

AGREEMENT

26-0137-RFP - Workers Compensation Third Party Administrator Services

This Agreement (the "Agreement" or "Contract"), is entered into on the date last executed below ("Effective Date"), by and between Pinellas County, a subdivision of the State of Florida whose primary address is 400 Court Street, Clearwater, Florida 33756 ("COUNTY") and Commercial Risk Management, Inc. whose primary address is 2002 North Lois Avenue, Suite, 600, Tampa, FL 33607 (hereinafter "CONTRACTOR") (jointly, the "Parties").

NOW THEREFORE, the Parties agree as follows:

A. Documents Comprising Agreement

1. This Agreement, including the documents listed below, constitutes the entire agreement and understanding of the Parties with respect to the transactions and services contemplated hereby and supersedes all prior agreements, arrangements, and understandings relating to the subject matter of the Agreement. The documents listed below are hereby incorporated into and made a part of this Agreement:
 - a. Pinellas County Standard Terms & Conditions, located on Pinellas County Purchasing's website, effective 4/10/2025, posted at <https://pinellas.gov/county-standard-terms-conditions/>
 - b. Solicitation Section 4, titled Special Conditions, attached as Exhibit C.
 - c. Solicitation Section 5, titled Insurance Requirements, attached as Exhibit D.
 - d. Solicitation Section 6, titled Scope of Work / Specifications, attached as Exhibit E.
 - e. Contractor's response to Solicitation Section 6, titled Contractor's Scope of Work, attached as Exhibit F.
 - f. Contractor's response to Solicitation Section 9, titled Pricing Proposal attached as Exhibit G.
 - g. Attachment No. 1, titled Special Handling Instructions
 - h. Attachment No. 2, titled Disaster Plan
2. In the case of a conflict, the terms of this document govern, followed by the terms of the documents listed above, which control in the order listed.

B. Term

1. The initial term of this Agreement is for thirty-six (36) months from the Effective Date ("Contract Term"). At the end of the initial term of this contract, this Agreement may be extended for two (2) additional twelve (12) month terms, or such other renewal terms agreed to by the Parties.

C. Expenditures Cap

1. Payment and pricing terms for the initial and renewal terms are subject to the Pricing Proposals in Exhibit F. County expenditures under the Agreement will not exceed \$1,348,788.00 for the Contract Term without a written amendment to this Agreement.
2. In no event will annual expenditures exceed \$449,596.00 in any given fiscal year without a written amendment to the Agreement.

D. Entire Agreement

1. This Agreement constitutes the entire agreement between the Parties.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their undersigned officials, who are duly authorized to bind the Parties to the Agreement.

Pinellas County, a political subdivision of the State of Florida:

Contractor:

Dave Eggers

Signature

Susan E Theis

Signature

Dave Eggers

Printed Name

Susan E Theis

Printed Name

Chair

Printed Title

President/CEO

Printed Title

May 5, 2026.

Date

March 12, 2026

Date

ATTEST: KEN BURKE, CLERK

By: *Keiah Townsend*



APPROVED AS TO FORM

By: Keiah Townsend
Office of the County Attorney

Exhibit C - Solicitation Section 4, titled Special Conditions

4. Special Terms & Conditions

4.1. INTENT

It is the intent of Pinellas County to establish an Agreement for 26-0137-RFP - Workers Compensation Third Party Administrator Services to be ordered, as and when required.

4.2. NON-NEGOTIABLE TERMS

While the County prefers that no exceptions to its contract terms be taken, the solicitation does authorize respondent to take exception to terms as part of its submittal. The County has deemed the following contract terms in the County's Standard Terms & Conditions <https://pinellas.gov/county-standard-terms-conditions/> to be non-negotiable:

Section 3: Compliance with Applicable Laws (all terms)

Section 7: Indemnification & Liability (all terms)

Section 8: Insurance & Conditions Precedent

Section 10(G): Governing Law & Venue

Section 12(A): Fiscal Non-Funding

Section 13: Confidential Records, Public Records, & Audit (all terms)

Section 19: Digital Content (all terms) *(if the Agreement includes software, online, or digital content services)*

Any terms required by law

4.3. PRICING/PERIOD OF CONTRACT

Unit prices submitted of listed items will be held firm for the duration of the Agreement. Duration of the Agreement will be for a period of thirty-six (36) months from the date of Agreement award and any extension thereof.

4.4. TERM EXTENSION(S) OF CONTRACT

The Agreement may be extended subject to written notice of agreement from the County and successful respondent, for Two (2) additional twelve (12) period(s) beyond the primary contract period. The extension shall be exercised only if all prices, terms and conditions remain the same and approval is granted by the County.

4.5. ORDERS

Within the term of this Agreement, County may place one or more orders for goods and/or services at the prices listed on the Pricing Proposal section of this solicitation, which is incorporated by reference hereto.

4.6. SERVICES

The terms below are applicable if the Solicitation includes the provision of SERVICES:

1. **ADD/DELETE LOCATIONS SERVICES** - The County reserves the right to unilaterally add or delete locations/services, either collectively or individually, at the County's sole option, at any time after award has been made as may be deemed necessary or in the best interests of the County. In such case, the Contractor(s) will be required to provide services to this agreement in accordance with the terms, conditions, and specifications.

4.7. QUANTITIES

Any quantities stated are an estimate only and no guarantee is given or implied as to quantities that will be used during the Agreement period. Estimated quantities are based upon previous use and/or anticipated needs.

Exhibit D - Solicitation Section 5, titled Insurance Requirements

5. Insurance Requirements

5.1. INSURANCE (General)

The Vendor must provide a certificate of insurance and endorsement in accordance with the insurance requirements listed below, prior to recommendation for award. The Vendor shall obtain and maintain, and require any subcontractor to obtain and maintain, at all times during its performance of the Agreement in Phase 1 insurance of the types and in the amounts set forth. For projects with a Completed Operations exposure, Vendor shall maintain coverage and provide evidence of insurance for 2 years beyond final acceptance. All insurance policies shall be from responsible companies duly authorized to do business in the State of Florida and have an AM Best rating of VIII or better.

5.2. INSURANCE (Requirements)

1. Submittals should include, the Vendor's current Certificate(s) of Insurance. If Vendor does not currently meet insurance requirements, Vendor shall also include verification from their broker or agent that any required insurance not provided at that time of submittal will be in place prior to the award of contract. Upon selection of Vendor for award, the selected Vendor shall email certificate that is compliant with the insurance requirements. If the certificate received is compliant, no further action may be necessary. The Certificate(s) of Insurance shall be signed by authorized representatives of the insurance companies shown on the Certificate(s).
2. **The Certificate holder section shall indicate Pinellas County, a Political Subdivision of the State of Florida, 400 S Fort Harrison Ave, Clearwater, FL 33756. Pinellas County, a Political Subdivision shall be named as an Additional Insured for General Liability. A Waiver of Subrogation for Workers Compensation shall be provided if Workers Compensation coverage is a requirement.**
3. Approval by the County of any Certificate(s) of Insurance does not constitute verification by the County that the insurance requirements have been satisfied or that the insurance policy shown on the Certificate(s) of Insurance is in compliance with the requirements of the Agreement. County reserves the right to require a certified copy of the entire insurance policy, including endorsement(s), at any time during the Bid and/or contract period.
4. If any insurance provided pursuant to the Agreement expires or cancels prior to the completion of the Work, you will be notified by CTrax, the authorized vendor of Pinellas County. Upon notification, renewal Certificate(s) of Insurance and endorsement(s) shall be furnished to Pinellas County Risk Management at InsuranceCerts@pinellascounty.org and to CTrax c/o JDi Data at PinellasSupport@ididata.com by the Vendor or their agent prior to the expiration date.
 - a. Vendor shall also notify County within twenty-four (24) hours after receipt, of any notices of expiration, cancellation, nonrenewal or adverse material change in coverage received by said Vendor from its insurer

Notice shall be given by email to Pinellas County Risk Management at InsuranceCerts@pinellascounty.org.

Nothing contained herein shall absolve Vendor of this requirement to provide notice.

- b. Should the Vendor, at any time, not maintain the insurance coverages required herein, the County may terminate the Agreement.
5. If subcontracting is allowed under this Bid, the Primary Vendor shall obtain and maintain, at all times during its performance of the Agreement, insurance of the types and in the amounts set forth; and require any subcontractors to obtain and maintain, at all times during its performance of the Agreement, insurance limits as it may apply to the portion of the Work performed by the subcontractor; but in no event will the insurance limits be less than \$500,000 for Workers' Compensation/Employers' Liability, and \$1,000,000 for General Liability and Auto Liability if required below.
- a. All subcontracts between the Vendor and its Subcontractors shall be in writing and are subject to the County's prior written approval. Further, all subcontracts shall
 - i. Require each Subcontractor to be bound to the Vendor to the same extent the Vendor is bound to the County by the terms of the Contract Documents, as those terms may apply to the portion of the Work to be performed by the Subcontractor;
 - ii. Provide for the assignment of the subcontracts from the Vendor to the County at the election of Owner upon termination of the Contract;
 - iii. Provide that County will be an additional indemnified party of the subcontract;
 - iv. Provide that the County will be an additional insured on all insurance policies required to be provided by the Subcontractor except workers compensation and professional liability;
 - v. Provide a waiver of subrogation in favor of the County and other insurance terms and/or conditions
 - vi. Assign all warranties directly to the County; and
 - vii. Identify the County as an intended third-party beneficiary of the subcontract. The Vendor shall make available to each proposed Subcontractor, prior to the execution of the subcontract, copies of the Contract Documents to which the Subcontractor will be bound by this Section C and identify to the Subcontractor any terms and conditions of the proposed subcontract which may be at variance with the Contract Documents.
6. Each insurance policy and/or certificate shall include the following terms and/or conditions:
- a. The Named Insured on the Certificate of Insurance and insurance policy must match the entity's name that responded to the solicitation and/or is signing the agreement with the County.
 - b. Companies issuing the insurance policy, or policies, shall have no recourse against County for payment of premiums or assessments for any deductibles which all are at the sole responsibility and risk of Vendor.

- c. The term "County" or "Pinellas County" shall include all Authorities, Boards, Bureaus, Commissions, Divisions, Departments and Constitutional offices of County and individual members, employees thereof in their official capacities, and/or while acting on behalf of Pinellas County.
- d. All policies shall be written on a primary, non-contributory basis.

The minimum insurance requirements and limits for this Agreement, which shall remain in effect throughout its duration and for two (2) years beyond final acceptance for projects with a Completed Operations exposure, are as follows:

5.3. WORKERS' COMPENSATION INSURANCE

Worker's Compensation Insurance is required if required pursuant to Florida law. If, pursuant to Florida law, Worker's Compensation Insurance is required, employer's liability, also known as Worker's Compensation Part B, is also required in the amounts set forth herein.

1. Limits

- a. Employers' Liability Limits Florida Statutory
 - i. Per Employee \$ 500,000
 - ii. Per Employee Disease \$ 500,000
 - iii. Policy Limit Disease \$ 500,000

If Vendor is not required by Florida law, to carry Workers Compensation Insurance in order to perform the requirements of this Agreement, County Waiver Form for workers compensation must be executed, submitted, and accepted by Risk Management. The County Waiver Form is found at <https://pinellas.gov/services/submit-a-workers-compensation-waiver-request/>. Failure to obtain required Worker's Compensation Insurance without submitting and receiving a waiver from Risk Management constitutes a material breach of this Agreement.

5.4. COMMERCIAL GENERAL LIABILITY INSURANCE

Includes, but not limited to, Independent Vendor, Contractual Liability Premises/Operations, Products/Completed Operations, and Personal Injury. No explosion, collapse, or underground damage exclusions allowed.

1. Limits

- a. Combined Single Limit Per Occurrence \$ 1,000,000
- b. Products/Completed Operations Aggregate \$ 2,000,000
- c. Personal Injury and Advertising Injury \$ 1,000,000
- d. General Aggregate \$ 2,000,000

5.5. CYBER RISK LIABILITY (NETWORK SECURITY/PRIVACY LIABILITY) INSURANCE

To include cloud computing and mobile devices, for protection of private or confidential information whether electronic or non- electronic, network security and privacy; privacy against liability for system attacks, digital asset loss, denial or loss of service, introduction, implantation or spread of malicious software code, security breach, unauthorized access and use; including regulatory action expenses; and notification and credit monitoring expenses with at least minimum limits as follows:

1. Limits
 - a. Each Occurrence \$ 5,000,000
 - b. General Aggregate \$ 5,000,000
2. For acceptance of Cyber Risk Liability coverage included within another policy required herein, a statement notifying the certificate holder must be included on the certificate of insurance and the total amount of said coverage per occurrence must be greater than or equal to the amount of Cyber Risk Liability and other coverage combined.

5.6. PROFESSIONAL LIABILITY (ERRORS AND OMISSIONS) INSURANCE

Minimum limits as follows. If “claims made” coverage is provided, “tail coverage” extending three (3) years beyond completion and acceptance of the project with proof of “tail coverage” to be submitted with the invoice for final payment. In lieu of “tail coverage”, Proposer may submit annually to the County, for a three (3) year period, a current certificate of insurance providing “claims made” insurance with prior acts coverage in force with a retroactive date no later than commencement date of this contract.

1. Limits
 - a. Each Occurrence or Claim \$ 5,000,000
 - b. General Aggregate \$ 5,000,000
2. For acceptance of Professional Liability coverage included within another policy required herein, a statement notifying the certificate holder must be included on the certificate of insurance and the total amount of said coverage per occurrence must be greater than or equal to the amount of Professional Liability and other coverage combined.

5.7. CRIME/FIDELITY/FINANCIAL INSTITUTION INSURANCE

Coverage shall include Clients’ Property endorsement similar or equivalent to ISO form CR 04 01, with at least minimum limits as follows:

1. Limits
 - a. Each Occurrence or Claim \$ 1,000,000
 - b. General Aggregate \$ 1,000,000

5.8. PROPERTY INSURANCE

Vendor will be responsible for all damage to its own property, equipment and/or materials.

Exhibit E – Solicitation Section 6, titled Scope of Work / Specifications

6. Scope of Work / Specifications

6.1. OBJECTIVE/JUSTIFICATION

The successful Contractor must provide all personnel, labor, materials, supervision, travel, facilities, software, and equipment to provide TPA services in compliance with the County's scope of work, which for all services required shall also include services requested and required by the Pinellas County Sheriff's Office (PCSO) as a separate entity under the same umbrella. Contractor must provide a toll-free or local area code (727) number for member services. The successful Contractor must prepare all deliverables in a manner that ensures they are accurate, coordinated, and adequate for the intended purposes, in conformance with all applicable laws and regulations, and, where appropriate, within our preferred provider, BayCare, network.

6.2. BACKGROUND

All Constitutional Officers of the County and certain county-funded court employees are included in the WC Program, except as otherwise set forth herein. With the exception of the Clerk of Court and Comptroller (Clerk), all Constitutional Officers of the County currently participate in the WC Program and make payments to the Risk Finance Program, established pursuant to Pinellas County Code Section 2-142, with regard to WC insurance premiums and claims. The Clerk previously participated, but since on or about July 1, 2011, maintains separate WC coverage. WC claims of Clerk employees that arose prior to July 1, 2011, remain within the WC Program. The WC Program carries a \$2 million self-insured retention per occurrence and covers approximately 5,359 employees, of which 2,737 work for the Sheriff's Office. Pinellas County also provides coverage for its volunteers. Any claims that fall within the retention are paid from the County's Risk Finance Program during the year that indemnity payments, medical payments, or claims expense payments are made; regardless of when the claim occurred, until the claim is closed. Currently, claims are adjusted and managed internally with the assistance of the County Attorney's Office, and outside vendors are utilized for specific services. The policy coverage "limit" is "statutory" per Florida Statute 440. Risk maintains a Reserve Fund to cover outstanding liabilities for open WC claims. An actuary is engaged to advise on the current year operating fund for paying claims, as well as adequate amounts needed in the Reserve Fund for outstanding liabilities for open claims.

6.3. PREFERRED REQUIREMENTS

Contractor shall:

- A. Provide a toll-free telephone call-in number for County employee inquiries. The telephone call-in number shall provide access for hearing-impaired employees.
- B. Provide an Internet accessed, secure website for purposes of obtaining account information and account management by the County's Risk Management staff and legal counsel.
- C. Have an office based in Florida, preferably in the Tampa Bay region, that will service the account.
- D. Meet the time requirements established by the Florida Division of Workers' Compensation for benefits and a minimum payment accuracy of 97% for all medical and indemnity payments.
- E. Meet the time requirements established by the Florida Division of Workers' Compensation statute and established case law including responses to all requests from authorized medical providers, claimants or their attorneys for authorization of medical care.

6.4. Workers' Compensation Third-Party Administration Services: Scope of Work

A. SCOPE OF WORK:

The successful Contractor must provide all personnel, labor, materials, supervision, travel, facilities, software, and equipment to provide TPA services in compliance with the County's scope of work which for all services required shall also include services requested and required by the Pinellas County Sheriff's Office as a separate entity under the same umbrella. Contractor must provide a toll-free or local area code (727) number for member services. The successful Contractor must prepare all deliverables in such a manner that they shall be accurate, coordinated, and adequate for the purposes intended and *in* conformance with all applicable laws and regulations and within our preferred provider BayCare network.

a. Transition Duties -

- i. The Contractor must provide the necessary support, including IT support, insight, guidance, and assistance to ensure a smooth conversion for all the County's WC claims, which include claims involving Sheriff's employees. The Pinellas County Sheriff's Office ("PCSO") will participate and use this contract for its WC claims.
- ii. Transition duties require that the electronic data, including historical data, be transitioned to the Contractor and stored in a manner in which the contents are readily identifiable by type of document and date the document was created, not the date it was transitioned, in order to ensure proper and timely responses to requests for documentation by the County Attorney, participants in the County WC system, and WC claimants.
- iii. The Contractor must provide a mutually agreeable written transition schedule for both County and PCSO claims.
- iv. The Contractor must provide a work plan that lays out an effective strategy for service transition and the data conversion.
- v. The Contractor must hold joint data conversion review meetings with the County and the PCSO. The first meeting must take place within one (1) week from issuance of notice to proceed. The Contractor must provide meeting agendas and meeting minutes for all such meetings.
- vi. The Contractor must ensure claim conversions are accurate with respect to data integrity, including but not limited to data mapping, historical financial transactions, and payment history and classification.
- vii. The Contractor must set up and train the County and the PCSO team on the Contractor's Risk Management and Insurance (RMI) System as requested by the County. The participants to be included in the County's team will be determined upon execution of a contractual agreement for services and for the term of the agreement.
- viii. The Contractor must pick up files at a mutually agreeable date, if there are any paper files.
- ix. The Contractor must provide one experienced lost time adjuster and a medical adjuster with at least five (5) years of experience is required for all cases for which a petition for benefits has been filed to both the County and the PCSO while the Contractor completes the transition duties and for the duration of the agreement.

- x. The electronic data, including historical data, be stored in a manner in which the contents are readily identifiable by kind and date to ensure proper and timely responses to requests for documentation by the County Attorney, participants in the County WC system, and WC claimants.

2. Administrative and Managerial -

- a. The Contractor must analyze, verify, and make payment of state fines and assessments, if/when appropriate. If the state fines and assessments are incurred based on the conduct of the Contractor, then the Contractor is responsible for payment of the state fines and assessments and shall not charge the same to the County. If the County's actions are the basis for the fines and assessments, then the Contractor may charge those amounts back to the County.
- b. The Contractor must assist the County, including all reports and data necessary, for filing annual certification of the County's safety program and drug-free workplace programs by October 31st of each year.
- c. The Contractor must provide the County with annual documentation of the Contractor's State of Florida certification as a qualified servicing entity for self-insureds.
- d. The Contractor must assist and coordinate with the County in filing the Annual Payroll Report to the state, including notifying the County that the report is due at least 60 days prior to the due date and advise the County of any changes or new requirements for the report.
- e. The Contractor must provide WC claims data in the format requested by the County's actuary by October 15 of each year and provide any supplemental data as requested by the actuary.
- f. The Contractor must coordinate and respond on the County's behalf to the state or federal government, including Occupational Safety Health Administration (OSHA) and the Center for Medicare Services (CMS) and any other audits or requests that may be required of or by the County, including investigating and responding to state's notification of late payments, related fines, and Inquiries on Special Disability Trust Fund and Permanent Total Disability cases.
- g. The Contractor must provide responsive and professional account management, administrative services, information technology services, 1099 filing, subrogation and recovery services, Special Investigative Unit (SIU) services to investigate fraud, and any other professional services per industry standards and claims handling best practices.
- h. The Contractor must provide prescription, bill review, and payment services in a manner that allows the County to realize optimum savings.
- i. The Contractor must pay benefits on time per state requirements and file all information required by the Division of Workers Compensation (DWC) per Florida EDI guidelines *for* all WC claims benefits and WC claim related expenses and is solely responsible for any fines or fees including but not limited to attorney's fees imposed against the County or employee as a result of any failure to pay timely.
- j. The Contractor must provide documentation and summarize your firm's Emergency Management Plan to ensure the continuity of services after a catastrophic event that affects your operations.
- k. The successful Contractor must have and maintain a documented and successful Quality Assurance Program to ensure proper protocols are established and maintained for all claims processed.

3. Technical and Reports -

- a. The Contractor must provide an information management system for the County (Risk Management Information System or RMIS) with the following capabilities:
 - i. Manage and store, in native format, all WC claims data, documents, and forms, including but not limited to medical records, payout sheets, transcripts, correspondence, notes, pleadings, orders, reports, voicemail messages when appropriate, and any forms required by the State of Florida. The data must be identifiable by type of data and with the ability to be sorted chronologically or by type.
 - ii. Create all automated reports required to be generated pursuant to this Agreement.
 - iii. Provide 24-hour telephonic and single sign-on internet-based claim reporting and intake capabilities. The Contractor must provide the County with the ability to report First Notice of Injuries electronically in real time, to include a telephonic 24-hour nurse hotline.
 - iv. Ability for the review of historic electronic files and current files regardless of format, in addition to historic paper files.
- b. The Contractor must provide the County, including the County Attorney's Office, full access to the RMI System through an internet-accessed, secure website that is available 24 hours a day, 7 days a week for approximately 15 users. The website shall allow the County to view and obtain all data, payments, documents, and forms contained therein, to add notes to the adjuster or claim file that creates an automatic alert to the adjuster that such notes have been added, and to create automated and manual reports.
- c. The Contractor must provide a toll-free or 727 area code phone number, email address and fax number for use by the County to report new WC claims (in addition to single sign-on internet based and telephonic means of reporting claims) and forward documents received on existing claims.
- d. Within twenty-four (24) hours of the County sending a new loss report, Contractor must provide the County with a claim number in the format requested by the County.
- e. The Contractor must provide a toll-free/local number for County employees with questions on their claim to call.
- f. The Contractor must provide check registers on a weekly basis as required by the County.
- g. The Contractor must have in place a system to support electronic reporting for the State of Florida EDI & Federal Medicare Queries and Reporting.
- h. The Contractor must have all technical services configured to meet ADA requirements.
- i. The Contractor must provide for review of historic electronic files and current files regardless of format, in addition to historic paper files.

4. Claims Management, Adjusting, Investigation, & Reporting -

- a. The Contractor must provide professional WC claims administration, including: telephonic and field investigation, statements, photos, settlement evaluation, medical care management referrals, scheduling of appointments, tests and notifications of same, medical cost containment, medical bill review and payment in accordance with Florida WC fee schedule and any additional discounts that may be due from the County's preferred BayCare provider and/or the TPA's provider network and any further discounts negotiated independently by the County.
- b. The Contractor must determine and make payment of indemnity benefits due and owing, and provide electronic reporting of both indemnity and medical payments to the state.
- c. The Contractor must maintain and administer one or more bank accounts for the payment of claims. Contractor must send monthly reconciliations and an outstanding checks list to the County by the 15th day of the following month. Annually, Contractor will review outstanding checks and identify stale-dated checks outstanding greater than 90 days from the check date. The Contractor is responsible for compliance and remittances due under escheatment laws of any jurisdiction as they apply to claims paid under this agreement.
- d. County will remit payment to the Contractor via ACH or wire transfer weekly for claims paid. The Contractor must provide a weekly payment report in Microsoft Excel or other County-approved format by 10:00 *a.m.* ET on Monday mornings indicating all claimants on a light duty or no duty status and any WC claims that have changed in the past 2 weeks from light duty or no duty to full duty. Report must include detailed information on the last 2 indemnity payments, with type of benefit paid, payee information, time period covered, date of check, payee, amount paid, temporary total disability rate (TTD), average weekly wage (AWN), temporary partial rate (TPR), customary work week, check number, date of loss, claimant name, current work status, date of current work status, claim number, and department. The County will pay Contractor for services under Section 5 of the Agreement through the County's normal vendor payment process.
- e. The Contractor must provide an experienced litigation adjuster with a minimum of 5 years' experience who can respond to a Petition for Benefits and ongoing communication with the County Attorney's Office or outside counsel, if any, attending mediations, depositions, and trials when requested by the County, handling of subrogation, third-party recovery, other adjuster claim services, and maintaining files for all the County's WC claims .
- f. The Contractor must pay outside counsel and other contractual fees in accordance with the time frames set forth in the Florida Local Government Prompt Payment Act, Fla. Stat. §218.70, et seq., as may be amended.
- g. The Contractor must manage an open, re-opened, and new WC claims for the duration of the Agreement. The Contractor must perform live and well checks on all PTD claims.
- h. The Contractor must consult prior paper files, if any, as part of its claims process and maintain all legacy paper files on pending WC claims received from the County in a secure and organized manner. The Contractor in its discretion, may create electronic files from such legacy paper files. Paper files must be securely returned to the County when no longer needed.

- i. The Contractor will receive the notice of claim from either an electronic telephonic reporting service or the County department and create claim files in the Contractor's RMI System for each claim and maintain the file for the duration of the Agreement. Files reporting period shall be established per the County's fiscal year and shall contain the County's hierarchy as provided and updated by the County. Files are the property of the County and information in the same should be maintained and safeguarded per industry standards, state and federal requirements and as described herein.
- j. The Contractor must provide an adequate number of experienced licensed lost time adjusters dedicated to the County's and the Pinellas County Sheriff's Office WC claims to handle all matters in a timely manner. Additionally, the adjuster must be located on-site in the County's WC office Monday through Friday for 8 hours a day, the time to be established by the County and the Contractor. The Contractor's adjuster will also act as the liaison for the County's WC administration office and be available to handle WC claim situations needing immediate attention. A WC adjuster must also be located onsite at the PCSO at least two days a week.
- k. The Contractor must investigate WC claims for compensability, validity and liability for subrogation purposes and provide field adjusters/investigations when necessary.
- l. The Contractor must document the claim file clearly as it relates to all phone conversations, discussions or meetings.
- m. The Contractor must ensure compliance with the County's drug-free workplace program and if any drug testing is necessary, ensure proper protocols are followed to enable valid defense of WC claims.
- n. The Contractor must determine compensability including securing the injured employee's recorded statement on lost time and on subrogation files and ultimately for investigating liability for subrogation potential. Contractor must secure recorded statements on WC claims involving ongoing lost time to confirm and limit injuries *and* secure information on prior accidents and injuries. Any subrogation recovery will be paid 100% to the County.
- o. The Contractor must provide courteous and responsive service to the injured employee and others involved in the claim process, including responding to the claimant within one (1) business day and to the physician's office within two (2) business days for all lost time cases. The Contractor must respond to the County Attorney's Office or outside counsel, if any, within one (1) business day or same day if needed on WC claims with an active petition for benefits. The County Attorney's Office or an outside counsel of the County's choice will respond within the same time frame, to the extent reasonably practicable.
- p. The Contractor must contact the injured employee's supervisor or the County's specified liaison when warranted to investigate WC claims as well as advise of claim status and ensure proper work status. For the PCSO, the contractor must contact the Human Resources Benefits Section.
- q. The Contractor must coordinate any return of injured employees to light duty with the employee's supervisor and contact the County for assistance as needed.
- r. The Contractor must advise the County and PCSO as appropriate of any WC claim that may warrant additional loss control or safety investigation to aid in the prevention of similar losses in the future.
- s. The Contractor must determine and process payments on the proper benefits due on compensable WC claims within one (1) business day prior to the due date under Florida Statute 440. Any full

denial of compensability will be discussed with the County Attorney and Risk Management prior to proceeding with the denial.

- t. The Contractor must provide a monthly report outlining all active litigation Workers' Compensation claims. The report must include, but is not limited to, date of injury; accident description; compensability; covered body part(s); authorized physician(s); diagnosis; medical summary; prior litigation summary; work restrictions and work status; status of reserves.
- u. The Contractor must confirm with the claimant's employer's payroll department that base wages were paid in full for the first seven (7) days of disability and report that time period as employer-paid in the Electronic Data Interchange (EDI) report to the DWC. Notification must occur within one business day of instances, where the employer-paid position exceeds 7 days.
- v. The Contractor must apply the following Litigation management:
 - I. Work with the County Attorney's Office, or outside counsel, if any, to 1) prepare a response and corresponding documentation for the defense of WC claims considered non-compensable, 2) respond timely to Petitions for Benefits on the Judge of Compensation Claims (JCC) website and 3) assist the County Attorney's Office or outside counsel, if any, in preparation of cases for hearings, appeals and mediations and attend same as requested by the County Attorney's Office or outside counsel, if any. Adjusters must be made available for depositions and meetings to prepare for depositions and to attend mediations in person or by telephone, or by video conferencing, at the discretion of the County or its legal counsel.
 - II. Coordinate investigation of any heart presumption cases, as defined by Fla. Stat. 112.18, with the County Attorney's Office or outside counsel, if any, regardless of whether the claimant is represented by counsel. The Contractor must not file a denial without approval from the County Attorney's Office or outside counsel as designated by the County, if any.
 - III. On cases with an active petition for benefits, timely notify the County Attorney's Office or outside counsel, if any, of all activity relevant to the issue(s) in the petition for benefits including but not limited to when a claimant reaches maximum medical improvement (MMI), when a claimant's work restrictions have changed, when impairment ratings are assigned, and when a claimant has a change of physicians.
 - IV. Work with the County to mitigate litigation and claim costs and promote settlements. All wash out settlements must be approved by the County in writing prior to the initiation of settlement discussions and once the file is settled it must be Medicare compliant.
 - V. Respond to requests for production and redact any protected information and/or qualifying employee data prior to submission. Have the County Attorney's Office or outside counsel, if any, review and approve and formally respond to the request for production.
 - VI. Respond to requests for benefits, including requests for medical provider or service authorizations and other requests in a professional manner and within the time requirements set forth in Florida Statute 440.
 - VII. All correspondence to claimants' attorneys on cases with an active petition for benefits must be reviewed and approved by the County Attorney's Office or outside counsel, if any, before

being sent such review and approval does not diminish the Contractor's warranty pertaining to deliverables.

- VIII. Prepare Special Disability Trust Fund submissions for reimbursement and follow up on the same.
- w. The Contractor must use Insurance Services Office (ISO's) Index service or other similar service to investigate employees on compensability and possible fraud matters. Report WC claims to ISO that involve lost time of more than a month, any claims requested by the County, and any other claims that Contractor determines warrant an ISO filing. Respond to requests from other carriers for information based on ISO filings.
 - x. The Contractor must provide a cost-effective, legally compliant, and automated method for reporting WC claims to Medicare.
 - y. The Contractor must schedule claims management meetings at a minimum of one time per month, with the County and the PCSO separately, and as requested by the County within three (3) business days for WC claims involving pending litigation, complex issues (large exposure files, monetary or political) or questionable aspects (potential denials or fraud), and at the County's sole discretion.
 - z. The Contractor must file or, when the County is required to file an item itself, provide information and assistance as required for preparation and filing within the required timeframes of all reports required by the Florida Department of Insurance in connection with the County's approved self-insured status including but not limited to: the reports, procedures, and filings requested and/or required by the state for state audits. Chapter 440 and Chapter 682 of the Florida Statutes, the Florida Rules of Appellate Procedures, Section 6A-22 Reemployment Services, Section 59A-24 Drug Free Workplace Standards, Section 59A-29.009 Health Care Provider Certification, Section 59A-30.008 Expert Medical Advisors, Section 69L-3 on Workers Compensation Claims, Section 69L-5 Rules for Self-Insurers under the Workers' Compensation Act, 69L-6 Workers' Compensation Compliance, 69L-7 Workers' Compensation Medical Reimbursement and Utilization Review, 69L-10 Claim for Reimbursement Against the Special Disability Trust Fund, 69L-24 Workers' Compensation Insurers' standards and Practices, 69L-26 Employee Assistance and Ombudsman Office, 69L-56 EDI Technical Requirements, 690-190 Rules for Self-insurers under the Workers' Compensation Act, 60Q-6 Rules of Procedure for Workers Compensation Adjudications, and the Florida Administrative Code as applicable to Workers Compensation and Self-Insureds Statute.
 - aa. The Contractor must file a Unit Statistical Report and file all EDI as required by the Florida Division of Workers' Compensation.
 - bb. The Contractor must advise the County of any claimant reported late as defined in Chapter 440, Fla. Stat., to the Contractor by County departments.
 - cc. The Contractor must meet all the requirements for Medicare reporting under Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA), Section 111, and ensure that any and all settlements meet the Medicare conditional payment and future payment needs of the claimant.
 - dd. The Contractor must advise the County departments, PCSO, and WC program participants of any Centers for Medicare & Medicaid Services (CMS) liens received and review the CMS liens received on pending and/or closed WC claims and respond to Medicare timely. The Contractor must negotiate and resolve the same.

- ee. The Contractor is responsible for working with the County to ensure the timely completion of the Unit Statistical Report to the State of Florida, which requires a three-year history and an evaluation date of July 1st.
- ff. The Contractor does not have the authority to settle or deny claims. Prior authority must be obtained from Risk Management and the County's Attorney or outside counsel. The Contractor must provide recommendations for settling or denying claims, in writing with detailed reasoning.
- gg. In the event of termination of the agreement, it will be the successful Contractor's responsibility and obligation to handle all incurred claims at the time of its termination to their conclusion unless released from their obligation by the County.
- hh. The Contractor must be available to discuss claims directly with WC Program participants at their request.

5. COUNTY RESPONSIBILITIES:

- a. The County and PCSO will each provide a single point of contact to administer the agreement.
- b. The County will work with the Contractor on any County issues that affect Contractor's timely performance per Florida Statute requirements.
- c. The County will report all work Injuries to the Contractor utilizing a 3rd party vendor, like Company Nurse, or a similar company if the Contractor does not have this feature.
- d. The County will work with the Contractor, when the Contractor advises the County and PCSO that an employee is released to light duty to assist in returning the employee to work within his/her restrictions, if possible. Currently, County Departments are required to provide light duty for a limited period of time.
- e. The County Attorney's Office or outside counsel , if any, will represent the participants in the WC Program, on all petitions for benefits and lien subrogation cases and advise Contractor of any additional investigation needed on any claim. The County will be responsible for any settlement offers. When the claimant's attorney wants to depose the adjuster, the County Attorney's Office or outside counsel, if any, will contact the adjuster and attempt to schedule the adjuster's deposition at a convenient time; the County's attorney will and will meet with the adjuster before any deposition of the adjuster.
- f. The County will provide the wage information needed for the Contractor to determine the amount of the WC benefit rate.
- g. The County will work with the selected Contractor in regard to the "special handling instructions", which will be a live document that will be updated annually or as internal procedures/points of contact change.
- h. The County may select specific vendors and develop pricing schedules for outside professional services.
- i. The County will be responsible for sending the data provided by Contractor to the actuary for completion of the annual actuarial evaluation and report. The County will be responsible for the actual submission of the payroll report to the State.

- j. The County may be responsible for submitting the required annual defense attorney report to the State. The County will report annual defense fees for the County Attorney's Office and outside counsel and the Contractor will report annual defense fees for any vendors to the State.
- k. The County will forward any authorization requests and any other correspondence to the Contractor within one (1) business day of receipt. The County will be responsible for funding the account that the Contractor utilizes for claim payments.

6. ADDITIONAL SUMMARY OF INVOICE REQUIREMENTS:

In addition to Exhibit A – Pinellas County Standard Terms & Conditions Goods & Services Agreement Section 11 Payment & Fiscal Obligations subsection B. Invoices/ The Contractor must furnish the County, when requested, a detailed summary of invoices and summaries. The summary shall include an itemized description of services delivered and dollar amount of each. This information must be submitted within thirty (30) days of the County's request.

7. ACCOUNT MANAGEMENT:

Contractor must provide a single point of contact, a dedicated account manager who will be readily available during normal business hours to administer the Agreement. Contractor is responsible for notifying the County of any changes in account manager or contact information. Account managers' responsibilities shall include, but are not limited to, overseeing all aspects of implementation, servicing, reporting, and Issue resolution.

8. COMPENSATION AND OTHER DOCUMENTS TO BE RETURNED WITH SUBMITTAL:

The Contractor must include pricing for the following:

A flat annual fee that is inclusive of "Third Party Claims Administration, establishing new claims/claim intake, EDI reporting to the state for indemnity and medical payments, EDI for compliance of Medicare queries and final claim determinations. ISO queries, the County and the PCSO's use of data system(s) with up to 12 users, check writing and all other services required in the scope of services.

- A. Provide a one-time price for the transition of existing claims from the County's TPA's current claims database(s) to the Contractor's database and assuming legacy/tail claims.
- B. Provide pricing for additional services that are outside of the annual service fee to include: bill review/repricing, Telephonic/Field Nurse case managers, pharmacy benefit management, and any other ancillary services that Contractor provides, such as surveillance, outside medical utilization review, outside medical management, costs of copies of public records or medical records; legal services, etc. All additional services will be accepted or declined by the County .
- C. Successful Contractor's Quality Assurance Program, how it operates, including benefits derived with examples of client success involved in this program.

G. SPECIAL HANDLING INSTRUCTIONS:

See Attachment 1 for workflows associated with Special Handling Instructions. Special Handling Instructions may be updated by as need with approval by the County.

H. SUMMARY OF PREFERRED QUALIFICATIONS:

Contractor shall:

- A. Have a minimum of seven years' experience providing TPA services for counties and/or municipalities with both law enforcement and fire departments, as described herein, including a minimum of five years of secure internet access for the same for the State of Florida Workers' Compensation Claims.
- B. Be a licensed TPA provider (not broker or agent) per Florida Department of Insurance regulations.
- C. Provide evidence of financial stability and viability to fulfill the commitments of this Agreement.
- D. Have the ability to obtain the minimum insurance requirements set forth in the Agreement.
- E. Be free from legal and regulatory matters that might prevent the Contractor from fulfilling the obligations of the Agreement.
- F. Be experienced with claims audits by the Division of Workers' Compensation and have provided WC claims administration services to a minimum of two other Florida public entities.
- G. Provide a dedicated account manager to function as the primary contact for all services and who has a minimum of five (5) years' experience with the firm.
- H. The successful firm must have an established quality assurance program and possess significant experience working with governmental agencies including public safety personnel (police/fire etc.)

I. SUMMARY OF PREFERRED REQUIREMENTS:

Contractor shall:

1. Provide a toll-free telephone call-in number for County employee inquiries. The telephone call-in number shall provide access for hearing-impaired employees.
2. Provide an Internet-accessible, secure website for purposes of obtaining account information and account management by the County's Risk Management staff and legal counsel.
3. Have an office based in Florida, preferably in the Tampa Bay region, that will service the account.
4. Meet the time requirements established by the Florida Division of Workers' Compensation for benefits and a minimum payment accuracy of 97% for all medical and indemnity payments.
5. Meet the time requirements established by the Florida Division of Workers' Compensation statute and established case law including responses to all requests from authorized medical providers, claimants or their attorneys for authorization of medical care.

J. INJURY COUNSELOR

The Injury Counselor is responsible for assisting employees in their return-to-work process following an injury. The program aims to facilitate a safe and efficient return-to-work process, minimize lost time, and promote the well-being of the injured employee

Title: Workers Compensation Third Party Administrator Services

1. Act as liaison to enhance communication between the injured employee, adjuster and client and assist the injured employee through the workers compensation process.
2. Assist employees with day-to-day claim questions.
3. Responsible for ongoing contact with injured employee throughout the course of their claim.
4. Contact employee after each key medical appointment, assists adjuster with obtaining medical provider work status reports after each appointment and provides same to adjuster and client.
5. Ensure light duty restrictions are provided from the physician and coordinate with the supervisor to ensure that the restrictions can be accommodated.
6. Defers any HR related questions by the injured employee back to client – Defers any compensability questions back to the adjuster.
7. If an injured employee retains an attorney – Injury Counselor ceases communication with the injured employee.
8. The fees for the Injury Counselor is attributed to the County. The Injury Counselor will not be responsible for the Sheriff's Office return to work processes.

Exhibit F – Contractor's Scope of Work

Approach and Statement of Work

1. Transition

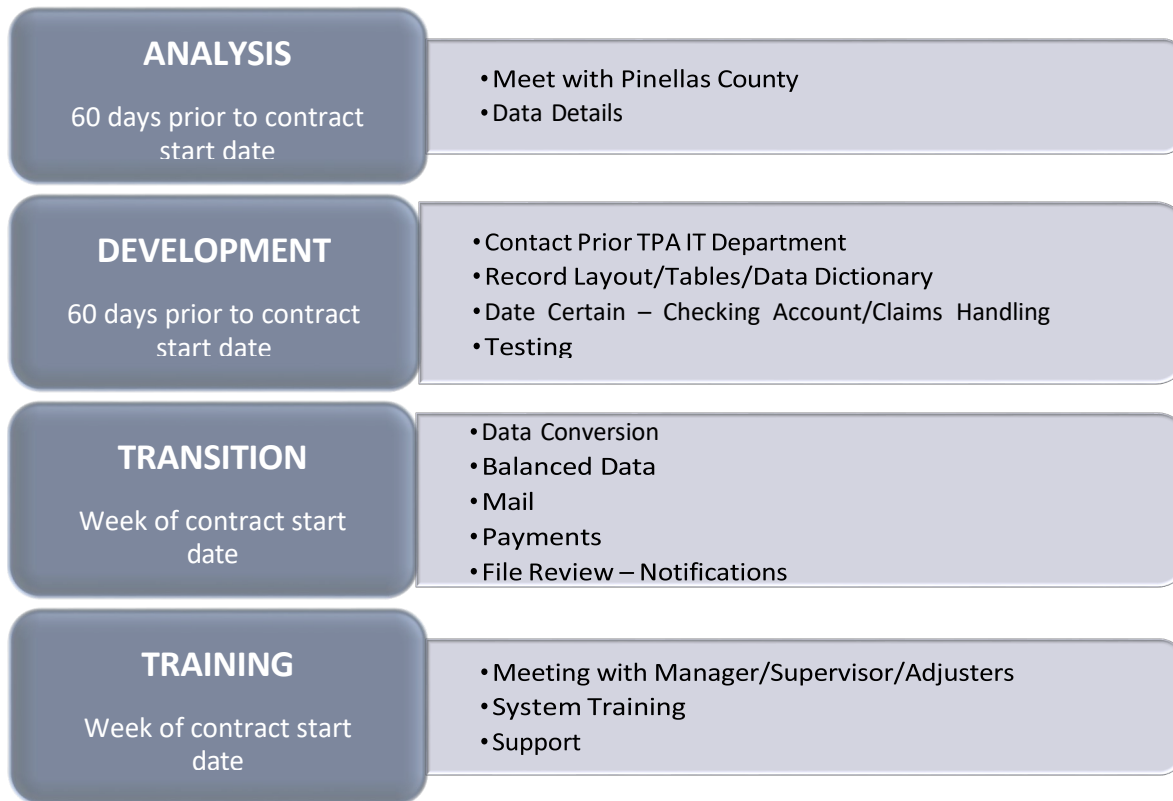
A. The Contractor's approach to satisfying the required services outlined in the Statement of Work begins with the implementation process.

B. Upon award, an implementation meeting will be held within one (1) week of issuance of notice to proceed to coordinate a smooth transition. During this meeting, Pinellas County and the Contractor will agree to a mutually beneficial transition schedule. All meeting agendas and minutes will be detailed and provided to Pinellas County by the Contractor. A typical implementation timeline is 60 days, depending on the responsiveness of the prior TPA. The Contractor will coordinate a timely and efficient transition of all existing claims data from the current system. The Contractor will ensure claim conversions are accurate with respect to data integrity, including but not limited to data mapping, historical financial transactions, and payment history and classification. Included below are the specific implementation actions:

- i. Set initial meeting with Pinellas County to discuss details of data elements that
- ii. would like to be seen in the reports
- iii. Request test information from Pinellas County/prior TPA and begin data conversion and necessary programming. The following items will be necessary: record layout, data formats, and summary loss run
- iv. Set up individualized plans of claim reporting
- v. Discuss and set up coding so loss reports can be sorted in accordance with Pinellas County's needs
- vi. Discuss and establish the distribution of reports
- vii. Discuss and set up daily protocols for obtaining authority for claims activity
- viii. Set up and train Pinellas County's team on the claims system
- ix. Set up checking account and discuss banking/financial needs
- x. Receive final data for conversion
- xi. Pick up any hard copy files (specific date to be determined)
- xii. All open files will be reviewed by the supervisor/senior adjuster

C. The Contractor has completed numerous data conversions for large, self-insured clients. We have not experienced any data issues resulting in delays. Since the Contractor has a custom-developed system, we can transfer the data in any format into our system. We have imported data from multiple third-party administrators and self-administered programs. The transition services required from Pinellas County during the implementation phase would include:

- i. Provide necessary organization information for account set up
- ii. Select the type of checking account set up that is preferred
- iii. Discuss updating any codes used for reports
- iv. Provide contact personnel for reports and distribution frequency
- v. Remote users will attend training sessions
- vi. Provide and discuss claims procedures and protocols to set up



2. Claims Handling Methodology

A. The Contractor’s approach to servicing self-insured programs has resulted in better outcomes of our clients’ programs. The Contractor provides our clients the flexibility to choose the providers and vendors that best suit their needs and the needs of their employees. The Contractor will provide guidance for selection of partners and will work with Pinellas County’s established strategic partners. The Contractor will partner with providers who understand the needs of our clients’ programs, which have resulted in cost containment and earlier resolution of claims.

B. The Contractor will continuously review claim development for Pinellas County so that adjustments can be made in the program to positively impact the cost of risk. We closely monitor all claim counts so the claims can be adjusted in the most efficient manner and report to the County bi-weekly.

C. The Contractor’s dedicated claims team will adhere to the Best Practices for claims handling and recovery as outlined below. Best Practice information is contained in the Contractor’s custom claims system and will be a significant part of providing the services requested in the Statement of Work. The Contractor’s Best Practices for claims handling is customized to each client, so our clients are in control of their programs, and will be customized to the needs of Pinellas County.

3. Claims Handling Protocols

A. Acquired Claims - Upon acquisition, all open claims will be thoroughly reviewed for potential savings, the identity of cost drivers, and to ensure all investigative avenues were properly pursued.

Key areas of review often include:

- i. **Medical Management:** Ensuring all treatments were necessary, noting medical treatments the claimant missed or were covered under the claim and shouldn't have been. Duplicate prescription therapies and/or compound medications.
 - ii. **Investigative Gaps:** Identifying if sufficient investigation into the cause of the injury or pre-existing conditions was completed. Confirming records were procured from prior accidents/prior treatment. Confirming major contributing cause was properly addressed.
 - iii. **Subrogation Potential:** Determining if a third party was responsible for the injury, which could allow for recovery of costs.
 - iv. **Reserve Adequacy:** Assessing if the financial reserves set aside for the claim are appropriate based on the current and projected costs.
 - v. **Proactive Plan of Action:** Implementing a clear, strategic, and effective action plan and setting timely tasks to ensure follow-through on the action plan.
- B. By uncovering these missed opportunities, the Contractor will reduce overall claims costs and improve claim outcomes.

4. Claims Arising/Reported after Acquisition

A. Three Point Contact for Indemnity Claims: For all indemnity claims, aggressive efforts will be made to contact the employer, injured worker, and medical provider within 24 hours. If applicable, witnesses will also be contacted. All contacts or attempted contacts will be documented.

B. Initial file set ups and timely referral to the adjuster are imperative to meet the best practice for timely contacts. The standard of measurement used for this best practice is contact by the adjuster within 24 hours of knowledge of a lost time claim with:

- i. The injured worker
- ii. The medical provider (or nurse case manager, if he/she has contacted the medical provider)
- iii. The employer to discuss transitional duty arrangements (or nurse case manager if he/she has contacted the employer to facilitate transitional duty assignment)

C. Investigation: Investigations will be completed within 14 days of receipt of claim or sooner if required by statute. Documentation will be complete and indicate any reason for further investigation beyond 14 days. The initial investigation of a claim sets the tone for the life of a claim. It requires timely and thorough fact gathering, which makes aggressive case management possible. The adjuster will determine the compensability of a claim on every claim and always in collaboration with the client. Because of our acute sensitivity to the litigious nature of this business, sometimes these decisions are based on a specific strategic plan agreed upon by the Contractor and the client. Oftentimes, other "employment" issues may impact the ultimate decision on a claim, and this is why it is imperative that decisions be made as a strategic alliance.

- D. An initial investigation has many components that may include, but not be limited to:
- i. Index/Medical Canvas
 - ii. Field investigations
 - iii. Recorded statements
 - iv. Lost wage information
 - v. Securing police reports and any other applicable records
 - vi. The lack of investigating and documenting any or all the components can adversely impact

the future exposure of a claim.

5. Heart and Lung/First Responders: Each municipal client has its own policy and procedures regarding the management of these anomalous claims, depending on the structure of their organization and Human Resources environment. The Contractor has been successful in collaborating with its clients in establishing a distinct program, particularly targeting the Heart and Lung/First Responders claims. This includes identifying cardiologists who understand the Heart and Lung presumption, nurse case managers who specialize in the management and coordination of treatment and return to work, and, if needed, legal partners to assist in mitigating the exposure in these potentially costly claims. Because of our level of expertise, we have seen a reduction in litigation and overall employee dissatisfaction that many times accompanies the Heart and Lung/First Responders claims.

6. Following the October 1, 2018, amendment to §112.1815, the Contractor developed and implemented specialized claims handling protocols for PTSD claims with respect to investigating and mitigating these sensitive and potentially costly claims. The Contractor has a roster of psychiatrists who are well-versed in the specific criteria in the DSM-5 and determine through clear and convincing medical evidence if the diagnosis of PTSD exists and if there are any pre-existing or relevant conditions that may impact the claim.

7. The amendment to §112.1816 provided an alternative benefit to workers' compensation under chapter 440 for firefighter cancer benefits. Specifically, certain types of cancers qualify firefighters to receive these alternative benefits. The Contractor will offer separate administration for claims arising out of §112.1816. The Contractor handles the investigation, records review, and final determination of benefits, which include the co-payment reimbursement, lump sum payout, and indemnity payments based on client policy.

8. Subrogation/Recoveries: The potential for subrogation is recognized at the onset of the claim. The adjuster will identify any third parties and assess the potential of recovery. Potential for subrogation will be discussed thoroughly with the client and proper lien notification will be issued. Investigation and subrogation will be pursued on an aggressive basis. Also, the adjuster will monitor future potential for offsets and information regarding social security benefits, unemployment benefits, or other potential offsets which may exist and will pursue accordingly as the claim develops. The supervisor will review all acquired files for any existing Special Disability Trust Fund reimbursements and will secure regular, timely reimbursements. The adjuster will report claims to the excess carrier when the specific thresholds are met and will continue to update and request reimbursement as payments dictate or as required by the carrier.

9. Reserving: The initial reserve will be established within three (3) days of receipt of the Notice of Injury. Reserving is not an exact science, and some exposures cannot be foreseen initially. As a result, reserves are subject to change. The adjusters will attempt to forecast the probable payout for each claim and reserve accordingly. Reserve worksheets or file notes documenting details will be completed on any claim at \$20,000 or above. Reserves are reviewed as developments occur and at every diary. Reserve approvals will be customized at client's request.

10. Action Plan: The primary responsibility of all adjusters is the fair and reasonable resolution of claims. File closure must be considered and action plans addressed to effect closure every time a file is reviewed. Initially, each file is reviewed as activity dictates for lost time claims and will reflect

updated action plans for open items and supervisor involvement in critical issues. The adjuster will document plan of action, strategic plan, or status of same on each lost time claim at every diary review.

11. Case Management: Telephonic or outside case management has proven to be a very effective tool, if used appropriately, for maintaining control of the overall outcome of some claims. The Contractor's caseload per senior lost time adjuster is maintained at 125 files. This allows the adjuster to manage all aspects of the workers' compensation claim: disability, medical, and litigation. The adjuster stays in contact with the injured worker, the employer, the physician, and the attorney. The adjuster, because of the caseload and experience, recognizes the need for outside case management, either medical or vocational.

12. Medical Case Management: May be utilized and customized based on criteria established by the client, or where the adjuster feels it necessary, and it will benefit the claim from either a medical or a cost containment standpoint. Vocational case management may be utilized where a return to work is not an option, and the claim or defense of a claim may benefit. No assignment will be made without prior approval from the client/employer. In all cases, the case manager will work directly with the adjuster on a one-on-one basis. The case management is supervised by the adjuster for an initial assignment and for continued necessity or for limited task assignment.

13. Utilization Review/Peer Review: Utilization review and/or peer review are an integral part of controlling the overall cost of claims. Choosing the right provider in workers' compensation is an integral part of the claim process and cost containment. The Contractor's adjuster chooses providers in the State of Florida who understand the workers' compensation process and do not practice over utilization. If, in spite of our efforts, the adjuster or supervisor recognizes the need for peer review or utilization audit, one will be performed. Examples may include excessive use of pharmacy, therapy, prolonged treatment, etc.

14. Supervisor Reviews: After initial assignment to adjuster, the supervisor will follow and document any lost time, questionable or investigated claims within 14 days to be sure that appropriate investigation has taken place. Subsequently, the supervisor will continue to monitor claims as activity dictates. The supervisor may also document involvement or review of: files transferred, reserve increases, medical only claims open over a specified period, questions and discussions with adjusters, subrogation, SDTF, excess retentions, etc.

15. Communication: Timely and thorough contact attributes to a successful claims management program. Contact attempts will be made to follow up with the injured worker. During periods of disability, employees can feel disconnected from their employer. Therefore, contact with the employee will assist in keeping the adjuster up to date on all pertinent claim issues and assist in maintaining a positive, supportive relationship with the injured employee. Contact will be made with the injured worker at least every two to four weeks during periods of total disability and then as deemed appropriate by adjuster and supervisor/employer until full duty return to work. This contact is to be coordinated with and through the appropriate employer contact. Contact with the client's defense attorney and the employee's attorney is equally important.

16. Litigation Management: The Contractor has litigation guidelines in place. Litigation management is important in controlling costs, achieving desired results, and better utilizing defense counsel. Adjusters must be able to clearly state their objective to the defense counsel. They must work together to plan a litigation strategy that will produce optimum claim resolution. Documentation of a litigation plan is needed every 90 days or as file dictates.

The Contractor has established a “panel” of defense firms based on experience, expertise and location, and client preference, concentrating on:

- i. Skill level of partner, associates, paralegals
- ii. Which attorney in the firm will be assigned
- iii. Establishing activities expected and standards to be met
- iv. Setting ground rules to ensure action will not be taken without approval
- v. Negotiating and/or reviewing hourly fees and billing standard
- vi. The Contractor will try to prevent litigation by fairly and aggressively managing the claim.

17. Ongoing System Support

During the conversion, Pinellas County will be provided with one contact, Ms. Lorie Dove, regarding the transition from the prior TPA to the Contractor. Ms. Dove will confirm all data elements for transfer, communicate the intended timeline, and provide frequent data transfer status updates. She will work in tandem with our IT team to ensure all data is transferred successfully and accurately. Any questions or concerns Pinellas County may have regarding the conversion will be addressed by Ms. Dove.

18. Responsiveness of the Proposer - The Contractor will respond to the injured worker within one (1) business day, the authorized treating physicians’ offices within two (2) business days for all lost time claims, and Pinellas County Attorney’s Office or outside counsel within one (1) business day or same day as needed for claims with an active Petition for Benefits.

19. Compliance with Florida Division of Workers’ Compensation Rules and Regulations - During acquisition, the Contractor will request the prior TPA issue benefits through an agreed-upon termination date to ensure there is no delay in benefit payments during the data transfer. The Contractor will file the required EDI-2 and Medical Submitter List with the Division of Workers’ Compensation and communicate with the bill review and pharmacy benefit management companies to ensure their systems are prepared for the transfer and their Medical EDI filings are complete. Once the data is transferred and balanced, the Quality Assurance Analyst generates the required FROI AQ forms within the allotted Twenty-one (21) days to ensure the claims are reportable to EDI under the new claims administrator. As part of our claims handling, the Contractor consistently adheres to the requirements set forth by the Florida Division of Workers’ Compensation in all aspects of indemnity and medical payments as well as required Electronic Data Interchange (EDI) reporting. This is demonstrated in the results of our audits conducted by the Florida Division of Workers’ Compensation. The audit results indicating our accuracy of indemnity and medical payments issued, accurate and timely filings of Medical EDI as well as the Claims EDI filings are included in Images 1-7 below. Additionally, these reports indicate our superior standing within the industry with our results being well above the industry standard. The Contractor has been awarded two Distinguished Conduct and Exemplary Service Awards by the Division of Workers’ Compensation for our outstanding audit results.

Total Indemnity Payments Due:	451
Total Non-Compliant Payments:	13
Performance Achieved:	97.11%
Minimum Performance Required:	95%
Industry Average (FY 2023/2024):	89.82%
Total Penalty and/or Fine Assessed: \$ 0	

Data Review Period:	November 6, 2020 through June 25, 2025		
Total Medical Files Reviewed:			28
Total Medical Bills Reviewed:			350
Total Medical Bills Reviewed in MDS:			350
Medical Bills not reported in MDS:			0
Percentage for Reporting Medical Bills:			100%
Data Elements Reviewed	Results	Insurer	Industry Average
Correct Received Dates	344 of 350	98.28%	87.61%
Correct Paid Dates	349 of 350	99.71%	87.61%
Total Penalty and/or Fine Assessed:			\$ 0

Total First Reports of Injury or Illness Due:	72
Total First Reports of Injury or Illness Not Submitted:	0
Total First Reports of Injury or Illness Submitted Late:	1
Total Non-Compliant First Reports of Injury or Illness:	1
Total Penalty and/or Fine Assessed: \$ 0	

Total Notices of Action or Change Due:	117
Total Notices of Action or Change Not Submitted:	2
Total Notices of Action or Change Submitted Late:	3
Total Non-Compliant Notices of Action or Change:	5
Notice Compliance Percentage:	95.72%
Performance Required:	90%
Industry Performance Average:	62%
Total Penalty and/or Fine Assessed: \$ 0	

Total Notices of Denial or Rescinded Denial Due:	43
Total Notices of Denial or Rescinded Denial Not Submitted:	0
Total Notices of Denial or Rescinded Denial Submitted Late:	1
Total Non-Compliant Notices of Denial or Rescinded Denial:	1
Notice Compliance Percentage:	97.67%
Performance Required:	90%
Industry Performance Average:	81%
Total Penalty and/or Fine Assessed: \$ 0	

Total Claim Cost Reports Due:	107
Total Claim Cost Reports Not Submitted:	1
Total Claim Cost Reports Submitted Late:	0
Total Non-Compliant Claim Cost Reports:	1
Report Compliance Percentage:	99.06%
Performance Required:	90%
Industry Performance Average:	82%
Total Penalty and/or Fine Assessed: \$ 0	

20. Administration

21. Safety and Drug Free Workplace Reports

As with our already established clients, the Contractor will assist Pinellas County with maintaining their Safety and Drug Free Workplace Programs by providing required reports and data for their annual certifications. The Contractor will set reminders to supply this information and to remind Pinellas County of filing deadlines prior to October 31st of each year.

The Contractor will indicate the implementation of Pinellas County's Drug Free Workplace Program in our specific client information instructions to ensure the team considers this in their claims handling process and investigative measures when necessary.

22. Annual Payroll Report

The Contractor will assist and coordinate with Pinellas County in filing their Payroll Report to the State. The Contractor will notify Pinellas County of the report deadline at least sixty (60) days prior to the due date. The Contractor will remain apprised of any report changes and/or new requirements and will communicate this information to Pinellas County.

23. Actuarial Report Data

By October 15th of each year, the Contractor will provide workers' compensation claims data in the requested format to Pinellas County to be used as part of their actuarial analysis. The Contractor provides data for actuarial analysis based on all policy years valued as of a specific date, threshold amounts, Self-Insured Retention amounts, recovery amounts, etc. and will customize the data sets to the actuarial needs of Pinellas County.

24. State and Federal Government Notification Responses

The Contractor will respond to state and/or federal government requests, audits, and penalties/fines if assessed. It is our understanding Pinellas County is not bound by the Occupational Safety Health Administration (OSHA) but follows OSHA in their best practices. The Contractor will provide any data needed for compliance. We will respond to all Centralized Performance System (CPS) batches, ensuring the penalties were assessed appropriately. Audits conducted by the State of Florida Division of Workers' Compensation will be handled by the Contractor. Any legitimate penalties assessed by CPS or as a result of an audit that are determined to be the liability of the Contractor will be paid by the Contractor and not charged to the County. Special Disability Trust Fund (SDTF) requests are handled by the Contractor on an annual basis, and the entire reimbursement is provided to Pinellas County since the Contractor does not take a percentage of recovery on any recoveries. Any inquiry and/or audit on Permanent Total Disability (PTD) cases will be addressed by the Contractor.

25. Professional Services

In addition to claims processing services, the Contractor will provide professional administrative services to include account management, financial management, reporting, advanced technology, and more. The Contractor will provide responsive and dedicated staff members for each aspect of the program. All financial aspects (funding, check payments, reimbursements, recoveries, 1099s, etc.)

are handled by our system, resulting in reports with unparalleled accuracy and detail. The 1099 forms are printed and mailed in-house to ensure financial data security. The possibility for subrogation is evaluated on every claim. The Contractor will provide a Subrogation Specialist whose focus is on 100% recovery for Pinellas County. They will identify all potential third parties, assess the potential for recovery, and aggressively pursue various types of subrogation. The claims adjusters have been trained in identifying red flags and potentially fraudulent activity. The Contractor's SIU Unit is trained in identifying potential violations under F.S. 440.09 and 440.105 and will manage the reporting and resolution of all fraudulent claims, with Pinellas County's approval. Our services adhere to internal best practices with quality assurance oversight and are verified by an annual SSAE 18 Type 2 audit.

26. Bill Review and Pharmacy Benefit Management (PBM) Services

The Contractor will partner with Rising Medical Solutions to facilitate the review of medical bills in accordance with Florida fee schedules. Rising's system adjusts the medical bills to the State fee schedule and applies additional network discounts above and beyond the fee schedule for additional savings to Pinellas County. Rising provides comprehensive savings reports which capture fee schedule savings along with PPO discounts, which will be presented to Pinellas County as needed. For pharmacy benefit management (PBM), the Contractor will partner with Alius Health. On average, their cost of prescription drugs is 40% lower than Florida Fee Schedule. Their focus on Electronic Medical Records (EMR) integration, formulary management, and intervention services results in an additional 20-30% savings. Additional information about Rising and Alius Health has been included at the end of Section 2. Approach and Statement of Work.

27. Division of Workers' Compensation (DWC) Payment and Form Filing Guidelines

The Contractor will pay benefits and file all necessary EDI forms timely, accurately, and in accordance with F.S. 440 and 69L rules. The Contractor's Quality Assurance department has implemented specific training programs accompanied with extensive training materials to cover all payment aspects. Our system has autogenerated triggers to the quality assurance analyst for review and evaluation of benefit payments at the onset of disability. The Contractor's system also has autogenerated triggers that monitor claims for required filings. Our adjusters are trained in form filings to ensure the information is captured timely and accurately. Our quality assurance analyst has more complex and in-depth training in form filings and reviews forms prior to submission.

28. The Contractor's Disaster Plan

An abridged version of the Contractor's current disaster plan has been included at the end of Section 2. Approach and Statement of Work. The full version will be provided upon request. The Contractor has data backup locations in Tampa, Florida as well as outside of the state. The data backup location outside of Florida is utilized in the event of a disaster resulting in our in-state data backup location being affected. Our data is backed up to all locations daily to ensure the most up-to-date information is available. The Contractor will remain available to our clients during all disasters, and in the event of mandatory evacuation, our management team will remain available to the Pinellas County, regardless of their current location. With prior notice of a disaster, such as a hurricane, the Contractor will facilitate medically necessary appointments ahead of schedule and will issue due and owing indemnity payments in advance to ensure Pinellas County's injured workers' medical and indemnity benefits are unaffected.

29. Claims Management, Adjusting, Investigation, and Reporting

30. Claims Administration

The Contractor will provide Pinellas County with professional workers' compensation claims administration including, but not limited to, the following claims handling areas:

- i. Telephonic and field investigation: Upon claim assignment, the Contractor will identify any questionable claims pertaining to compensability. The Contractor will determine the need for investigation to be completed either telephonically or the need for field investigation and will communicate with and obtain authorization from Pinellas County for any necessary field case assignments.
- ii. Statements: The Contractor will utilize a preferred vendor and will assign a task for recorded statements on lost time and subrogation files as part of our investigative measures. The recorded statement will be analyzed and compared to the facts of the claim in order to determine compensability and/or liability for subrogation potential.
- iii. Photos: For questionable accidents, the Contractor may request video footage from Pinellas County, when available, to review for confirmation of injuries. For claims with ongoing investigation warranting surveillance, the Contractor will request authorization to assign surveillance, media types, and duration of the surveillance. The Contractor will analyze the surveillance photos, videos, and documentation and adjust the claims handling as needed, which could include providing the documentation to the physician for reassessment of restrictions, etc.
- iv. Settlement evaluation: The Contractor will provide a settlement evaluation to Pinellas County and the established defense attorney on any claim having settlement potential. The evaluation will include demographics, exposure for future medical treatment and benefits, Medicare Set Aside, and more.
- v. Medical care management referrals: The Contractor has established criteria for referrals to telephonic and field case management and will customize the criteria to align with Pinellas County's program. Pinellas County will have full authority for assignment.
- vi. Scheduling of appointments, tests, and notifications of the same: The Contractor will utilize Pinellas County's preferred provider, BayCare, when possible and will establish with Pinellas County a preferred provider network for medical cases outside of the BayCare network. The Contractor will schedule appointments and tests on behalf of the injured worker via fax, email, and/or phone with the preferred providers' offices. The Contractor will communicate the appointment information with the injured worker via phone, and letters when needed, as well as with Pinellas County. For cases utilizing BayCare, the adjuster will access BayCare' portal to obtain medical documents following appointments.
- vii. Medical cost containment: The Contractor's unbundling model allows for medical cost containment by providing vendor options and comparisons that are below industry standard.
- viii. Medical bill review and payment in accordance with Florida Fee Schedule and additional provider and network savings as well as discounts negotiated by the County: The Contractor partners with bill review and pharmacy benefit management companies with large PPO networks and drug formulary management who adhere to Florida Fee Schedule and offer additional savings and discounts. The Contractor will prioritize providers with negotiated discounts.

31. STATEMENT OF WORK:

The successful Contractor will provide all personnel, labor, materials, supervision, travel, facilities, software, and

equipment to provide TPA services in compliance with the County's scope of work which for all services required shall also include services requested and required by the Pinellas County Sheriff's Office as a separate entity under the same umbrella. Contractor will provide a toll-free or local area code (727) number for member services. The successful Contractor will prepare all deliverables in such a manner that they shall be accurate, coordinated, and adequate for the purposes intended and *in* conformance with all applicable laws and regulations and within our preferred provider BayCare network.

32. Transition Duties

1. The Contractor will provide the necessary support, including IT support, insight, guidance, and assistance to ensure a smooth conversion for all the County's WC claims, which include claims involving Sheriff's employees. The Pinellas County Sheriff's Office ("PCSO") will participate and use this contract for its WC claims.
2. Transition duties require that the electronic data, including historical data, be transitioned to the Contractor and stored in a manner in which the contents are readily identifiable by type of document and date the document was created, not the date it was transitioned, in order to ensure proper and timely responses to requests for documentation by the County Attorney, participants in the County WC system, and WC claimants.
3. The Contractor will provide a mutually agreeable written transition schedule for both County and PCSO claims.
4. The Contractor will provide a work plan that lays out an effective strategy for service transition and the data conversion.
5. The Contractor will hold joint data conversion review meetings with the County and the PCSO. The first meeting will take place within one (1) week from issuance of notice to proceed. The Contractor will provide meeting agendas and meeting minutes for all such meetings.
6. The Contractor will ensure claim conversions are accurate with respect to data integrity, including but not limited to data mapping, historical financial transactions, and payment history and classification.
7. The Contractor will set up and train the County and the PCSO team on the Contractor's Risk Management and Insurance (RMI) System as requested by the County. The participants to be included in the County's team will be determined upon execution of a contractual agreement for services and for the term of the agreement.
8. The Contractor will pick up files at a mutually agreeable date, if there are any paper files.
9. The Contractor will provide one experienced lost time adjuster and a medical adjuster with at least five (5) years of experience is required for all cases for which a petition for benefits has been filed to both the County and the PCSO while the Contractor completes the transition duties and for the duration of the agreement.
10. The electronic data, including historical data, be stored in a manner in which the contents are readily identifiable by kind and date to ensure proper and timely responses to requests for documentation by the County Attorney, participants in the County WC system, and WC claimants.

33. Administrative and Managerial

- a. The Contractor will analyze, verify, and make payment of state fines and assessments, if/when appropriate. If the state fines and assessments are incurred based on the conduct of the Contractor, then the Contractor is responsible for payment of the state fines and assessments and shall not charge the same to the County. If the County's actions are the basis for the fines and assessments, then the Contractor may charge those amounts back to the County.
- b. The Contractor will assist the County, including all reports and data necessary, for filing annual certification of the County's safety program and drug-free workplace programs by October 31st of

each year.

- c. The Contractor will provide the County with annual documentation of the Contractor's State of Florida certification as a qualified servicing entity for self-insureds.
- d. The Contractor will assist and coordinate with the County in filing the Annual Payroll Report to the state, including notifying the County that the report is due at least 60 days prior to the due date and advise the County of any changes or new requirements for the report.
- e. The Contractor will provide WC claims data in the format requested by the County's actuary by October 15 of each year and provide any supplemental data as requested by the actuary.
- f. The Contractor will coordinate and respond on the County's behalf to the state or federal government, including Occupational Safety Health Administration (OSHA) and the Center for Medicare Services (CMS) and any other audits or requests that may be required of or by the County, including investigating and responding to state's notification of late payments, related fines, and Inquiries on Special Disability Trust Fund and Permanent Total Disability cases.
- g. The Contractor will provide responsive and professional account management, administrative services, information technology services, 1099 filing, subrogation and recovery services, Special Investigative Unit (SIU) services to investigate fraud, and any other professional services per industry standards and claims handling best practices.
- h. The Contractor will provide prescription, bill review, and payment services in a manner that allows the County to realize optimum savings.
- i. The Contractor will pay benefits on time per state requirements and file all information required by the Division of Workers Compensation (DWC) per Florida EDI guidelines *for* all WC claims benefits and WC claim related expenses and is solely responsible for any fines or fees including but not limited to attorney's fees imposed against the County or employee as a result of any failure to pay timely.
- j. The Contractor will provide documentation and summarize your firm's Emergency Management Plan to ensure the continuity of services after a catastrophic event that affects your operations.
- k. The successful Contractor will have and maintain a documented and successful Quality Assurance Program to ensure proper protocols are established and maintained for all claims processed.

34. Technical and Reports

- a. The Contractor will provide an information management system for the County (Risk Management Information System or RMIS) with the following capabilities:
 - i. Manage and store, in native format, all WC claims data, documents, and forms, including but not limited to medical records, payout sheets, transcripts, correspondence, notes, pleadings, orders, reports, voicemail messages when appropriate and any forms required by the State of Florida. The data will be identifiable by type of data and with the ability to be sorted chronologically or by type.
 - ii. Create all automated reports required to be generated pursuant to this Agreement.
 - iii. Provide 24-hour telephonic and internet-based claim reporting and intake capabilities. The Contractor will provide the County with the ability to report First Notice of Injuries electronically in real time, preferably with a telephonic 24- hour nurse hotline.
 - iv. Ability for the review of historic electronic files and current files regardless of format, in addition to historic paper files.
- b. The Contractor will provide the County, including the County Attorney's Office, full access to the RMI System through an internet-accessed, secure website that is available 24 hours a day, 7 days a week for approximately 15 users. The website shall allow the County to view and obtain all data, payments, documents, and forms contained therein, to add notes to the adjuster or claim file that creates an

automatic alert to the adjuster that such notes have been added, and to create automated and manual reports.

- c. The Contractor will provide a toll-free or 727 area code phone number, email address and fax number for use by the County to report new WC claims (in addition to a telephonic means of reporting claims) and forward documents received on existing claims.
- d. Within twenty-four (24) hours of the County sending a new loss report, Contractor will provide the County with a claim number in the format requested by the County.
- e. The Contractor will provide a toll-free/local number for County employees with questions on their claim to call.
- f. The Contractor will provide check registers on a weekly basis as required by the County.
- g. The Contractor will have in place a system to support electronic reporting for the State of Florida EDI & Federal Medicare Queries and Reporting.
- h. The Contractor will have all technical services configured to meet ADA requirements.
- i. The Contractor will provide for review of historic electronic files and current files, regardless of format, in addition to historic paper files.

35. Claims Management, Adjusting, Investigation, & Reporting

- a. The Contractor will provide professional WC claims administration, including: telephonic and field investigation, statements, photos, settlement evaluation, medical care management referrals, scheduling of appointments, tests and notifications of same, medical cost containment, medical bill review and payment in accordance with Florida WC fee schedule and any additional discounts that may be due from the County's preferred BayCare provider and/or the TPA's provider network and any further discounts negotiated independently by the County.
- b. The Contractor will determine and make payment of indemnity benefits due and owing, and provide electronic reporting of both indemnity and medical payments to the state.
- c. The Contractor will maintain and administer one or more bank accounts for the payment of claims. Contractor will send monthly reconciliations and an outstanding checks list to the County by the 15th day of the following month. Annually, Contractor will review outstanding checks and identify stale-dated checks outstanding greater than 90 days from the check date. The Contractor is responsible for compliance and remittances due under escheatment laws of any jurisdiction as they apply to claims paid under this agreement.
- d. County will remit payment to the Contractor via ACH or wire transfer weekly for claims paid. The Contractor will provide a weekly payment report in Microsoft Excel or other County-approved format by 10:00 *a.m.* ET on Monday mornings indicating all claimants on a light duty or no duty status and any WC claims that have changed in the past 2 weeks from light duty or no duty to full duty. Report will include detailed information on the last 2 indemnity payments, with type of benefit paid, payee information, time period covered, date of check, payee, amount paid, temporary total disability rate (TTD), average weekly wage(AWN), temporary partial rate (TPR), customary work week, check number, date of loss, claimant name, current work status, date of current work status, claim number, and department. The County will pay Contractor for services under Section 5 of the Agreement through the County's normal vendor payment process.
- e. The Contractor will provide an experienced litigation adjuster with a minimum of 5 years' experience who can respond to a Petition for Benefits and ongoing communication with the County Attorney's Office or outside counsel, if any, attending mediations, depositions, and trials when requested by the

County, handling of subrogation, third-party recovery, other adjuster claim services, and maintaining files for all the County's WC claims.

- f. The Contractor will pay outside counsel and other contractual fees in accordance with the time frames set forth in the Florida Local Government Prompt Payment Act, Fla. Stat. §218.70, et seq., as may be amended.
- g. The Contractor will manage an open, re-opened, and new WC claims for the duration of the Agreement. The Contractor will perform live and well checks on all PTD claims.
- h. The Contractor will consult prior paper files, if any, as part of its claims process and maintain all legacy paper files on pending WC claims received from the County in a secure and organized manner. The Contractor in its discretion, may create electronic files from such legacy paper files. Paper files will be securely returned to the County when no longer needed.
- i. The Contractor will receive the notice of claim from either an electronic telephonic reporting service or the County department and create claim files in the Contractor's RMI System for each claim and maintain the file for the duration of the Agreement. Files reporting period shall be established per the County's fiscal year and shall contain the County's hierarchy as provided and updated by the County. Files are the property of the County and information in the same should be maintained and safeguarded per industry standards, state and federal requirements and as described herein.
- j. The Contractor will provide an adequate number of experienced licensed lost time adjusters dedicated to the County's and the Pinellas County Sheriff's Office WC claims to handle all matters in a timely manner. Additionally, the adjuster must be located on-site in the County's WC office Monday through Friday for 8 hours a day, the time to be established by the County and the Contractor. The Contractor's adjuster will also act as the liaison for the County's WC administration office and be available to handle WC claim situations needing immediate attention. A WC adjuster will also be located onsite at the PCSO at least two days a week.
- k. The Contractor will investigate WC claims for compensability, validity and liability for subrogation purposes and provide field adjusters/investigations when necessary.
- l. The Contractor will document the claim file clearly as it relates to all phone conversations, discussions or meetings.
- m. The Contractor will ensure compliance with the County's drug-free workplace program and if any drug testing is necessary, ensure proper protocols are followed to enable valid defense of WC claims.
- n. The Contractor will determine compensability including securing the injured employee's recorded statement on lost time and on subrogation files and ultimately for investigating liability for subrogation potential. Contractor will secure recorded statements on WC claims involving ongoing lost time to confirm and limit injuries *and* secure information on prior accidents and injuries. Any subrogation recovery will be paid **100%** to the County.
- o. The Contractor will provide courteous and responsive service to the injured employee and others involved in the claim process, including responding to the claimant within one (1) business day and to the physician's office within two (2) business days for all lost time cases. The Contractor will respond to the County Attorney's Office or outside counsel, if any, within one (1) business day or same day if needed on WC claims with an active petition for benefits. The County Attorney's Office or an outside counsel of the County's choice will respond within the same time frame, to the extent reasonably practicable.
- p. The Contractor will contact the injured employee's supervisor or the County's specified liaison when warranted to investigate WC claims as well as advise of claim status and ensure proper work status. For the PCSO, the contractor will contact the Human Resources Benefits Section.
- q. The Contractor will coordinate any return of injured employees to light duty with the employee's supervisor and contact the County for assistance as needed.
- r. The Contractor will advise the County and PCSO as appropriate of any WC claim that may warrant

- additional loss control or safety investigation to aid in the prevention of similar losses in the future.
- s. The Contractor will determine and process payments on the proper benefits due on compensable WC claims within one (1) business day prior to the due date under Florida Statute 440. Any full denial of compensability will be discussed with the County Attorney and Risk Management prior to proceeding with the denial.
 - t. The Contractor will provide a monthly report outlining all active litigation Workers' Compensation claims. The report will include, but is not limited to, date of injury; accident description; compensability; covered body part(s); authorized physician(s); diagnosis; medical summary; prior litigation summary; work restrictions and work status; status of reserves.
 - u. The Contractor will confirm with the claimant's employer's payroll department that base wages were paid in full for the first seven (7) days of disability and report that time period as employer-paid in the Electronic Data Interchange (EDI) report to the DWC. Notification will occur within one business day of instances where the employer-paid position exceeds 7 days.
 - v. The Contractor will apply the following Litigation management:
 - i. Work with the County Attorney's Office, or outside counsel, if any, to 1) prepare a response and corresponding documentation for the defense of WC claims considered non-compensable, 2) respond timely to Petitions for Benefits on the Judge of Compensation Claims (JCC) website and 3) assist the County Attorney's Office or outside counsel, if any, in preparation of cases for hearings, appeals and mediations and attend same as requested by the County Attorney's Office or outside counsel, if any. Adjusters will be made available for depositions and meetings to prepare for depositions and to attend mediations in person or by telephone, or by video conferencing, at the discretion of the County or its legal counsel.
 - ii. Coordinate investigation of any heart presumption cases, as defined by Fla. Stat. 112.18, with the County Attorney's Office or outside counsel, if any, regardless of whether the claimant is represented by counsel. The Contractor will not file a denial without approval from the County Attorney's Office or outside counsel as designated by the County, if any.
 - iii. On cases with an active petition for benefits, timely notify the County Attorney's Office, or outside counsel, if any, of all activity relevant to the issue(s) in the petition for benefits including but not limited to when a claimant reaches maximum medical improvement (**MMI**), when a claimant's work restrictions have changed, when impairment ratings are assigned, and when a claimant has a change of physicians.
 - iv. Work with the County to mitigate litigation and claim costs and promote settlements. All wash out settlements will be approved by the County in writing prior to the initiation of settlement discussions and once the file is settled it will be Medicare compliant.
 - v. Respond to requests for production and redact any protected information and/or qualifying employee data prior to submission. Have the County Attorney's Office or outside counsel, if any, review and approve and formally respond to the request for production.
 - vi. Respond to requests for benefits, including requests for medical provider or service authorizations and other requests in a professional manner and within the time requirements set forth in Florida Statute 440.
 - vii. All correspondence to claimants' attorneys on cases with an active petition for benefits will be reviewed and approved by the County Attorney's Office or outside counsel, if any, before being sent such review and approval does not diminish the Contractor's warranty pertaining to deliverables.
 - viii. Prepare Special Disability Trust Fund submissions for reimbursement and follow up on the same.
 - w. The Contractor will use Insurance Services Office (ISO's) Index service or other similar service to

investigate employees on compensability and possible fraud matters. Report WC claims to ISO that involve lost time of more than a month, any claims requested by the County, and any other claims that Contractor determines warrant an ISO filing. Respond to requests from other carriers for information based on ISO filings.

- x. The Contractor will provide a cost-effective, legally compliant, and automated method for reporting WC claims to Medicare.
- y. The Contractor will schedule claims management meetings at a minimum of one time per month, with the County and the PCSO separately, and as requested by the County within three (3) business days for WC claims involving pending litigation, complex issues (large exposure flies, monetary or political) or questionable aspects (potential denials or fraud), and at the County's sole discretion.
- z. The Contractor will file or, when the County is required to file an item itself, provide information and assistance as required for preparation and filing within the required timeframes of all reports required by the Florida Department of Insurance in connection with the County's approved self-insured status including but not limited to: the reports, procedures, and filings requested and/or required by the state for state audits. Chapter 440 and Chapter 682 of the Florida Statutes, the Florida Rules of Appellate Procedures, Section 6A-22 Reemployment Services, Section 59A-24 Drug-Free Workplace Standards, Section 59A-29.009 Health Care Provider Certification, Section 59A-30.008 Expert Medical Advisors, Section 69L-3 on Workers Compensation Claims, Section 69L-5 Rules for Self-Insurers under the Workers' Compensation Act, 69L-6 Workers' Compensation Compliance, 69L-7 Workers' Compensation Medical Reimbursement and Utilization Review, 69L-10 Claim for Reimbursement Against the Special Disability Trust Fund, 69L-24 Workers' Compensation Insurers' standards and Practices, 69L-26 Employee Assistance and Ombudsman Office, 69L-56 EDI Technical Requirements, 690-190 Rules for Self-insurers under the Workers' Act, 60Q-6 Rules of Procedure for Workers Compensation Adjudications, and the Florida Administrative Code as applicable to Workers Compensation and Self-Insureds Statute.
- aa. The Contractor will file a Unit Statistical Report and file all EDI as required by the Florida Division of Workers' Compensation.
- bb. The Contractor will advise the County of any claimant reported late as defined in Chapter 440, Fla. Stat., to the Contractor by County departments.
- cc. The Contractor will meet all the requirements for Medicare reporting under Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA), Section 111, and ensure that any and all settlements meet the Medicare conditional payment and future payment needs of the claimant.
- dd. The Contractor will advise the County departments, PCSO, and WC program participants of any Centers for Medicare & Medicaid Services (CMS) liens received and review the CMS liens received on pending and/or closed WC claims and respond to Medicare timely. The Contractor will negotiate and resolve the same.
- ee. The Contractor is responsible for working with the County to ensure the timely completion of the Unit Statistical Report to the State of Florida, which requires a three- year history and an evaluation date of July 1st.
- ff. The Contractor does not have the authority to settle or deny claims. Prior authority will be obtained from Risk Management and the County's Attorney or outside counsel. The Contractor will provide recommendations for settling or denying claims, in writing with detailed reasoning.
- gg. In the event of termination of the agreement, it will be the successful Contractor's responsibility and

obligation to handle all incurred claims at the time of its termination to their conclusion unless released from their obligation by the County.

- hh. The Contractor will be available to discuss claims directly with WC Program participants at their request.

36. Rising Medical Solutions | Operational Plan for Medical Bill Review

A. Managed Care Network Solution – PPO & Direct Contract Capabilities

CRM uses its longtime partner, Rising Medical Solutions (Rising), to deliver provider network solutions.

B. Strategic Network Configuration

Rising delivers a highly configurable, nationwide injury network by contracting with over 100 national, regional, and local networks to provide quality coverage, savings, and service to our diverse client base. Rising has built electronic bridges directly to our PPO partners to make bill processing seamless. Additionally, we offer access to Rising's proprietary network of directly contracted providers. Should a client identify specific providers it wishes to include in its composite network solution, Rising can nominate them to one of our PPO partners or recruit them to our proprietary network on behalf. Rising's network configuration is summarized below:

C. PPO Networks: Rising employs a PPO stacking methodology whereby the network that performs best in both penetration and savings is placed in the primary position and subsequently from there – typically deploying four (4) to seven (7) network layers per state. Frequent and thorough analyses of our PPO stacks are conducted to ensure optimal performance is achieved. Overall, **our leased “network-neutral” solution provides several advantages over owned networks.** It results in aligned financial incentives with our customers, flexibility in stacking configurations, ease of adding new networks or providers, and the ability to configure the network from among multiple PPO options in order to meet each customer's unique requirements. We apply PPO discounts **after** conducting our thorough bill review/specialty bill review audits, resulting in greater overall savings for our clients (vs. greater PPO revenue for the vendor in an owned network arrangement). And because we are “network neutral,” we always seek to apply the maximum network discount and can easily reconfigure the network stack to improve overall performance.

D. Ancillary/Specialty Networks: Rising also offers integrated partner options that address prospective and retrospective processing for a full array of ancillary services (e.g., **PBM, physical therapy, DME, diagnostic imaging**, etc.) and Rising can activate those partnerships/electronic bridges at the client's direction.

E. Client Direct Contracts: Rising can focus on direct contracting if the client has any providers that you would like to have added to our network mosaic. Our non-exclusive network structure allows us to prioritize direct client contracts over other network arrangements. Once configured, all client-specific network data is maintained as a unique provider directory in Rising Compass, fully integrating with our bill review workflow for automated adjudication, network rates, compliance, and custom reporting. We establish rules and rates based on your contract terms, placing direct agreements in the "primary slot" of the stacking matrix for discount application.

F. Out of Network & Complex Bills: Rising reviews out-of-network, high dollar, complex, and flagged bills within our specialty bill review unit prior to PPO network routing. This process ensures that all inappropriate charges are removed before PPO discounts are applied, preventing customers from receiving discounts on charges that should not be paid. Based on bill flags, bills are routed to the appropriate specialty bill professional for auditing by our specialty bill review team, which includes nurse auditors, certified coders, physician advisors, and professionals with medical, legal, hospital administration, and claims backgrounds.

G. Provider Negotiations Strategy: For bills that return without PPO savings, or where the PPO process did not produce a rational allowance, Rising will flag those bills for negotiation by our in-house professional negotiations program to ensure every possible opportunity for cost reduction. In-house negotiators leverage proprietary repricing databases, medical and state rules knowledge, past payment history, and provider relationships to maximize customer discounts. Negotiation is based on determination of what are appropriate charges, not billed charges. Negotiators are armed with a certified coder review, a nurse audit, any applicable Fair and Reasonable reimbursement analysis, a history of prior negotiations with the provider, as well as a database of reimbursements for like services to similar

providers. Provider sign-off/confirmation alleviates dispute concerns and legal costs.

H. Medical Bill Review Workflow

Similar to our network solution, CRM partners with Rising to deliver medical bill auditing solutions. Summarized here are Rising's best practice workflow procedures used to reduce medical costs when excessive or inappropriate billing is identified.

1. **Bill Intake/Mailroom:** Rising accepts bills electronically and via mail, performing scanning/imaging, OCR, and indexing. All documents are tagged and indexed upon entry.
2. **Data Capture & Claim Indexing:** Accurate data is captured and matched using integrated databases, validated with USPS, IRS, and NPI sources to ensure data integrity and avoid duplicates.
3. **Duplicate Detection:** Proprietary algorithms identify and deny duplicate submissions at both bill and line levels, achieving 99.9% detection accuracy.
4. **Straight-Through Processing (STP):** Automated rules approve, deny, or route bills, reducing adjuster workload for simple cases.
5. **Adjuster Approval:** Bills are available in Rising's VISION™ portal for efficient, "one-touch" adjuster review and action. Rising's VISION™ platform serves as a centralized, intelligent workspace designed to simplify bill review and medical management administration. The platform's intuitive design supports seamless navigation and accelerated task execution, helping users stay focused on outcomes, with powerful, self-service efficiencies that reduce busywork and improve decision-making. For example, line-item approval/denial capabilities allow adjusters to deny/reject a portion of services as appropriate, perform bill and line level approvals/denials, batch approvals and denials, set auto-denial rules, add special instructions, and subscribe to bills for alerts when bills reach certain statuses.
6. **Automated Rules Application & Bill Routing:** State Fee Schedules, UCR, CPT, NDC, CCI, fraud detection, and client rules are applied automatically, with flags for further review.
7. **Triage, Audits & Clinical Coding Review:** Complex or flagged bills are routed to auditors or nurse reviewers for coding accuracy, policy edits, abuse detection, and escalation when needed.
8. **Provider Rate / Discount Application:** Contracted rates are applied post-audit to maximize savings, including for pharmacy, DME, and diagnostic bills.
9. **Fair & Reasonable Methodology & Negotiations:** High-dollar or complex bills undergo customized repricing and negotiations by in-house experts for additional savings.
10. **Final Quality Assurance:** Senior staff review large or selected smaller bills for compliance and accuracy.
11. **EOR Distribution & Payment Processing:** Rising delivers Explanations of Review (EOR) and payments via mail, digital delivery, or data integration, customized for client or regulatory requirements.

I. Procedures for Auditing/Remediating Complex and High Dollar Medical Costs

To reduce the most complex and highest dollar bills, we engage Rising's Specialty Bill Review (SBR) product suite, a proprietary solution that is fully integrated into our medical bill review workflow and audits bills based on clinical/coding edits, relatedness, provider flags/scoring, and robust pricing methodologies. Through Rising, CRM has access to **thousands of custom rules and alerts Rising has developed and refined over our 25-plus years that are not a part of a traditional bill review process.**

Rising's specialty bill review process, known as Specialty Bill Review (SBR) or Clinical & Coding Logic, is fully integrated into our medical bill review workflow and leverages advanced clinical and coding audits, relatedness analysis, provider flags/scoring, and robust pricing methodologies to maximize savings for clients. Bills are targeted for specialty review based on criteria such as high dollar amounts, complexity, bill type, region, and client-specific thresholds, with common triggers including large facility bills, surgical bills, assistant surgeon bills, out-of-network bills, implants, air ambulance, trauma, and DME bills. Nurse auditors, certified coders, physician advisors, and other experts conduct in-depth reviews to identify DRG validation issues, bundling/upcoding, fee schedule gaps, experimental treatments, high-level E&M charges, drug/supply charges, implant analysis, and compensability/causal relationship determinations.

The process uses proprietary Fair & Reasonable pricing methodology, combining diverse data sets, AI-driven algorithms, Medicare and group health methodologies, and Rising's database of hundreds of millions of clinical encounter data points to enforce reductions beyond workers' compensation standards. Thousands of custom rules and alerts have been developed to trigger further review and catch potential errors or overcharges, with ongoing research and automation to optimize results. For high-dollar or complex bills, in-house professional negotiators, averaging 25 years of experience, use proprietary repricing databases, medical expertise, historical payment data, and provider relationships to secure additional discounts and establish fair reimbursement amounts. The specialty bill review process ensures rigorous, line-by-line analysis by expert staff and produces fair, defensible reimbursements, consistently uncovering savings that traditional models miss.

Alius Health specializes exclusively in Pharmacy Benefit Management (PBM) for workers' compensation claims. We deliver customized solutions supported by transparent pricing, advanced technology, dedicated account management, and proactive clinical engagement to ensure optimal outcomes for injured workers and measurable savings for our clients.

Founded in 2017, Alius Health has become one of the fastest-growing workers' compensation PBMs in the industry. While we serve both private and public sector organizations, the majority of our client base consists of public entities. Today, Alius Health supports more than 100 public sector clients, including cities, counties, school districts, and state agencies.

Our experienced operational and clinical teams have partnered closely with Commercial Risk Management, Inc. to design a program specifically tailored to meet Pinellas County's requirements.

J. Network and Savings

Alius Health offers one of the largest pharmacy networks in the state of Florida, with access to more than **4,700 pharmacies statewide and 257 in Pinellas County**, including retail, mail order, and specialty pharmacies.

- Clients typically realize pharmacy costs that average more than **39% below the Florida state fee schedule**.
- Through targeted clinical programs, clients can expect an **additional 25% savings** by guiding injured workers toward clinically appropriate, cost-effective medications.
- **88% Generic Utilization rate**

First Fill and Prescription Card Program

Alius Health provides First Fill prescription cards to ensure injured workers have immediate access to necessary medications before a claim has been formally accepted. This approach allows injured workers to receive a short-term supply of medication while Commercial Risk Management determines claim compensability.

Once a claim is deemed compensable, a welcome text message and permanent prescription card are issued to the injured worker for ongoing medication needs.

K. Electronic Medical Records (EMR) Integration and Clinical Technology

Alius Health supports prescribers by identifying and recommending the most clinically appropriate and cost-effective medication options. For example, if a prescription is written for a high-cost medication and a therapeutic equivalent is available, our system seamlessly and non-disruptively guides the prescriber toward the alternative—without interrupting care for the injured worker.

This technology delivers measurable results, including:

1. **Up to a 30% reduction in overall pharmacy spend**
2. **Up to a 40% reduction in prior authorization requests**
3. **Reduced wait times and faster access to medications for injured workers**

37. Section 3. Technology and Reporting

38. Claims Information System

39. Data Exchanges and Data Management

The Contractor's custom claims management system was fully developed for capturing claims information data, financials, and reporting. Our system development involved adjuster and client input, testing, and continual development to incorporate additional capability needs. As technology continues to evolve and progress into more automation and artificial intelligence, our in-house IT team builds system enhancements capable of executing automated proficiency to meet the claims handling needs and demands. The Contractor has implemented reactive machine systems to work alongside the adjusters in claims handling processes.

Our system is comprehensive, and the client will have access to their information including but not limited to claim files; adjuster, supervisor and nurse case management notes; ability to set diary items; payout sheets; medical, legal, and all other bills. Also included are reserve and recovery information, correspondences, pleadings, orders, reports, voicemail messages, and electronic forms. Our scanned documents are housed in each claim file for easy access and completeness of each file. You can also summarize notes and payments.

E-Alerts are a custom feature of the Contractor's system. This feature is tailored specifically to the client and sends real-time, instant e-mail notifications of actions that take place in the system to Pinellas County. Some examples of current notifications are State form completion, indemnity payments, and reserve notifications.

The injured worker can access their specific, allowed claim data via our secure claimant portal via their personal computer, tablet, or cellular device. All users will be required to create a strictly enforced user ID and password. There is select claims information and payment data for viewing, adjuster contact information, an area for electronically signing documents, and an area for uploading and viewing their documents.

40. Automated Reports

The Contractor's reports are accurate, timely, flexible, and customizable. We can modify existing reports or design client specific reports. This is at no additional charge. Our system captures a vast amount of data, and that data can be presented to the client as often as needed in a format that is meaningful to the client such as an Excel file that is not locked down and allows the client to manipulate the data. The Contractor employs full-time IT professionals who continue to develop and maintain the system. As this team is employed directly by the Contractor, there is no delay in any request for changes or upgrades requested by management, staff, or clients. We can customize electronic data interface with our clients, servicing partners, bill review companies, pharmacy management companies, excess carriers, and agencies. As a client, you will have remote accessibility to live data and integrated scanned documents that are part of each claim file.

Our reports will give the client truly worthwhile and meaningful information that provides current, accurate and analytical data on overall costs and in a manner acceptable to the Risk Manager. Reports will be

provided monthly in whichever quantity is desired. These reports will indicate, but will not be limited to, location, claim number, date of accident, name, accident description, department/division, name and code, status of claim, actual paid, reserves, and incurred amounts. This can be separated by type of claim. Specialty reports will be provided as requested.

Standard reports are accessible via remote access (real time – live data) in a user-friendly capability. The Contractor will determine the report types and needs of the client to fulfill the specific needs. Custom reports created for the client will be placed on their remote access menu.

41. Claims Reporting

Our system allows you to control the entry of your Workers' Compensation by online Notice of Injury entry via our web application secured by SSL encryption. The Contractor will provide multiple options for 24-hour telephonic reporting. Pinellas County will have additional options for claims reporting to include phone, hotline (with or without nurse involvement), email, fax, or FTP. Documents can be emailed, faxed, or uploaded directly into our claims system.

42. Claims Access

Our clients and their attorneys have 24/7 access to the claims data via our secure website allowing them to view and obtain data, payments, documents, and forms. The system also allows notes to be added to the claim file. An automatic alert is created and sent to the adjuster and supervisor informing them a note has been added. Each user will have the ability to create automated and standard reports from the reporting menu. The custom web application was developed in-house by our IT team. All users requiring access to the web application will be given a username and password to access the application. We enforce password requirements that comply with HIPAA standards and require users to change their password every 60 days.

In addition, to claims data access via the web application, Pinellas County employees will be provided with a toll-free and local number to contact us regarding any questions they have about their claims.

43. Checking Accounts and Registers

The banking account can be set up as Pinellas County's account or the account can be one of the Contractor's accounts. The Contractor will provide a full fund statement, not a simple check register. The account is balanced with checks, deposits, voids, and refunds each week. The statement will be provided on a weekly basis as requested by Pinellas County.

44. State and Federal Reporting Capabilities

The Contractor developed system reporting capabilities for State Electronic Data Interchange (EDI) based on the Edit Matrices, Event Tables, Element Requirement Tables, MTC Filing Instructions, Implementation Guidelines, and in adherence with Florida Statute 440 and the International Association of Industrial Accident Board and Commissions (IAIABC). The Federal Medicare reporting capabilities were developed based on established element tables and in adherence to Section 111. The reportable claims data is transferred via a Secure File Transfer Protocol (SFTP) server for State EDI and Federal Medicare reporting. Our system automatically downloads and transmits data on a scheduled basis and based on reporting guidelines set forth by the Federal and State governments.

45. Americans with Disabilities Act (ADA) Requirements

The Contractor strives to adhere to WCAG 2.5 Level AA for its web application and claimant portal, making them accessible to all individuals. The applications were evaluated using the following methods and tools to ensure due diligence in supporting conformance claims:

- a. Browser and Operating System: Google Chrome Version 144.0.7559.192/193 (Official Build) (64-bit) on a Windows 11 desktop computer
- b. Assistive Technology: The NVDA screen reader software
- c. Keyboard Navigation
- d. Automated Testing Tools: Google Lighthouse Accessibility Audit, Silktide Accessibility Checker, and Text Spacing Editor

We offer support for users, including those with disabilities, and are committed to assisting with any issues they may encounter. General use of the website is the same for all users, and we are available to provide answers to questions or assistance as needed.

46. Weekly Payment Report

The Contractor will capture and present payroll/payment reports on a weekly basis when requested by the client. The assigned account manager will automatically email a weekly payment report by 10 a.m. ET on Monday mornings to Pinellas County, encompassing all open workers' compensation claims with issued indemnity benefits. The report will include the following information: claimants on light duty and no duty, claimants placed at full duty within the prior two weeks, current work status with effective date, claim number, claimant name, date of loss, customary work week, department, average weekly wage (AWW), temporary total disability rate (TTD), temporary partial disability rate (TPD), payment information for the prior two indemnity payments with amounts, payment type, payee information, payment time period, and check date and number. An example of the current payroll report is attached at the end of Section 3. Technology and Reporting. The report will be modified to include all information above.

47. Medicare Claims Reporting

The Contractor developed the claims administration system to handle all aspects of Section 111 mandatory reporting under Medicare, Medicaid, and SCHIP Extension Act of 2007. The system will automatically identify claims for query with the Center for Medicare and Medicaid Services (CMS) to determine the beneficiary status. The electronic interface will submit the required information to CMS on a quarterly basis. If CMS returns an indicator that the individual is a recipient, the HICN and supplemental coverage plan information is downloaded to the claim. If there is an error with the transmission or download, the system sends a notification to the IT team for research and correction. For identified beneficiaries, the system evaluates the claims for amount paid in the medical benefits. For claims meeting the threshold, the system generates an initial CMS report task for filing. The system monitors reported claims for the statute of limitation (SOL) to run and generates a final CMS report task for filing. For settled claims, a final CMS report task is immediately auto-generated when the settlement information is added to the claim. Our quality assurance analyst is also notified of the settlement via their own auto-generated task and monitors for report submission. All CMS reports are filed through electronic submission within their submission week as indicated by the client Reporter ID (RRE).

Exhibit G - Contractor's response to Solicitation Section 9, titled Pricing Proposal

Item No.	Description	Unit of Measure	Quarterly Fee	Three-Year Total
1	Third Party Claims Administration Fees for BCC	Flat Annual Fee to be paid quarterly in arrears of the quarterly services provided	\$40,500.00	\$486,000.00
2	Transition /Conversion for BCC	One-Time Fee To be Paid Upon Completion of setup and confirmation of successful operation at the County's sole discretion	\$ 1,800.00	\$ 1,800.00
4	Total Administrative Contract Fees for BCC			\$487,800.00

Pharmacy Benefit Management Both BCC and PCSO

The following services are to be billed as and when needed at the County's Sole Discretion and approval. These items will be charged to the individual claim file over the term of the agreement, with a total itemized cost to be presented to the County on an annual basis.

Item No.	Description	Unit of Measure	Estimated Annual Totals	Fee	Three-Year Total
5	Bill Review / Repricing - Per Bill – Both BCC and PCSO	Per Bill	3000	\$ 6.50	\$ 58,500.00
6	Telephonic Case Management – for BCC and PCSO selected cases as assigned by the County at its sole discretion	Per hour	832	\$85.00	\$212,160.00
7	Telephonic/Field Nurse Case Manager triage for both BCC and PCSO as assigned by the County at its sole discretion	Per Event	832	\$93.00	\$232,128.00
8	Dispensing Fee Both BCC and PCSO	Per event	3000	\$ 3.00	\$ 27,000.00
9	PSCO Onsite Adjuster (Two Days a Week), of the five days a week provided by the dedicated adjuster			1700 hours per year	Price included in the administrative fee
10	Proposed PPO & UR Savings Fee Percentage Fee Paid to Proposer for BCC and PCSO			24%	

Quantities quoted are estimated totals, and there is no guarantee of the number of services, if any, to be ordered. All pricing stated shall be FOB Destination and inclusive of all fees and charges incurred to provide these services. In the event that an awarded service is no longer available or the Contractor no longer offers the service during the term of this contract, the Contractor shall provide an approved acceptable substitute service at a mutually acceptable negotiated price. The Contractor shall file a written request with the Purchasing Department and be granted approval to substitute services in writing before any substitution may be made.

Item No.	Description	Unit of Measure	Quarterly Fee	Three-Year Total
11	Third Party Claims Administration PCSO	Flat Annual Fee to be paid quarterly in arrears of the quarterly services provided for the PCSO	\$27,000.00	\$324,000.00
12	Transition /Conversion PCSO	One-Time Fee To be Paid Upon Completion of setup and confirmation of successful operation at the County's sole discretion	\$ 1,200.00	\$ 1,200.00
13	Unspecified Both BCC and PCSO	Unspecified work is defined as services that may be required due to unexpected conditions or events. Unspecified work is not guaranteed under the contract and must be properly authorized by the County before being performed.	Annual Budgeted Total \$2,000.00	\$ 6,000.00
14	Total Administrative Contract Fees Both BCC & PCSO			\$331,200.00
15	Total for the Three-Year Contract Term Both BCC & PCSO			\$1,348,788.00

Attachment 1

SPECIAL HANDLING INSTRUCTIONS

Pinellas County Sheriff's Office special handling instructions:

Contact telephone numbers:

Gretchen Reagan 727-582-5674 or greagan@pcsonet.com

Members of the HR team and supervisors will input claims into the system as claims come in.

3-point contact – initial contacts should be made to the injured member, the supervisor listed on the initial report (only when additional clarification is needed on a claim), and the medical provider. If the adjuster is having issues communicating with the member or supervisor, please send an email to the PCSO WC e-mail (WorkersComplnjuryReport@pcsonet.com), requesting assistance.

A 13-week wage statement is to be requested through PAYROLL@pcsonet.com, and you are to include the member's name, date of injury, and the date range for the wage statement. The adjuster also needs to confirm with payroll the paid through date for the full salary. This goes for school crossing guards as well. While the member is employed, all TTD/TPD checks will be issued to PCSO for reimbursement.

All members who no longer work for PCSO or are on PTD, benefits paid directly to the member. IIBs are also paid directly to the member. If a school crossing guard is injured, the adjuster needs to be in touch with PCSO payroll for the last full salary date; after that date, they will be paid directly.

Denials – after the adjuster investigates the claim, they are to send their recommendation for denial to the County Attorney's Office and the PCSO WC e-mail box (WorkersComplnjuryReport@pcsonet.com), as well PCSO General Counsel Shannon Lockheart slockheart@pcsonet.com, Director Human Resources Kristi Wong kwong@pcsonet.com, Assistant Director Human Resources Sue Keim skeim@pcsonet.com, Human Resources Manager Benefits Gretchen Reagan greagan@pcsonet.com. . Whenever possible, the decision needs to be made within the first 14 days. If the County Attorney agrees, they will send a request to PCSO to deny the claim. Claims cannot be denied until the adjuster receives approval.

Approval of claims – once a final determination has been made on acceptance of a claim, the determination and condition being accepted should be sent to the PCSO WC e-mail box (WorkersComplnjuryReport@pcsonet.com). Please include the claim number, date of injury, and the member's name.

120 Day letters are not to be sent until after the first 14 days if the claim is still being investigated.

In response to PFBs, the adjuster is to evaluate the PFBs and communicate with the County Attorney's Office regarding the issues and responses. Once the response is agreed upon, the County Attorney's Office will email PCSO to obtain approval to respond.

Monthly meeting – PCSO holds a monthly in-person meeting to review claims with the adjuster and under the adjuster's supervision for members on light duty or out of work. Included in that meeting is a legal update from the County Attorney's Office. Once a Quarter, the review is to encompass all open and reopened claims, inclusive of presumption claims.

Questionable claims and all claims that involve the coming and going rule are to be discussed with the County Attorney and PCSO HR.

All presumption claims are to have a nurse assigned to them, and pre-employment physicals and applications can be requested from PCSO HR, via PCSO WC e-mail (WorkersComplnjuryReport@pcsonet.com) – the County Attorney should be notified and involved from the beginning of the claim.

Any claims settlements must be evaluated in detail, and the adjuster must work with the County Attorney's Office on the evaluation. Once the evaluation is finalized, the County Attorney's Office will send the request for authority to settle to the PCSO.

Change of physicians – if a member is not happy with medical treatment, we always offer a one-time change. We do not allow changing of physicians without a written request for a one-time change. Second opinions are only offered on special occasions and after the one-time change of physicians has been made. If there is a request or need for a second opinion after this, a request and approval should be made through PCSO Management via WorkersComplnjuryReport@pcsonet.com .

The client approves the Initial Treatment sites, and the contractor updates and manages the written document. Contractor provides updates to the Claims Manager and PCSO so the intranet sites may be updated.

PC Board of County Comm. and other members of the Risk Fund- Special Handling Instructions:

Contact telephone numbers:

Keith Bentley, Claims Manager – 727-464-3221

Claims Support Specialist – 727-464-5293

Main line – 727-464-3664

Main Fax number – 727-464-4060

General e-mail box for Risk Management – riskmgmt@pinellascounty.org

Members of the Risk Fund are as follows:

6th Judicial Court – there are specific people whom we cover as they are State employees, but for purposes of WC, they are covered under our plan

Business Technology Services

County Attorney's Office

Human Resources

Office of Human Rights

Pinellas County BOCC

Pinellas County Sheriff's Office

Property Appraiser's Office

Supervisor of Elections

Tax Collector's Office

Members of the Risk Management team will enter claims as they come in.

3-point contact – initial contacts should be made to the injured worker, the supervisor listed on the initial report, and the medical provider. If the adjuster is having issues communicating with the employee or supervisor, please call Keith Bentley at 727-464-3221 or e-mail kbentely@pinellascounty.org. In the alternative, you can contact the claims support specialist at 727-464-5293 or e-mail riskmgmt@pinellascounty.org

13 13-week wage statement is to be requested through Payroll@pinellascounty.org, and you are to include the employee's name, the employee's ID number, and the date range for the wage statement. Adjusters also need to confirm with the supervisor that the timecard is correct for the initial 40 hrs. LWP (the waiting period). All benefits are payable directly to employees by the carrier.

Denials – after the adjuster has completed their claim investigation and determined that the claim is not compensable, the adjuster needs to obtain an opinion from the County Attorney's Office and then request a denial from the Claims Manager kbentley@pinellascounty.org

In response to PFBs, the adjuster is to evaluate the PFBs and communicate with the County Attorney's Office regarding the issues and responses. Once the response is agreed upon, the County Attorney's Office will email the Claims Manager to obtain approval to respond.

Any claims settlements must be evaluated in detail, and the adjuster must work with the County Attorney's Office on the evaluation. Once the evaluation is finalized, the County Attorney's Office will send the request for authority to settle to the Claims Manager.

Change of physicians – if an injured worker is not happy with medical treatment, we always offer a one-time change. We do not allow changing of physicians without a written request for a one-time change. Second opinions are only offered in unusual cases, and this needs to be discussed with the Claims Manager.

120 Day letters are not to be sent until after the first 14 days if the claim is still being investigated.

The client approves the Initial Treatment sites, and the contractor updates and manages the written document. Contractor provides updates to Claims Manager and HR Director so that we can update our intranet sites.

**Special Handling Instructions may be updated on an intermittent basis as approved by County staff and as needed over the duration of the agreement without a formal written amendment to the agreement.

Attachment No. 2 – Disaster Plan

DISASTER PLAN

Updated: September 9, 2025

INTRODUCTION

SAFEGUARDING COMMERCIAL RISK MANAGEMENT, INC.

Commercial Risk Management, Inc. has invested over fifty (50) years of time and resources into making our business successful. We have a dedicated, loyal customer base. We have a dedicated staff with tenure average of over ten years. We have an excellent reputation of providing our services efficiently and promptly. This guide will illustrate our commitment to our clients for our business continuation and the prompt delivery of our services to our clients and their injured workers.

RISKS

What are our risks? Natural disasters as well as other unexpected emergencies. Some parts of our nation are more likely to be affected by certain types of disasters than others. Possible perils include: hail, flood, hurricane, storm surge, tornado, windstorm, active shooter, fire, crime/loss prevention, bomb threat, power failure.

OBJECTIVES/CONSTRAINTS

The major objective is to define procedures for a contingency plan for recovery from disruptions. Attention is given to an orderly recovery and resumption of operations critical to our business and the support of our clients and employees. Commercial Risk Management, Inc.'s location is Tampa, Florida with all clients based throughout Florida and one client also with Georgia locations. Our Disaster Recovery Plan (DRP) captures information that describes Commercial Risk Management, Inc.'s ability to withstand a disaster as well as the processes that will be followed to recover. A disaster can be caused by man or nature and results in a disruption in the ability to perform some duties and responsibilities for a period of time. Our goal of this DRP is to capture information relevant to Commercial Risk Management, Inc.'s ability to withstand a disaster and to document the steps to recovery. Our first priority is to prevent loss of life. We will ensure that employees and premises are safe and secure. We will then enact steps to bring us all back to business as usual as quickly as possible.

CHECKLISTS – 72, 48, AND 24 HOUR

Dependent on Storm Location

72 HOUR LIST

1. Disaster Committee meets to formulate and implement plan.
2. Adjuster will process and authorize all indemnity payments in advance up to (10-14 days) so checks can be mailed to injured worker in advance.
3. Gather supplies necessary for move or to safeguard property.
4. Begin to activate emergency plan with employees, vendors, and clients. Be sure employees have given Commercial Risk Management, Inc. updated contact information.
5. Determine need for moving equipment (i.e. truck reserve and pick up).

48 HOUR LIST

1. Management team will contact each client to advise Commercial Risk Management, Inc.'s need to evacuate; relocate, and office closing. Management team will give client phone numbers for emergency contacts and obtain any emergency phone numbers/contacts the client may need or want to share.
2. Determine based on storm location (erring on the side of caution) removal of equipment to off-site locations (see equipment and supply list).
3. Contact mail carrier vendor to hold mail during time out of Westwood Center and determine vendors ability to deliver to alternate location.
4. Hand out phone lists to adjusters and emergency contact information and plan to all employees.
5. Complete securing office in accordance with plan and building requirements.
6. Activate emergency plan with clients to provide emergency contact information.
7. Update website.

24 HOUR LIST

1. Within 24-hour window of storm, at this point we will have been evacuated from the building.
2. All emergency numbers have been provided.
3. Any last-minute details or assistance to clients will be handled by the Disaster Committee or designated supervisor/adjuster.

RECOVERY TEAM AND RESPONSIBILITIES

The teams will vary depending on the disaster and magnitude.

Lead/Management Team: This team will be responsible for all major decisions. Primary role will be to guide the planning for and the recovery from the disaster. Some roles and responsibilities will be, but not limited to: making decision/determination that plan and process needs to be initiated, initiate the call tree, point of contact, hold meetings, organize/supervise/manage the DRP.

Facilities: Our building is leased. The office manager and management team will oversee office and return to original space, timeframes, and alternate facilities. IT manager and management team will be responsible for all issues relating to facilities that house our cloud provider.

Network Team: IT and management team will be responsible for assessing damage to any network infrastructure.

Server Team: Cloud provider will report to IT manager and management team.

Applications Team: Applications team will report to IT manager and management team.

Operations Team: The primary goal will be to provide employees with tools they need to perform their job such as supplies and capabilities to work from home.

Communications Team: This team will communicate with employees, clients and vendors to include initial meeting and contact prior to event as well as continued contact for duration. Continue to keep all parties informed of recovery process.

Finance: This team will be responsible for ensuring finances including invoices, payroll, clients' checking accounts, and payables are dealt with in an appropriate and timely manner. Team will be comprised of Office Manager, Senior Account Manager III and Management Team.

Employees:

- Can they return to office? Plan if they cannot return?
- What work expectations will be prior to, during and after disaster?

Clients – Management Team – Supervisors-Adjusters

- Impact on service
- Data safety
- Restoration
- Continuation of services
- Timelines
- Email and phone

Vendors

- Adjust to service and delivery, i.e. mail, phone, coffee, shredding
- Provide contact information and timelines
- Claim vendors – Contact as needed

COMMUNICATING DURING DISASTER AND RECOVERY

In the event of a disaster (or one of the listed risks occurs), Commercial Risk Management, Inc. will need to communicate with various parties to inform them of the effects on the business and timelines. The communications team will be responsible for contacting stakeholders appropriately.

The first priority will include communicating with authorities, police and fire, as appropriate.

The teams and priority will be to ensure that all employees are notified appropriately by text/email/phone. Employees will be informed:

- Whether it is safe to return to work at the office
- Whether they have “issues” or can work from home
- If there will be a temporary office location
- Work expectations of them during disaster

Communicating with Clients

The communications team will be responsible for informing clients of a disaster and the impact.

- Any impact on service/How we will continue service
- Timelines for recovery

While initial contact may be a mass email, crucial/critical clients will be contacted by phone as well. Each member of the communications team will identify crucial/critical clients and be responsible for keeping them informed.

Communicating with Vendors

The communications team will be responsible for informing vendors as necessary and the impact that it will have on them. The team will identify crucial vendors that need to be notified.

DEALING WITH A DISASTER

If a disaster occurs at Commercial Risk Management, Inc., the first priority is to ensure that all employees are safe, accounted for and informed.

Next, steps must be taken to mitigate further damage and reduce the impact of the disaster to Commercial Risk Management, Inc., its employees and clients.

Regardless of the category this disaster falls into, dealing with it can be broken down as follows:

1. Disaster identification and declaration
2. DPR Activation
3. Communication
4. Assessment and prevention of further damage
5. Work away from office activation
6. IT operations
7. Repair – Rebuild

Since it is almost impossible to predict when and how a disaster or incident might occur, Commercial Risk Management, Inc. must be prepared to find out what has occurred. In order to do so, this may include:

- Firsthand observation
- System alarms
- Building security and staff
- End users
- Third party vendors
- Media

Commercial Risk Management, Inc. management must then instruct the Communications Team to begin making appropriate contact as instructed.

- Activate DRP
- Nature of disaster
- Magnitude of disaster
- Input of disaster
- Actions taken and actions that will be taken
- Meetings of teams

Assessment of current and prevention of further damage.

Management team will access (with appropriate others in authority) the damage and discuss prevention of further damage (our building's authority).

If we can no longer occupy our office, we will put into place our alternate work facility in accordance with the duration of the expected time out of current space.

Management Team and appropriate supervisors will meet to formulate and put our plan in place.

RECOVERY AFTER DISASTER

AFTER THE STORM PASSES

If we are fortunate to not have sustained any damage or if the storm by passed the area, as soon as it is safe to travel, key employees and the Disaster Committee will respond to the office and set office up so employees may return to work on the next business day. When or if we are unable to return to Commercial Risk Management, Inc. offices, temporarily or permanently:

REVIEW/ASSESS DAMAGE AND CONTACT EMPLOYEES

Set Up Temporary Space: Some work may be accomplished from the adjusters' homes until it is safe to travel and temporary space is set up. Temporary space would be two days to two weeks out of current office space. If space will not be usable or will be an extensive time period (according to our lease), locate alternate location for permanent office space. If space is not usable, as soon as permissible, salvage and remove Commercial Risk Management, Inc. property. We have also identified a standby facility for worst case scenario.

- Our standby facility (or our current office space) will have a fully redundant server room.
- Determine whether data will continue in cloud or if data needs to be loaded to our server.
- Determine phone capability for office (hard lines), cell phone capability and clients capabilities in regard to data and phone.
- Determine needs of employees and clients.

Adjusters: Adjusters will contact clients and determine possible damage to client locations. Advise client of temporary location and phone numbers. Fax will be set up for receipt of Notice of Injuries/Incident (new claims). If necessary, adjuster can take information for the Notice of Injury/Incident by phone if the clients' needs dictate. Our immediate duty will be to intake and manage new claims, direct medical treatment, process indemnity payments and claimant settlements on all claims in a normal and timely manner, and deliver medical treatment/benefits on all existing claims.

RESTORING INFORMATION TECHNOLOGY FUNCTIONALITY

Commercial Risk Management, Inc. data is securely stored on the cloud at our cloud provider Data Tech. In addition to hosting our data locally, Data Tech has the ability to store the data at their center in the Atlanta area as well should they have that need. In an abundance of caution, Commercial Risk Management, Inc. also receives our data on a daily basis. In the event that our cloud provider is not able to function, then we have our data and can restore all data to our server and, therefore, not be without service to our clients.

PLAN TESTING AND MAINTENANCE

While efforts will be made initially to construct this DRP in as complete and accurate a manner as possible, it is essentially impossible to address all possible problems at any one time. Over time this process will evolve. This process will be tested to the best of our ability each year (or each “disaster”) in order to perfect our plan. All tests will be repeated on a regular basis.

ACTIVE SHOOTER

An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims.

Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims.

Because active shooter situations are often over within 10 to 15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.

How to respond when an active shooter is in your vicinity:

1. Evacuate
2. Hide Out
3. Take action against the active shooter

How to react when law enforcement arrives:

- Remain calm, and follow officers’ instructions
- Put down any items in your hands (i.e., bags, jackets)
- Immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers such as holding on to them for safety
- Avoid pointing, screaming and/or yelling
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises

Information to provide to law enforcement or 911 operator:

- Location of the active shooter
- Number of shooters, if more than one
- Physical description of shooter(s)
- Number and type of weapons held by the shooter(s)
- Number of potential victims at the location

Agreement (A) #26-0137-REQ
 Title: 26-0137-RFP - Workers Compensation Third Party Administrator Services

Payroll Report Example

Location	Employee Name	Injury Date	Disability Type Code	Effective Date	Comp Rate	Avg Weekly Wage	Claim ID	Check Number	Payee Name	Amount	Offset Amount	Paid Date	From Date	To Date	
DEVELOPMENT & GROWTH MANAGEMENT	John Smith	6/8/2023	TP	1/9/2024	\$1,197.00	\$2,073.47	12345678	248243	John Smith	\$2,394.00	\$0.00	1/19/2024	1/9/2024	1/22/2024	
								248360	John Smith	\$2,394.00	\$0.00	2/2/2024	1/23/2024	2/5/2024	
								249164	John Smith	\$2,394.00	\$0.00	4/12/2024	4/2/2024	4/15/2024	
								249296	John Smith	\$2,394.00	\$0.00	4/26/2024	4/16/2024	4/29/2024	
								249413	John Smith	\$2,394.00	\$0.00	5/10/2024	4/30/2024	5/13/2024	
									\$21,546.00	\$0.00					
FIRE DEPARTMENT	Janet Smith	12/20/2023	TT	12/26/2023	\$1,197.00	\$1,802.27	12345678	248104	Janet Smith	\$2,394.00	\$0.00	1/8/2024	12/26/2023	1/8/2024	
								248245	Janet Smith	\$2,394.00	\$0.00	1/19/2024	1/9/2024	1/22/2024	
								248362	Janet Smith	\$2,394.00	\$0.00	2/2/2024	1/23/2024	2/5/2024	
								248552	Janet Smith	\$2,394.00	\$0.00	2/16/2024	2/6/2024	2/19/2024	
								249299	Janet Smith	\$2,394.00	\$0.00	4/26/2024	4/16/2024	4/29/2024	
	249417	Janet Smith	\$2,394.00	\$0.00	5/10/2024	4/30/2024	5/13/2024								
										\$23,940.00	\$0.00				
	Donald Smith	1/23/2024	TT	1/31/2024	\$1,260.00	\$3,205.24	12345678	248370	Robert Smith	\$1,260.00	\$0.00	2/5/2024	1/31/2024	2/6/2024	
								248549	Robert Smith	\$1,260.00	\$0.00	2/16/2024	2/7/2024	2/13/2024	
													\$2,520.00	\$0.00	
PARKS AND RECREATION	John Doe	5/27/2021	TT	12/13/2023	\$1,011.00	\$1,576.36	12345678	247927	John Doe	\$2,022.00	\$0.00	12/21/2023	12/13/2023	12/26/2023	
								248089	John Doe	\$2,022.00	\$0.00	1/5/2024	12/27/2023	1/9/2024	
								248235	John Doe	\$1,011.00	\$0.00	1/19/2024	1/10/2024	1/15/2024	
													\$5,055.00	\$0.00	
POLICE DEPARTMENT	Jane Doe	5/23/2023	TT	1/15/2024	\$1,197.00	\$2,618.21	12345678	248267	Jane Doe	\$0.00	\$0.00	1/25/2024	1/15/2024	1/28/2024	
								248383	Jane Doe	\$1,197.00	\$0.00	2/8/2024	1/29/2024	2/4/2024	
								248445	Jane Doe	\$2,394.00	\$0.00	2/9/2024	1/15/2024	1/28/2024	
										\$3,591.00	\$0.00				
		Thomas Smith	4/19/2024	TP	4/20/2024	\$1,260.00	\$2,397.36	12345678	249379	Thomas Smith	\$2,520.00	\$0.00	5/3/2024	4/20/2024	5/3/2024
													\$2,520.00	\$0.00	
WASTEWATER	Susan Smith	12/13/2023	TT	12/14/2023	\$934.64	\$1,401.89	12345678	248034	Susan Smith	\$1,869.28	\$0.00	12/27/2023	12/14/2023	12/27/2023	
								248117	Susan Smith	\$1,869.28	\$0.00	1/10/2024	12/28/2023	1/10/2024	
								248246	Susan Smith	\$373.86	\$0.00	1/19/2024	1/11/2024	1/12/2024	
														\$4,112.42	\$0.00
		Nicole Smith	1/12/2024	TT	1/13/2024	\$782.45	\$1,173.61	12345678	248278	Nicole Smith	\$312.98	\$0.00	1/26/2024	1/20/2024	1/23/2024
								248278	Nicole Smith	\$469.47	\$0.00	1/26/2024	1/13/2024	1/15/2024	
													\$782.45	\$0.00	
WATER	Robert Smith	10/30/2023	TP	11/7/2023	\$1,012.58	\$1,582.15	12345678	248031	Robert Smith	\$120.93	\$0.00	12/27/2023	12/10/2023	12/16/2023	
															\$120.93
					1/16/2024	\$1,012.58	\$1,582.15	12345678	248443	Robert Smith	\$2,025.16	\$0.00	2/9/2024	1/16/2024	1/29/2024
									248443	Robert Smith	\$2,025.16	\$0.00	2/9/2024	1/30/2024	2/12/2024
									248626	Robert Smith	\$2,025.16	\$0.00	2/23/2024	2/13/2024	2/26/2024
								248794	Robert Smith	\$1,417.62	\$0.00	3/8/2024	2/27/2024	3/6/2024	
													\$7,493.10	\$0.00	