appropriate file documentation. In addition, reserve audits are performed on a monthly basis via supervisory review, and annually as a component to the renewal process. Customer satisfaction polling is performed on an ongoing basis by PMA's risk management staff, with results reviewed and addressed accordingly.

## Quality Assurance

PMA understands the importance of executing on the claims management process. To ensure a high-level of effectiveness, PMA utilizes a multi-level Quality Assurance program. The first level involves the local **Claim Supervisor** and their routine assessment of the work performed by the adjusters and nurses on the claims.

The second level involves a **Quality Assurance Specialist** that will perform audits of the City's claim files to ensure the adjuster and supervisor are effectively impacting the claim file. The QA Specialist also works closely with excess carriers in their audit of the claim files.

The third level of measuring PMA performance involves PMA's Account Management Process. This involves our **Client Service Manager** and their task establishing an action plan to achieve better outcomes on the claims. They also use a set of metrics that can track the performance of the City's program in key areas, such as:

- Timely Claims Reporting
- Claim Durations
- Return-to-Work
- Closing Ratios
- PPO Network Utilization
- Injury Fund/Excess/Subrogation Recoveries
- Loss Analysis

Careful measurement of these key areas will provide the City with a clear picture of the overall performance of the workers' compensation program. It will also allow for the opportunity to make changes to areas that need improvement to deliver better outcomes on the claims and reduce the City's overall program costs.

PMA has also obtained their SSAE-16 (Statement of Accounting Standards) certification for our internal claim handling policies and procedures. This certification is updated on an annual basis.

### **Continuous Improvement Review (CIR)**

PMA's Continuous Improvement Review (CIR) audit program is a rigorous review of each claim professional's work product conducted by our Quality Assurance Specialists. A random sample of claim files for each professional is reviewed on an annual basis to check for such items as documentation, reserve accuracy, proper coding, and communication.

The results of each employee's CIR audit are considered during their annual performance evaluation.

PMA conducts frequent one-on-one training sessions between supervisors and claims adjusters based upon the results of their CIR audits. This enables supervisors to provide targeted training on the particular developmental needs of each adjuster. In addition, PMA conducts several annual training sessions to educate our adjusters on new policies and procedures, new case law developments and changes in rules and regulations.

### **S. Describe your third party recovery program.**

Once a file is identified as having subrogation potential, a certified lien letter is mailed to the at fault party. A copy of the lien letter and, if applicable, the police report, is forwarded to the City's attorney to file an intervening motion. Monthly reports containing the latest subrogation files are forwarded to the City's corporate counsel. Ongoing communication with the City and Corporation Counsel is used until the recovery is completed.

### **T. Who will represent the City at informal hearings? Describe their experience.**

1. Will the City be advised of all scheduled hearings?
2. How will the City be advised of the results of hearings?
3. What law firm(s) do you recommend to represent us? What is your experience with them?
4. Discuss their experience in the Stamford district office. Why are they uniquely qualified to handle our cases?

The law offices of Williams Moran, LLC has been the assigned defense counsel for many years. They are very well versed and well known in the Stamford workers' compensation arena. We continue to have a great working relationship with their firm.

As of late, they have successfully defended two heart and hypertension cases for the City, one using the testimony of our Medical Consultant. Both of these cases could have resulted in potentially high dollar exposure for the City. All informal hearing notices are mailed directly to the City from the Workers' Compensation Commission. The City's Risk Manager is informed of all informal/formal hearing results through the defense counsel's office and by the PMA claim adjusters.

U. Do you conduct surveys of claimant satisfaction?

PMA conducts an annual survey of all our clients to gauge customer satisfaction. These surveys inquire about various aspects of our organization, from the professionalism of our employees to the ease-of-use of our systems.

Our most recent client survey for 2016 showed 97% client satisfaction.

V. Discuss your commitment to customer service and satisfaction.

PMA Management Corp. of New England has always been a leader in customer service. We continue maintain a 98% retention rate for our current clients. We pride ourselves on quick proactive responses to our clients, providers and claimants. We have furnished adjusters assigned to the City of Stamford account. We have built a positive rapport with the medical community where we not only provide quick response to their request but timely payments for their services. The City/BOE is our largest public entity client and our dedication and partnership with the City/BOE has benefited both parties.

Since our business partnership with the City was engaged in 2002, we have prided ourselves on commitment to customer service. Identifying and changing the City Police Departments Injured on Duty policy was just the beginning of cost savings measures that assisted the City. Providing a Loss Control professional on site for the City for over one year while the City looked for a Risk Manager replacement, helped continue the Safety programs, education and loss reduction for the City. Having our adjusters and Claims team work on site at the City to be accessible to the employees and Management staff, improved the communication and relationships for all parties. Visiting any provider in the City/BOE network that was not complying with the City/BOE service expectations, in treatment of your employees, or responsiveness to their needs. All are examples of PMA's tremendous commitment to customer service for the City/BOE.

The Team has enhanced its service to the City of Stamford by working with Human Resources/Benefits, Department Heads, the Internal Auditor, Payroll and Risk Management to improve the process in which employees are transitioned from salary continuation to direct payment by PMA when totally disabled. In doing so, duplicate payments to disabled employees, either caused by the transitions not happening in a timely manner or through holiday pay being issued during this disability time has almost totally been eliminated. Additionally, through these efforts, the City of Stamford has been able to pursue co-payment for employee benefits that were lost when there was no check to obtain a direct deduction.



# Heart and Hypertension

## A. Describe your experience in administering heart and hypertension claims under Section 7-433c.

PMA Management Corp. of New England has been handling heart & hypertension claims for all of our municipal clients over the past 21 years. We have over 30 years of combined adjuster experience.

Our third-party services include the specialized area of heart & hypertension claims administration. Public Act No. 96-231 (An Act Concerning Heart And Hypertension Benefits) affords special benefits to uniformed members of paid municipal fire departments and regular members of paid municipal police departments.

The benefits afforded by this Act are **not** covered under a Workers' Compensation and Employers Liability Policy. Therefore municipalities are "self-insured" for heart and hypertension and must set aside a reserve fund for known or potential cases.

PMA's experienced claim adjusters help municipalities to effectively manage heart & hypertension claims. Claims management services include:

- Thorough investigation
- Determination of eligibility
- Calculation of benefits in accordance with statute
- Coordination with disability payments to properly manage statutory caps
- Communication with claimant to explain processes and benefits
- Ongoing communication with claimant, employer and physician
- Timely payment of benefits
- Medical case management
- Hearing representation

## B. How does your H&H program differ from regular workers' compensation?

Besides our two indemnity adjusters, we have assigned a dedicated adjuster for the City of Stamford who handles the majority of accepted/maintenance heart & hypertension files. This adjuster has been very successful in identifying treatment and prescription medication that is not related to heart and hypertension treatment. This is accomplished by utilizing our pharmacy program formulary (ExpressScripts) and our medical consultant reviews. Use of our medical consultant for causal relation on hospital admissions is another area with which we have been successful.

## C. Would you recommend the same law firm(s) for heart and hypertension cases as regular workers' compensation cases?

We recommend the same law firm that has been handling the regular workers' compensation cases; Williams Moran, LLC. They are familiar with the parties associated with the City of Stamford and PMA and have a proven track record with the City.

# Information Systems

A. Describe your information technology system.

PMA's innovative technology tools support our holistic approach to reducing your total cost of risk.

## PMA Claims Center

Claims Center is our powerful claims management system allowing for improved data capture and reporting. With an all-lines system from Guidewire Software at its core, PMA Claims Center streamlines claims professional activities and improves claims professional efficiency. Further, this system enables us to perform the sophisticated analytics that drive our holistic approach.

## PMA Cinch — Access to Powerful Information that Impacts Financial Results

PMA is passionate about helping our clients take a smart, more strategic approach to risk management that drives business value. Timely, comprehensive, and meaningful claims and loss information is crucial in understanding risk exposures.

**PMA Cinch Claims Reporting**

EASY CLAIMS REPORTING WITH IMMEDIATE GENERATION OF A PMA CLAIM NUMBER

Report a loss with our screen, helping to ensure you submit the right information the first time. PMA immediately sends you a claim number and you can attach documents, e.g., statements, medical bills, and state forms to your loss report.

**PMA LOSS REPORTING**

WORKERS' COMPENSATION

Employee Information

Occurrence Information

Contact Information

Claim Submission

\* Fields in blue are required.

The Claim Entry Wizard has been completed. You may add additional comments below and click the Submit button to send the data to PMA.

Comments

Enter miscellaneous claim details in the comments box below.

Maximum 4000 Characters

☐ Record Only

Claims Information Email

Click on the checkbox below to receive an email copy of the claim information just entered.

☐ Send Email Copy

PMA Cinch enables your risk management executives and other professionals to manage their claims information—everything from the big picture to details of your loss information. It offers busy executives a quick snapshot of your risk management situation, and the robust capabilities and flexibility of Cinch allow your daily taskers to pinpoint the information that can significantly impact your bottom line. By analyzing trends and taking quick corrective action, you can enhance your operating performance, lower costs, and improve your financial results.

**PMA Cinch**  
For Nonprofits & Intermediate Health Care

Welcome  
Wednesday, May 06, 2015

Home Claim Inquiry New Claim Entry Reports CSRN Tools Help Exit

**Claim List**

Search: [ ]

**Claim Information**

Claim Number: W99      Claimant Name:      Accident Date: 05/05/2014      PMA Call Center: 1-800-476-2649  
Type: Lost Time      Status: Open      Policy Number:      Email Adjuster:

General      Workers-Accident      Financial      Payments      Daily      Log Notes      Documents

Page 1 of 2 (17 items)      [1]      View: [ ]

Drag a column header here to group by that column

| Loss Line | Payment Issue | Check Number | Invoice Amount | Payment Amount | Payment Status | Vendor/Party Name |
|-----------|---------------|--------------|----------------|----------------|----------------|-------------------|
| 10        | Medical       | 03/11/2015   | 2290403073     | \$159.00       | Cashed payment | UNIVERSAL VENDOR  |
| 10        | Medical       | 01/06/2015   | 2290257816     | \$149.00       | Cashed payment | UNIVERSAL VENDOR  |

Payment Detail      Expiration of Benefits      Invoice Summary

**Check Detail Information**

Check Number: 2260257815      Claim Information      Policy Number:

## PAYMENT DETAIL SCREEN

PMA Cinch Payment Detail Screen allows you to select from a Payment Information Screen that includes medical, indemnity, expense, and loss payments. You see extensive payment and claims information, right down to whether or not a specific payment has been cashed.

On a day-to-day basis, Cinch will give you timely and convenient access to information about claims. The tool features an "Executive Dashboard" for a high-level view of activity. It also enables users to drill down, analyze, and develop reports and graphs about a wide range of information, including:

- **Executive Summary Tool**  
Utilize an interactive tool to organize and view both aggregate and individual claims information.
- **More Flexibility & Data Analytics**  
View claims information per your parameters—location, type, status, and accident date range.
- **Full-Color Charts & Visuals**  
Data appears in easy-to-view graphs, charts, and tables, allowing you to grasp information quickly.
- **Comprehensive Data**  
Display elements are based upon detailed data in your existing loss reports.
- **Ease of Use**  
The Dashboard is highly intuitive and requires no training.

http://cinchcore1:45000/workspace/dataaccess/Browse?REQUEST\_TYPE=GET\_JOB&Script=enable6DOC\_UIX - Windows Internet Explorer

File Edit View Insert Tools Help

Process

Module: WT      A A A B I U      A      %      3      93

Level: 1

**Accident Dates**      **Category**      **Sort**

From: YYYY-MM-DD      **Day of the Week**      **Graph**

To: YYYY-MM-DD      **Data**

**Apply Dates**      **Print**

| Category Code | Category Description | # Of Claims | % Frequency | Total Losses   | % Cost | Average Cost | Total Paid     |
|---------------|----------------------|-------------|-------------|----------------|--------|--------------|----------------|
| Thursday      | Thursday             | 69          | 16.8%       | \$1,556,402.00 | 26.9%  | \$22,556.55  | \$1,260,580.08 |
| Monday        | Monday               | 91          | 22.1%       | \$1,239,196.00 | 21.4%  | \$13,617.54  | \$984,467.28   |

## CREATE GRAPHS

The Analysis Tool enables you to create full-color graphs and charts from your data.

We have continuously enhanced PMA Cinch based on feedback from client focus groups. We listened to our clients and gave them the reports and tools they need to make decisions about their workers' compensation programs.



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## **PMACompanies.com — 24/7 Access to Cinch and our Injured Worker Center**

Our corporate website, pmacompanies.com, offers user-friendly functionality for reporting a claim, accessing PMA Cinch, and locating a network provider. PMACompanies.com also offers a robust Injured Worker Center—giving your employees convenient 24/7 access to PMA Companies contact information, pharmacy search, frequently asked questions about return-to-work, state resource links, and a workers' compensation guide for injured workers.

## **Disaster Recovery Program & Enterprise Risk Management**

For security reasons, specific information about our disaster recovery program is not sent to our clients. However, detailed information regarding PMA's security programs and processes is available for review and inspection at PMA's Corporate Headquarters in Blue Bell, PA.

Data and electronic images are backed-up on tape daily and sent to a vendor partner for secure off-site storage. Additionally, PMA has a comprehensive disaster recovery program that is managed by another vendor partner, DBSI.

In the event that a disaster should occur, our imaging technology makes it possible for our claims professionals to manage your losses from any PMA branch office without any discernable interruption in service to you.

Our backup/recovery site is dynamically connected to our primary site so that data is constantly being updated in both locations. This allows us to seamlessly switch to the backup site if a primary site disruption is encountered.

B. If a commercial package, please submit a copy of the product brochure.

Not Applicable.

C. How would information be coordinated among claims administration, loss control and medical management?

All members of PMA staff assigned to the City of Stamford have access to the City's claim data stored within the Cinch System. The adjuster is responsible for communicating relevant information regarding any specific loss to all parties – loss control, medical management, the producer and the City's Risk Management Department. For example, if an employee falls off a ladder, the adjuster would alert loss control and medical management for appropriate action/investigation needed. PMA will assign Nurse Case Managers from CAREWORKS MCS where appropriate. The Nurse Case Manager communicates with PMA via electronic submission and data is posted into the Cinch System. All action resulting from communication is further documented as well.

Our client service manager is the City's liaison to communicate directly from the City to claims, medical management and risk control.

D. Would the City Risk Management Department have access?

Yes. Currently authorized members of the City's risk management department have access to all of the City of Stamford's claims through our Cinch system. In addition, authorized City representatives responsible for specific locations have the capability to access claims for that

location only. These locations include, Administration, Board of Education, Emergency Communications, fire Department, Health Department, Human Resources, Legal Affairs, Operations, Police Department, Smith House, WPCA and Public Safety, and Health & Welfare. Authorized City of Stamford user's access through a secure internet connection.

E. What specific information would be available?

PMA Cinch allows you to submit new claims to PMA Management Corp. via the internet. CINCH can be accessed from any PC/laptop which has internet access via Microsoft's Internet Explorer (version 6 or above) or Safari. This allows for faster claim assignments and investigations, **instant claim numbers**, and more accurate data entry. Submitting claims is simple, as the system was designed with many drop-down menus for point-and-click operation.

PMA Management Corp. understands that keeping you advised of the status of claims enables you to control your loss costs. Access to the City's claim information can be customized for each user. Through PMA Cinch, we can provide you with detailed claim information that is updated on a daily basis. This includes:

- Claim Professionals' Log Notes
- Descriptions of Losses
- Summaries of Damages/Injuries
- Review of Liability
- Incurred / Paid / Reserve Histories
- Current Status Information
- Detailed Action Plans
- Payment Histories and Details

Upon renewal of the contract, PMA will meet with the City to review the list of system users and determine any updates or access revisions that may need to take place.. PMA CINCH is not SAML enabled. SAML is an XML based authentication solution for Single Sign-On across domains. PMA CINCH is running TLS within an SSL session.

In addition to the above data, PMA Cinch™, provides our clients with the ability to view scanned images of the actual documents contained in the claim file. These include medical reports, police reports, attorney correspondence, and all medical and legal bills.

PMAMCNE utilizes imaging technology to operate in a "paperless" environment. This provides a fast, economical, and efficient way to store, retrieve and view claim information. The imaged file is the actual working document used by our claim professionals, not just a file copy. With this technology, the claim professional, supervisor, and client can simultaneously review the same report, without the need to generate multiple paper copies.

With PMA Cinch™,, you have the ability to e-mail the adjuster assigned to a file while you are reviewing the claim. This allows you to request details about the loss while it is fresh in your mind.

PMA Cinch™, can assist you in tracking losses for OSHA reporting. With PMA Cinch™, you can add data to your claims, or remove claims from the log which are not reportable.

F. Would there be charges to the City for access? If so, what are they?



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Included in finance section for Information Services pricing.

**G. Describe your philosophy in designing management reports.**

PMA Cinch allows our municipal clients to generate loss reports based on information that is updated monthly. Standard Reports available through PMA Cinch include Detailed Loss Runs for all lines of business, Loss Summaries, Repeater Reports identifying claimants or employees with multiple files, Serious Loss Reports, and Reporting Lag Time Reports. Many of these can be sorted by location, by policy, or by status (open / closed).

In addition to the Standard Reports, we have the ability to provide custom and ad-hoc reports, giving you access to any loss information you need, whether it be on a frequent basis or a one-time review. There is typically no additional charge for these ad hoc reports. Our client service manager will work with the City to develop customized report generation plans.

The PMA Cinch™, analysis tool allows you to generate custom charts to assist you in analyzing your loss data. These charts can be created based upon the parameters you select, giving you the ability to customize your own visualization of the loss information.

**H. How do they present “information” as well as “data”?**

Our management reports are designed to assist both PMA and the City's Risk Management staff in identifying loss leaders and areas for improvement. In order to accomplish this, PMA's programmer/analyst will contact the client to discuss the customized report request to determine the client's desired end result. The programmer/analyst will then design the report that will best present the information needed by the client. PMA is willing to work with the client to “tweak” the report until the optimal result is achieved.

**I. What benchmarking methods are used? How will your reports measure the success of our programs?**

The Cinch system provides detailed loss trending and claims financial information. This is the basic source of information used for benchmarking and performance evaluation. Additionally, we have the capability to provide detailed liability estimates by term year in any format requested. Currently we perform loss development evaluations and outstanding claims liability calculations used for the City's budget processes. We calculate benchmarks on the number of claims and cost of claims per City resident and can provide Bureau of Labor Statistics frequency and severity rates. Annually we perform a benchmark for the City/BOE in comparison against our municipal clients for average claim rate and average claim cost. We also provide an annual municipal benchmarking report for our current public entity clients. We compare the severity and frequency and provide the results.

**J. How will they identify areas for attention and improvement?**

Areas of attention and improvement will be monitored by working closely with our claims staff, reviewing the loss runs and working with the City's Risk Manager. When issues come up that need to be improved, we will work with the City's Risk Manager to recommend an action plan and assist the City in initiating the plan.

K. Please provide samples of all reports including the schedule for distribution.

See Exhibits for current reports being utilized by the City.

PMA sends an ASO funding report to the City after each check run listing the payments made during the period. Voucher reports for salary continuation are provided to the City as the vouchers are produced. Loss run reports are available on demand through the CINCH System. All other reports, both standard and customized, are produced upon the City's request. Many customized reports are produced and returned to the City within one business day. More complex reports are produced and returned within five to seven business days. Some of the current reports requested by the City's Risk Manager have included: loss run summary, department and location payment summary and paid loss triangulation reports.

L. Describe your program for file maintenance and security.

PMA Cinch employs a multi-level security infrastructure to ensure the accuracy and privacy of the data that we provide. This includes multiple, redundant, hosted firewalls; encrypted data transfers; anti-hacking software and hardware devices; and, a user profile system that stores the user permissions (rules) of every Cinch user. Diagrams, if required will have to be developed as we do not have the technical network mapped out in this manner.

M. Do you have a disaster recovery program?

The PMA Disaster Recovery plan is very extensive and is backed up electronically. Because of the size of the total company plan, a summary version is available upon request. Our recovery plans are reviewed and analyzed annually by our SSAE-16 auditors.

# Miscellaneous

A. Describe what procedures would be followed upon termination of this contract agreement.

When PMA was designated as the Third Party Administrator for the City of Stamford in 2002, we worked with CIRMA to ensure a smooth and successful transition. We approached the conversion as a two part process. We successfully converted 8,177 claim records and all associated payment, recovery and note records as of June 1, 2002 from CIRMA's claims management system to the CSN® system prior to the start of the program in July 2002. In addition, we converted all activity from June 1, 2002 through June 30, 2002 and imported it into the CSN® system, our prior proprietary system, by July 15, 2002.

In the event of program termination, PMA will work with the City of Stamford and its designated Third Party Administrator to transfer all files, both paper and electronic, to the new TPA.

PMA will produce sample data files for the new TPA within 15 business days of the initial request from the City. PMA will produce a full data extract within fifteen business days after the date of program termination.

PMA will arrange for all files stored offsite to be transferred to the new TPA one to two weeks prior to program termination. PMA will arrange for all files stored on site, as well as any unprocessed mail to be transferred to the TPA on the date requested by the City of Stamford, generally within one business day of program termination. PMA will forward any mail received after program termination to the new TPA.

B. Will the City or its representatives have the right to audit all aspects of your performance by reviewing pertinent records and documentation?

Yes, the City or its representative has the right to audit all aspects of our performance.

C. Are you willing to indemnify and hold the City of Stamford harmless for a failure by you or your sub-contractors to provide network and utilization of workers' compensation services to injured workers, or the negligent provision of such services?

PMA is willing to hold the City of Stamford harmless for a failure by us or our sub-contractor to provide the services we have agreed upon in the contract.

D. Describe any other services not discussed in this proposal that would improve the City of Stamford workers' compensation program.

The City/BOE have all the components in place to have a very effective workers' compensation, Risk Management Program. PMA would recommend further training and education with the department managers that are the loss leaders in workers' compensation, i.e. Police, Fire and Board of Education. The City Risk Manager needs to continue to get the support of these department heads in order for the costs to continue to be reduced.

Training, such as accident investigation and accident reporting should be done. Another area of focus would be for PMA to perform a City/BOE wide risk assessment. This would identify any problem areas, compliance issues and provide a focus for safety and loss prevention and also compliment the City's current internal loss prevention programs.



# Financial

A. Fees should be quoted on an annual basis for the entire length of the contract (36 months).

As the current Claims Administrator of Stamford's Workers' Compensation program PMA offers a proposal to Stamford consistent with our current pricing structure. We propose an annual flat fee of \$217,500 for the first 3 years of the awarded contract as well as for the two optional years. Our services are offered on a Life of Contract basis and include the handling of all existing and new claims incurred in your program as well as all additional services detailed in our response.

B. Fees for Service

Included in our Annual Fee.

C. Start-up Fees

Not Applicable.

- D. Workers' Compensation Indemnity Claims
- E. Workers' Compensation Medical Only Claims
- F. Workers' Compensation Incident Claims
- G. Workers' Compensation Re-Open of Claim
- H. Heart and Hypertension Indemnity Claim
- I. Heart and Hypertension Medical Only
- J. Annual Maintenance Fee, if applicable
- K. Any other Claims Administration Fees
- L. Network Fees

Line Items D-L are included in our Annual Fee.

- M. Early Intervention Fees
- N. Case Management Fees
- O. Utilization Review Fees
- P. Hospital/Medical Bill Review Fees
- Q. Other Medical Management Fees (identify and quote separately) (Describe what services are included in these charges)

Line items M-Q are allocated expenses – see chart below.

R. How will these charges be billed?

The City currently has these charges being billed monthly.

S. Describe you proposed charges for run-off claims at the conclusion of this contract.

Should the City decide to terminate the contract with PMAMCNE, we are willing to negotiate an appropriate fee for our continued handling of the City's current claims.

T. Alternative Fee Arrangements – The City requests that you provide alternate methods of pricing your services. We would welcome the opportunity to consider flat fee charges or capitation proposals.



Currently the City is priced on a Life of Contract flat fee basis.

U. Please fully describe the terms and limitations of our proposed plans.

Currently the City is priced on a Life of Contract flat fee basis.

V. The City will also consider risk sharing and performance based proposals. Such plans must be based on quantitative measurements of City plan results or pre-determined criteria. Such plans should be proposed as optional payment arrangements.

Not Applicable.

W. Processing Fees – Please identify and define all charges separately.

The following are the allocated expenses that will be charged to the claim files as appropriate:

| <b>Service</b>                                 | <b>Cost/Hour</b>           |
|--|----------------------------|
| Telephonic Case Management                     | \$95 per hour              |
| Field Case Management                          | \$95 per hour              |
| Medical Bill Review                            | 25% of total savings       |
| PPO/Network Medical Bill Reductions            | 25% of total savings       |
| Hospital Bill Review                           | 25% of total savings       |
| Prescriptions                                  | 25% of total savings       |
| Rehabilitative Nurse Services                  | \$95 per hour              |
| Independent Medical Exam                       | \$225, plus physician cost |
| Utilization Peer Review                        | \$125 per review           |
| Utilization Review (concurrent or Prospective) | \$95 per hour              |
| Medical Consultant (Physician) Review          | \$200-\$250 per review     |
| Medicare Section111 Reporting Fee              | \$6 per claim              |
| Legal Services                                 | Cost of preferred counsel  |

**Our claims fees include delivery of the following items:**

- Investigation
- Three-Point Contact
- Action Planning
- Claims Processing
- Compensability Decisions
- Subrogation / SIF Investigation
- Excess Reporting & Recovery
- Fraud Prevention / SIU Capabilities
- Account Management
- Quality Assurance Program Oversight
- Structured Settlements
- Pre-Settlement Advisories
- EDI with State as Required
- 1099 Reports
- Settlement Authority
- Resolution Negotiation
- Litigation Management
- Check Issuance
- Payment Registers
- Claim Review Meetings
- Stewardship Meeting
- Self-Insurance Re-Application Assistance
- First Report of Injury Filed with State Agency
- Customized Claim Handling Instructions
- Reserve Advisories
- Patriot Act Compliance
- Office of Federal Asset Control Compliance
- Claim Acknowledgements
- Direct Deposit of Indemnity Payments

**PMA's Managed Care:**

- Medical Bill Review
- Complex Bill Review
- Out-of-Network Bill Review
- Early Intervention Nurse Assessment on Lost Time Claims
- PPO & Specialty Network Access
- PPO Radius Listing & Mapping to Locations
- Pharmaceutical Benefit Management
- Case Management

**Safety/Loss Prevention Services:**

- Websource Access
- PMA Technical Bulletins
- PMA Monthly Web Events Training
- 300+ Safety Videos/DVD Library
- WC Performance Indicator Report \*
- Risk Management Assessment\*
- PMA Insights White Papers
- PMA Engineering & Safety Services\*

\*Separate fee may apply

**RMIS Services:**

- Executive "Dashboard"
- Internet Claim reporting via Cinch
- Claim Number Notification
- Real Time Access to Claim Log Notes
- Client Diary System
- Loss Analysis Reports
- Managed Care Savings Reports
- Reserve Analysis Reports
- Email Claims Professional Capabilities
- "Schedule My Reports" Feature

**Loss Adjustment Expenses:**

- Independent Medical Exams
- Medical Bill Review
- Complex Bill Review
- Out-of-Network Bill Review
- Case Management Expenses
- Utilization Review Expenses
- PPO Network Access Fees
- Private Investigators
- Medicare Section 111 Reporting Fee
- Central Index Bureau /National Insurance Crime Bureau
- Legal Fees / Attorney Fees
- Records Reproduction Fees

*Client is responsible for the payment of all Loss Adjustment Expenses including, but not limited to, the above.*



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# PMA Funding Options

|                                       | Traditional Escrow   | Direct Funding ACH Debit   |
|---------------------------------------|--|--|
| <i>Required Escrow</i>                | 3 months of estimated claims payments and loss adjustment expenses | <ul style="list-style-type: none"> <li>• <u>Zero</u>: Daily funding only</li> <li>• <u>Weekly funding</u>: Two weeks of estimated claims payments and loss adjustment expenses</li> <li>• <u>Monthly funding</u>: 45 days of estimated claims payments and loss adjustment expenses</li> </ul> |
| <i>Source of Loss Funding</i>         | Escrow account held by PMA   | Client's checking account  |
| <i>Monthly Billing</i>                | Escrow replenishment and loss handling fees                        | Loss handling fees   |
| <i>Required Banking Documentation</i> | None   | Authorization to Access Account form   |

## Traditional Escrow

This option is available to all large deductible and self-insured clients. With this option, the client will provide PMA with an escrow of three months of estimated paid losses and loss adjustment expenses. PMA will pay for the claims throughout the month with this account. At the end of the month, PMA will bill the client for losses and loss adjustment expenses paid along with the appropriate claims handling fees (if applicable). The client will also receive detailed loss reports showing all claims activity for the month and a cumulative claims summary report by policy/contract.

## Direct Funding – ACH Debit

This option is available to all large deductible and self-insured clients. With this option, the client will receive a daily, weekly, or monthly electronic communication from Wells Fargo Bank with the total claim checks issued that day, week, or month. On the next business day, Wells Fargo will initiate an ACH transfer to deduct the previous days' (weeks'/months') claims from the client's bank account. Payment is deposited directly into a sub-account, which is unique to the client. At month-end, the client will receive an AMPS billing statement for the loss-handling fees. The client will also receive detailed claims reports showing all activity for the month and a cumulative claims summary report by policy/contract. Reimbursement by check or client-initiated wire transfer/ACH transfer is required for payment of all fees.

**ACH Debit customers must fill out and sign the Authorization to Access Account form in duplicate and forward to the Credit/AMPS Department.**

## Direct Deposit

PMA offers eligible injured workers direct deposit of indemnity payments into their bank accounts.

# PMA Companies eBilling Solution

*Sign-up to access your invoices and statements on-line*

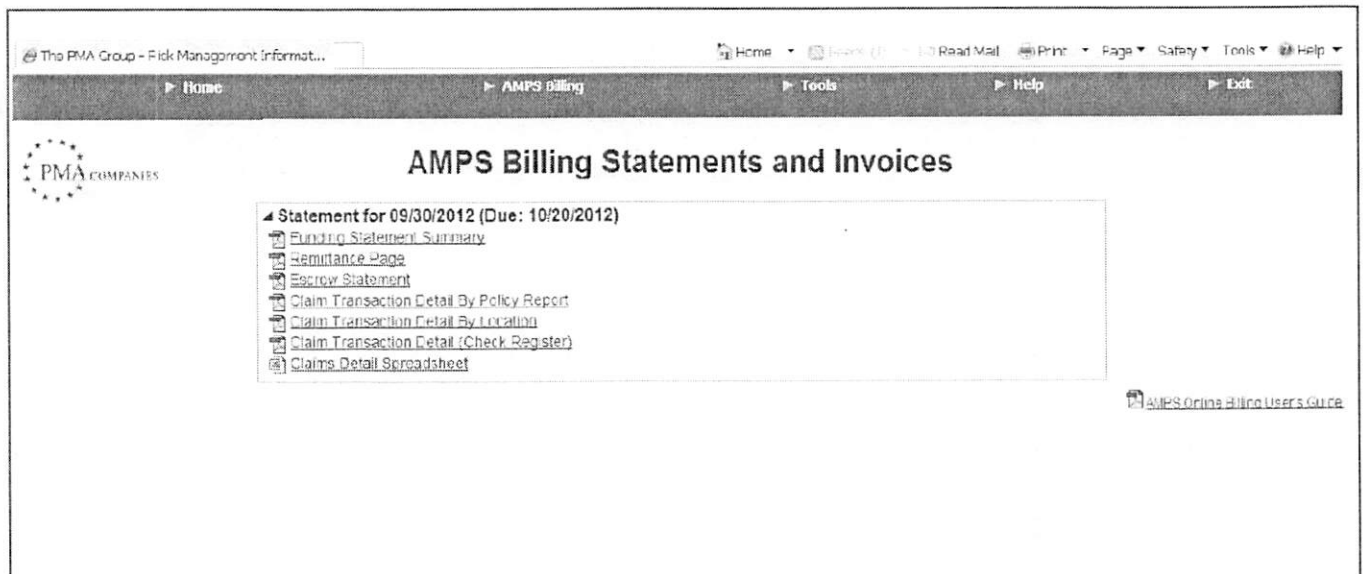
eBilling\* is available to PMA clients for loss funding and service fees bills. With eBilling you can easily access and view your bills electronically through our secure internet site instead of receiving paper copies through the mail.

## Consider the benefits of PMA eBilling...

- Easy access to your statements and invoices stored on-line, including previous billing information
- Invoices and statements received faster
- Automatic email notification when invoices and statements are generated
- Claims detail data in an Excel format, allowing you to format the data according to your needs
- Escrow balance, installment schedules, and pre-fund reconciliation reports, as applicable, available on-line

\* Please note that PMA eBilling does not include electronic payment remittance.

An example of what you'll see in PMA's on-line bill summary page:



To sign-up for eBilling, simply send an email to [AMPSFinancialSupport@pmagroup.com](mailto:AMPSFinancialSupport@pmagroup.com) and a PMA Representative will respond to assist you.

**\*\* Please allow up to two (2) billing cycles for activation \*\***

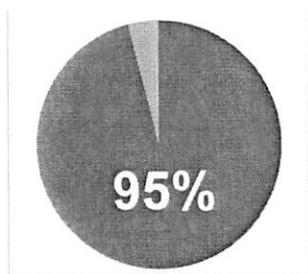


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# Points of Pride

## *Building Relationships One Client at a Time*

### *Client Satisfaction & Retention*



- We conducted six independent client satisfaction surveys in the years 2007 to 2016. On average, 95% of respondents report that PMA meets or exceeds their service expectations.
- Our independent 2016 Client Satisfaction Survey showed that 95% of our clients would recommend PMA to a friend or colleague.
- PMA's TPA & Risk Services has an average client retention rate of 95%.

### *Nationally Recognized Clients*



**Business Insurance's 2013 Risk Manager of the Year® Lori J. Gray, Risk Management Division Chief for Prince William County, VA.** For more than a decade, PMA Companies has partnered with Prince William County in Virginia on its workers' compensation and risk management program. We are proud of our partnership and the success we have helped this client achieve.



#### **Risk & Insurance Teddy Awards for Workers' Compensation**

- **2015 Winner – Barnabas Health**, a PMA client since 1998
- **2016 Winners – Excelsa Health and Hampton Roads Transit**
- **2016 Honorable Mentions – Metropolitan Water Reclamation District of Greater Chicago and Atlantic Health System**

### *Expertise*

**25**

**25 Years** of TPA & Risk Services expertise

**100**

**100 Years** of specialized workers' compensation experience

# Exhibits

Annual Report

Biographies

First Report of Injury

Sample Acknowledgement Form

Welcome Packet/WC Guide to Injured Workers'

CAREWORKS MCS Caresys Provider Network Directory

Return to Work Status Form

Stamford Loss Reports