City Clerk Document No. _____

City Council Meeting Date: April 28, 2022

AMENDMENT TO CITY OF CHANDLER AGREEMENT
THIRD PARTY CLAIMS ADMINISTRATION – WORKERS COMPENSATION
CITY OF CHANDLER AGREEMENT NO. HR9-953-4004

THIS AMENDMENT NO. 2 (Amendment No. 2) is made and entered into by and between the City of Chandler, an Arizona municipal corporation (City), and CorVel Enterprise Comp, Inc. (Contractor), (City and Contractor may individually be referred to as Party and collectively referred to as Parties) and made _____ , 2022 (Effective Date).

RECITALS

WHEREAS, the Parties entered into an agreement for third-party claims administration services (Agreement); and

WHEREAS, the term of the Agreement was July 1, 2019, through June 30, 2022, with the option of up to two two-year extensions; and

WHEREAS, the Parties wish to exercise the first option through this Amendment to extend the Agreement for two years.

AGREEMENT

NOW THEREFORE, the Parties agree as follows:

1. The recitals are accurate and are incorporated and made a part of the Agreement by this reference.

2. Section 4, Price is amended to read as follows: The City will pay the Contractor the per unit cost set forth in Revised Exhibit B of the original Agreement, attached to and made a part of this Amendment No. 1. Total payments made to the Contractor during the term of this Amendment No. 1 will not exceed $80,000.

3. Section 5, Term is amended to read as follows: The Agreement is extended for a one-year period, July 1, 2022 through June 30, 2024.

4. All other terms and conditions of the Agreement remain unchanged and in full force and effect. If a conflict or ambiguity arises between this Amendment No. 1 and the Agreement, the terms and conditions in this Amendment No. 1 prevail and control.

IN WITNESS WHEREOF, the Parties have entered into this Amendment on the Effective Date.

FOR THE CITY

By: _____

Its: Mayor

FOR THE CONTRACTOR

By: Brandon O'Brien

Its: CFO

APPROVED AS TO FORM:

By: _____

City Attorney

ATTEST:

By: _____

City Clerk

REVISED EXHIBIT B
FEE SCHEDULE

Workers' Compensation Claims Administration

Description	Pricing
Life of Contract Flat Annual Fee	
Up to 42 Indemnity & 112 Medical Only Claims Annually	$42,890.00
Per claim Fee after maximum number of claims:	
Medical-Only	$135.00
Indemnity	$647.00
Employer's Liability	$647.00

[1] Claim fee applies to AOS with the exception of premium states (CA, HI, AK, NY, TX and FL)
[2] CorVel Healthcare Corporation's managed care services must be used for all claims administered by CorVel.

Program Management

Description	Pricing
Data Conversion - Per Data Source	Waived
Administration Fee - Per Annum [1]	Waived
Implementation Fee - One Time Fee	Waived
CareMC Access - Per Annum [2]	
First 5 Full Access Users	Included
Each User over 5 - Per User, Per Year	$1,079.00
State Fund Oversight (OH, WA)	50% of standard fees, based on service level

[1] Includes Assistance with Self-Insured Data for State Reports, State Statistical Reporting & All State Filing Requirements
[2] Includes Executive Dashboard, Claim Details, Claims Summary Screen & Claims Reporting

Account Management and Technical Support

Description	Pricing
Account Management Staff	Included
Electronic Data Transmission - (Per Month, Based on Frequency)	
Monthly File	$270.00
Weekly File	$647.00
Daily File	$2,158.00
Training – Onsite and Online	Included
Technical Support	Included
State EDI Files	Included
Monthly Reporting	Included
Ad hoc Report Programming - Per Hour	$216.00
Communication Materials/Posters	Pass through printing cost
Annual Banking Fees	One account included

Additional Account(s) - Per Account	$1,079.00
Carrier TPA Oversight Fees [1]	Bill from Carrier to Client

[1] Fees charged by the carrier (Oversight fees, Tail Claim transfer / takeover fees, etc.) are the responsibility of the client and will be billed directly to the client by the carrier or by CorVel should CorVel be invoiced for such fees.

Intake and Immediate Intervention Services

Description	Pricing
Claim Intake (includes one FNOL distribution) - Per Intake	Waived
Incident Only Reporting - Per Incident	$38.00
Advocacy 24/7 - Per Call	Waived
Telehealth Services	Fee Schedule or U&C value by CPT code

Allocated Expense Fees

Legal Services

Description	Pricing
Subrogation	25% of Recoveries
Legal Bill Auditing [1]	2.5% of gross legal charges reviewed
Indexing and OFAC Compliance - Per Index	$15.00

[1] Fees will never exceed the savings generated

Bill Review Services

Description	Pricing
Bill Review: Includes Standard Fee Schedule and UCR - Per Bill [1,2]	$6.47
+ Network Solutions Includes: [2] Clinical Review, Implant Analysis, Line Item Bill Review, Negotiations, PPO Network Access, Substantive Denials, Technical Evaluation	19% of Savings
Minimum Transaction Fee [2]	$0.00
State EDI, Scanning/OCR, Initial 1099 Provider Notification Letter	Included

[1] Includes bill intake, document imaging, file upload, state EDI's, and initial 1099 provider notification letters.

[2] Minimum transaction fee (MTF) per bill transaction. Applied per transaction if all other applicable fees do not meet the minimum transaction fee. Applies to all transactions, including but not limited to, Specialty Bills, Duplicate Bills and bills sent for Re-consideration or Re-evaluation. There is a maximum bill review transaction fee of $15,000.00.

Patient Management

Description	Pricing
Telephonic Case Management, Field Case Management and Return to Work Coordinator - Per Hour	
All Other States [1,2]	$92.00
Vocational Rehabilitation - Per Hour	$178.00
Specialty Services (Catastrophic, Life Care Plan, Medicare Conditional Payments, Medicare Set Asides, Bilingual) - Per Hour	$235.00
Nurse Utilization Review - Per Review	$162.00
Physician Utilization Review - Per Review	$324.00
Care Advocate - Per Claim	$50.00
PeerWell App Access - Per Claim (One-Time Fee)	$500.00

[1] Fee applies to all States with the exception of premium states (CA, HI, AK, and NY).
[1]Statutory rates supersede if applicable.
Prevailing IRS Mileage Rate applies.
Each invoice for Case Management Services shall have an additional professional service fee of $39.00 billed to Customer.

Pharmacy Solutions

Description	Pricing
Retail Pharmacies	
Brand	AWP -10% + $3.24 dispensing fee
Generic	AWP -30% + $3.24 dispensing fee
Mail Order	
Brand	AWP -14% + $1.62 dispensing fee
Generic	AWP -40% + $1.62 dispensing fee
Clinical Modeling	
Integration of Pharmacy Data	Included
Dynamic Calculation/Display in Care[MC]	Included
Pharmacy Interventions	
Certified Pharmacy Technician	Included
Rx Nurse	Included
Nurse Management	Case Management hourly rate
Pharmacy Review - Per Review	$405
Cognitive Behavioral Therapy - Per Hour	$270
Medication Review - Per Hour	$270

Specialty Network Services

Description	Pricing
Medical Imaging Services	Varies by State and Diagnostic
Independent Medical Exam	See 2022 IME/Peer Fee Schedule
Physical and Occupational Therapy	Varies by State

Durable Medical Equipment	Varies by State and Equipment
IME Peer Review - Per Hour	See 2022 IME/Peer Fee Schedule
Transportation	Varies by State and Service
Translation	Varies by State and Service Level

Medicare Agent Reporting

Description	**Pricing**
Set up and engagement	Included
Monthly Maintenance	Included
Quarterly Reporting	Included

- *The above pricing per claim is based on handling of all claims that occur and are reported during the agreement period. If life of contract pricing is selected, claims will be handled until closed or until the end of the agreement period, whichever comes first. If life of claim pricing is selected, claims will be handled until closed.*
- *Rates on claims that occur outside of the United States are subject to alternative pricing to be discussed prior to start of the contract.*
- *Pricing is valid for first two years of this Renewal Term of the contract. At the end of the first year and each year thereafter, all fees outlined on the claims and managed care pricing sheet will be subject to an automatic increase of the greater of CPI or three and a half percent (3.5%).*
- *Any service not identified in this proposal will be provided at a later time.*