

ADDENDUM NO. 2

RFP NUMBER: __198982__

RFP TITLE: ____TPA - IOD Occupational Health Programs____

DEPARTMENT: __HR____

DATE OF ADDENDUM: ____June 24, 2020____

DEADLINE FOR QUESTIONS: ____June 16, 2020, 4:00 p.m., e.s.t.____

RFP DUE DATE/TIME: ____July 14, 2020, 4:00 p.m., e.s.t.____

REASON: CORRECTION OF ERROR IN RFP DOCUMENT; ADDITION OF REFERENCED FORM

(SIGNED): _____(DATE): _____

(COMPANY): _____

As acknowledgment of having received this information, Offeror must sign one (1) copy of this page and return it with the proposal.

ADDENDUM NO. 2

Correction of error in RFP document

Addition of Referenced Form

RFP NUMBER: __198982__

RFP TITLE: ____TPA - IOD Occupational Health Programs____

ERROR

In the Scope of Work section, item #5 (shown below and found on page 9 of the RFP document) there is a reference made to an “Attachment C, Required Elements of Claim Management System.”

5. Supplement Claim Notes in Database

- a. Please see Attachment C - ‘Required Elements of Claims Management System’, in order to review minimum data components, and verify your company’s capabilities.

CORRECTION

The form and information can be found in the “APPENDIX J - REQUIRED DATA ELEMENTS OF CLAIMS MANAGEMENT SYSTEM”, supplemented below.

THIS CORRECTION DOES NOT AFFECT THE DUE DATE/TIME FOR THIS RFP.

**APPENDIX J
REQUIRED DATA ELEMENTS
OF CLAIMS MANAGEMENT SYSTEM**

Offerors are required to certify that their claims management information system includes or can include each of the elements listed below by writing “Yes” or “No” in the response column on the attachment.

The data designation and database location must be clear and apparent for all database system users.

By marking “Yes” for any element, the Offeror is verifying that it can capture and provide the City with the information throughout the term of the Contract, through database access and through exported reporting.

Data Elements	Yes/No
Demographic information about claimant, including name, address, phone number, date of birth, sex, Social Security Number, and occupation	
Claim Number	
Date of Injury	
City Department and Division	
Date Claim Received	
Date Claim Certified or Rejected	
Reason for rejection or any clarification necessary prior to certification.	
Current claim type (medical only or lost time, salary continuation, occupational injury leave)	
Current claim status (active, inactive, pending, beyond statute of limitations)	
Accident Description	
Nature, body part and cause of injury	
Date subrogation initiated, status and result.	

Full Weekly Wage (FWW) and Average Weekly Wage (AWW)	
Name, address, phone number and specialty of all treating physicians.	
Last day worked, estimated return to work date, actual return to work date.	
Appeal - Date and location of hearing; Reason; Status and Outcome.	
Type, time periods, payment dates and amounts of all compensation awards, including SC and OIL	
Diary for external and internal reviews	
Section that describes in a narrative fashion all activity that is pending or has transpired in the claim, including date of activity and initiating party.	
Date and Time markers of database file action (Unalterable)	
ICD-10 code and/or description of allowed conditions	
ICD-10 code and/or description of non-allowed conditions	
ICD-10 code and/or description of conditions currently under consideration	

END