

**Office of Procurement Services**

P.O. Box 7800 • 315 W. Main St., Suite 416 • Tavares, FL 32778

**SOLICTATION:** Third Party Administrator for Workers Comp

 And Employer Liability, Property & Liability 04/10/2023

Vendors are responsible for the receipt and acknowledgement of all addenda to a solicitation. Confirm acknowledgement by including an electronically completed copy of this addendum with submittal. Failure to acknowledge each addendum may prevent the submittal from being considered for award.

THIS ADDENDUM DOES NOT CHANGE THE DATE FOR RECEIPT OF PROPOSALS.

**QUESTIONS/RESPONSES**

Q11. Does the County presently have a legal team that they work with regarding claims or does the “successor” of the solicitation have to have their own legal team regarding claims? If so, why the change? If not, can we or should we be looking forward to working with the present lawyers regarding claims?

**R11.** **The County does have their own outside legal counsel for Liability and a separate one for Workers Compensation which the County will continue to use in the future no matter the Third-Party Administrator.**

Q12. Is the County open to responses from vendors providing only billing review, nurse case management, and partnering with the County’s TPA or will the program be awarded to one vendor?

**R12 There will only be one (1) awarded vendor.**

**Q13.** Can the County share the current open and anticipated claim volume?

**R13. The County only provides new claims from 10/1/2021 to present, reflecting a volume of 1.5 years.**

**New Claims Run Report Information for 10/1/2021 to Present:**

 **Workers’ Compensation Claims: 1/1/2022 to 12/31/2022 were 182, includes “Report Only.” Total Open Claims for this period is 21.**

 **Property & Liability Claims: 1/1/2022 to 12/31/2022 were 242 (includes in house handled claims and “Report Only”) Total claims for this period turned into the TPA were 8, and of those 8, 7 are still open.**

**ADDITIONAL INFORMATION**

**ACKNOWLEDGEMENT**

Firm Name: Click or tap here to enter text.

I hereby certify that my electronic signature has the same legal effect as if made under oath; that I am an authorized representative of this vendor and/or empowered to execute this submittal on behalf of the vendor.

Signature of Legal Representative Submitting this Bid: Click or tap here to enter text.

Date: Click or tap to enter a date.

Print Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Primary E-mail Address: Click or tap here to enter text.

Secondary E-mail Address: Click or tap here to enter text.