Beaufort County School District

Solicitation Number:	25-029
Date Printed	April 1, 2025
Date Issued:	April 24, 2025
Procurement Officer:	Kaylee Yinger, NIGP-CPP, CPPB
Phone:	843-322-2349
Email:	Kaylee.Yinger@beaufort.k12.sc.us

Request for Proposal (RFP)

DESCRIPTION: **Workers' Compensation Claims Administration Services**
SUBMIT OFFER BY (Opening Date & Time): **May 22, 2025 @ 4:00 PM EST**
QUESTIONS MUST BE RECEIVED BY: May 10, 2025 @ 4:00 PM EST
NUMBER OF COPIES TO BE SUBMITTED: **One (1) Original Signed; Six (6) Signed Copies and One (1) Redacted Version on USB**

Offers must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior.

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

PHYSICAL ADDRESS:
Beaufort County School District
Procurement Office
2900 Mink Point Blvd
Beaufort, SC 29902

Electronic Bid Submissions will be accepted through the following web address: Here

AWARDS & AMENDMENTS:
Award will be posted at the Physical Address stated above on or after May 23, 2025. The award, this solicitation, and any amendments will be posted at the following web address: https://www.beaufortschools.net/community/working-with-the-district/finance.

You must submit a signed copy of this form with Your Offer. By submitting a proposal or bid, you agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of ninety (90) calendar days after the Opening Date.

NAME OF OFFEROR: (Full legal name of business submitting the offer) ENTITY TYPE:

Specialized Contract Administrators — LLC

AUTHORIZED SIGNATURE (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above)

Randy Chapman — Vice President

PRINTED NAME — TITLE

Instructions regarding Offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror above. An offer may be submitted by only one legal entity. The entity named as the Offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc.

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(Return Page Two with Your Offer)

HOME OFFICE ADDRESS (Address for Offeror's home office/ Principal place of business):	NOTICE ADDRESS (Address to which all procurement and contract r lated notices should be sent):
Specialized Contract Administrators 39500 High Pointe Blvd., Suite 400 Novi, MI 48375-5379	Specialized Contract Administrators 39500 High Pointe Blvd , Suite 400 Novi, MI 48375-5379
PHONE NUMBER: 864.608.3018	
EMAIL ADDRESS: rchapman@yoursca.com	

PAYMENT ADDRESS (Address to which payments will be sent):	ORDER ADDRESS (Address to which a l purchase orders will be sent):
Specialized Contract Administrators 39500 High Pointe Blvd., Suite 400 Novi, MI 48375-5379	Specialized Contract Administrators 39500 High Pointe Blvd., Suite 400 Novi, MI 48375-5379
☐ Payment Address Same as Home Office Address ☐ Payment Address Same as Home Notice Address (Check one only)	☐ Payment Address Same as Home Office Address ☐ Payment Address Same as Notice Address (check one only)

ACKNOWLEDGEMENT OF AMENDMENTS:	Amendment Number	Amendment Issue Date
Offeror acknowledges receipt of amendments by indicating amendment number and its date of issue.		

MINORITY PARTICIPATION- Are you a Minority Business Enterprise: Yes ☐ No ☒
If yes, please include a copy of your certification.

On behalf of Specialized Contract Administrators (SCA) and the FDI Group of Companies, I want to express our sincere gratitude for the opportunity to participate in the Request for Proposal (RFP) concerning the identification of a Third Party Administrator for the Beaufort County School District Workers' Compensation Program. We are honored to participate and look forward to this opportunity.

We understand the requirements of the RFP and have carefully reviewed the Specifications. SCA has the capability and expertise to excel in all areas of service outlined. With our claims management expertise, client services, and comprehensive reporting, SCA brings the breadth of knowledge and resources needed to manage workers' compensation with efficiency and excellence. As a premier claims service provider, SCA commits to delivering best-in-class claim management expertise.

At SCA, our guiding principles are integrity, continuity, and innovation. We eagerly anticipate the opportunity to provide you with a personal presentation of our services. Should you have any questions regarding our proposal response, please do not hesitate to contact me. Thank you once again for the opportunity to present our proposal to the District.

Best regards,



Randy Chapman
Vice President
[redacted]

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I.

Scope of Work

Scope of Work

SCA has the capabilities, expertise, and commitment to excel in all areas of services outlined in the Request for Proposal. As the administrator for Beaufort County School District, SCA will perform the services outlined in the Scope of Work and in our proposal in a consistent, professional, and effective manner. We look forward to the opportunity to work with you in the development of a custom-fit program and the results SCA can bring to the program.

Claims Management

Effective, outcomes driven claims management is the centerpiece of our services.

The process begins with receipt of the First Report of Injury. A claims supervisor completes the initial evaluation of the potential issues involved and gives handling instructions to the adjuster assigned to the account. Claims are assigned to adjusters by account to ensure continuity.

Our Best Practices require initial 3-point contact within 24 hours. If we are unable to make contact with the claimant within 24 hours, a card or letter with contact information is mailed while we continue attempting to make personal contact.

Reasonable follow-up contact with the injured worker is maintained throughout the life of the file.

The adjuster forms an opinion regarding the compensability of the claim, establishes a handling plan and collects the information necessary to establish a reserve for the estimated full value of the claim. The supervisor then follows the claim to conclusion with periodic claim file reviews. Ongoing file reviews specifically target a current resolution plan, clear and comprehensive file note documentation, adequate reserves based on a reserve analysis, and appropriate utilization of network providers, nurse and/or vocational case management, ancillary service providers and litigation/surveillance resources.

A full investigation is conducted on any claim involving question as to compensability, serious injury, fraud, etc. This includes, but is not limited to, gathering witness statements, reports, personnel records if appropriate, statements from the client, independent medical exams, and surveillance. Our adjusters and supervisors are trained to identify "Red Flags" that may signal potential fraud. Examples include claims reported Monday morning, claimed symptoms or complaints do not correspond with type or nature of injury, inability to reach claimant, missed or cancelled physician appointments, multiple claims, etc. When fraud is suspected, we will consider using background checks, social security verifications, independent medical exams, and/or surveillance.

Our Best Practices require that a written resolution plan be completed within 30 days and updated at least every 90 days thereafter. A detailed resolution plan clearly outlines: the goals for the ultimate disposition of the claim, a timeline for completion of these goals, a meaningful plan to achieve the goals, and certification of reserve accuracy. The claim adjuster is responsible for timely creation, coordination and execution of the plan. If a material change occurs in the file, the plan is reviewed for any changes necessary to obtain the best outcome. The resolution plan is always aimed toward appropriate closure of the claim.

Our reserving philosophy is to reserve at the level the adjuster and supervisor believe it will take to bring the claim to a conclusion. Initial reserves are established following investigation and compensability determination. We base the reserves on projected time out of work, permanent partial disability expectation, potential and probable medical treatment, medical and/or vocational rehabilitation needs and expenses to occur over an expected reasonable course of the claim.

Each new claim is automatically assigned a follow-up diary. For lost time claims, each adjuster has a 30-day diary. Supervisory diaries are set for intervals of 30, 60, or 90 days, depending upon the severity or the complexity of the issues to be addressed by the adjuster.

Identification of third-party recoveries is part of the initial and ongoing claim investigation. All adjusters are given specific training in recognizing and perfecting subrogation recoveries. With prior approval from the District, we will aggressively pursue all such monies. Once the potential for a third-party recovery is identified, the responsible party is placed on written notice. The file is documented with any evidence that supports our efforts to collect, and both the adjuster and supervisor review at least every 30 days.

The adjuster will notify the excess carriers in accordance with the requirements of the client's policies. All information as required or requested by the carrier(s) is furnished in a timely manner.

Medical management and cost containment are thoroughly integrated into claim handling procedures.

For medical bill adjudication, we use a member of the FDI Group, ManageAbility. Our clients benefit from the multi-tiered editing, access to national PPO network providers, PPO discounts, enhanced systems savings, duplicate detection, bundling, unbundling, and rebundling of charges.

We partner with Prodigy as our Pharmacy Benefit Manager. Prodigy provides comprehensive PBM services tailored for workers' compensation claims, auto, and commercial health solutions. Their services encompass formulary and rebate management, home delivery and infusion, specialty drug management, medication utilization oversight, prior authorization management, and access to an executive clinical PharmD panel.

Litigation cases, from the outset, prompt the adjuster to develop a plan consistent with client service agreements and claim handling guidelines. After reviewing the dispute, the adjuster will determine the feasibility of early resolution. If litigation is unavoidable, the adjuster will then review the claim for:

- Current settlement value and ultimate case exposure to ensure a prudent course of action
- A litigation strategy plan that focuses on the length and cost of the litigation
- Odds of prevailing given various scenarios
- Early dispute resolution opportunities, including pre-litigation offer possibilities, and
- Appropriateness of mediation opportunities.

The adjuster will then present an evaluation to the client and jointly develop a course of action consistent with the litigation objective. Once defense counsel is selected, the adjuster will send an engagement letter to the attorney clearly stating the scope and objectives of the assignment accompanied by a current status report. The adjuster will plan a litigation strategy with defense counsel that will produce optimum claim resolution and continue to manage the assignment until the case is brought to conclusion.

SCA regularly conducts claim reviews with clients to discuss open claims and any other pertinent issues.

Examples of services included to support the daily claims management activities include:

- Access to, and training for, RMIS systems
- Assistance with State filings related to self-insured status
- Preparation of 1099's
- MMSEA Compliance Reporting
- Reporting claims to excess carriers as required and providing status reports to carriers as appropriate
- Requesting and processing excess reimbursements from carriers

Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007

SCA acts as the Account Manager and Reporting Agent for our clients, flagging appropriate claims and complying with the quarterly reporting mandates under MMSEA Section 111 Reporting. We submit query files to identify Medicare beneficiary status and quarterly claim input files to report known Medicare beneficiaries who receive a settlement, judgment, award, payment or for whom the client is responsible for ongoing medical payments. The response files are processed appropriately.

Loss Prevention

Rizikon is our Risk Management, Environmental, and Safety Loss Prevention company. These programs are tailored to your needs. Our business safety assessment and risk management professionals focus on the development, communication and implementation of cost-effective compliance and loss prevention strategies. Our risk analysis services help our clients reduce the frequency of incidents, minimize the costs associated with employee injury and diminish the impact on the organization's operations as a result.

II.

Financial Strength

Financial Strength

Our financial statements are audited annually by Davison & Associates Certified Public Accountants. These audits are conducted in accordance with Generally Accepted Auditing Standards (GAAS) and have consistently verified the reliability and transparency of our financial practices.

The FDI Group demonstrates high financial stability with strong reserves and diversified revenue streams. The organization carries little liability, ensuring operational resilience and minimal exposure to financial risk. There is no significant debt, reflecting our commitment to maintaining fiscal responsibility and long-term sustainability.

This sound financial foundation enables us to continue meeting our obligations to clients, employees, and stakeholders while pursing growth opportunities in alignment with strategic goals.

A copy of our most recent statement is placed in a seal envelope in this package.

III.

Account Servicing

Competitive Position and Future Commitment

What differentiates your products/services from other providers?

Our service philosophy is about doing things right the first time – on time – with accuracy and consistency. Your organization is unique; we understand that what might work for another organization may not work for yours. What sets us apart is our expertise in designing a program tailored to your needs today, allowing the flexibility to grow with you. Each staff member embraces our client's unique culture and special handling requirements, providing a foundation for consistent service delivery.

At SCA, we actively listen to our clients, respond to their needs, and follow through with actions. While the concept is simple, many of our competitors fail to deliver on these basic principles. We are large enough to efficiently and effectively get the job done, yet small enough to care about each client as if they were the only one.

What new services or features does the firm plan to offer, and within what time frame?

We are working on the ability to pay claimants by direct deposit and expect to have that project completed within six months.

Provide any additional information, which you believe to be relevant to this RFP, and your capabilities to provide the services requested, e.g., product brochures.

Specialized Contract Administrators (SCA) is a private family-owned organization and part of the FDI Group of companies. Our corporate headquarters is 39500 High Pointe Blvd., Suite 400 Novi, MI 48375, with claims offices in Raleigh, NC; Greensboro, NC; Wilmington, NC; and Greenville, SC.

Specialized Contract Administrators (SCA) was formed in 2006 by Benefit Source, Inc. to provide administrative services to self-insureds and to expand client offerings. In 2017, BSI acquired Hewitt Coleman, who had been servicing self-insureds since 1923. In 2022, SCA joined the FDI Group of companies, a privately held family-owned company with three generations actively involved in day-to-day operations.

With ten affiliates thriving under the FDI umbrella, the changing face of FDI exemplifies the art of creative business development to bring our clients the best solutions, people, and services. State-of-the-art technology and knowledgeable, dedicated professionals help ensure adherence to the high standards long associated with the FDI Group.

SCA and the FDI Group of companies provide a comprehensive suite of experts, tools, and solutions to ensure the Beaufort County School District will receive the highest quality service, training, and automation. We are large enough to bring best-in-class compliance and risk management but small enough to provide flexible program design and solutions.

We have managed programs for numerous municipalities, counties, and school districts for many years. We take client service seriously and believe we provide the best in the industry. We have a client-centric approach to account and claim management. Please ask any of our references; we are confident you will find us accessible, responsive, respectful, and consistent.

Security and Disaster Recovery

Provide an overview of the firm's security and disaster recovery plan.

SCA leases the award-winning Filehandler Enterprise by JW Software. JW. Software maintains a formal Backup Policy that guides the performance, review, and retention of system and data backups according to formal schedules. Full and incremental disk-to-disk backups of all data and systems are performed daily. System and data backup procedures in place log the performance of all backup activities, and responsible personnel review these logs regularly to ensure all systems and data are backed up effectively according to schedule. The company tests the restoration ability of its data and system backups regularly to ensure all data and systems can be restored, when necessary, in the event of a business disruption or disaster. Data backups are retained offsite to support business continuity and disaster recovery procedures and requirements.

The organization maintains a business continuity plan that is used to continue and restore services, business operations, and critical infrastructures and systems in the event of a business disruption or disaster. Additionally, the Business Continuity Plan includes actions for loss of certain systems, types of events or disasters, and a defined Recovery Point Objective (RPO) and Recovery Time Objective (RTO).

JW Software tests the effectiveness of the Business Continuity and Disaster Recovery Plan annually via the conduction of a tabletop exercise. The Business Continuity and Disaster Recovery Plan is reviewed, updated, and approved using the results of disaster recovery testing, ensuring the plan is effective when activated.

Implementation

What is the average lead-time requirement for implementation?

The average lead-time is 90 days, when file takeover and data transfer is involved. However, we can be ready to take in new claims within 30 days, with the open claims and historical data following within the following 30-60 days.

IV.

Attachments

Claims Administration Questions & Comments

1) SERVICING OFFICES AND PERSONNEL

A. Office Locations

Please indicate your proposed handling location(s). Provide a list and description (number of personnel, experience levels, etc.) of your servicing office or offices.

Comments:

Claims for the District will be managed from Greenville, SC. Mary Pate will act as Lost Time Adjuster. Mary has 8 years tenure with SCA and 15 years of experience as an adjuster. She is highly respected in the industry. Athena Cool will manage medical only claims. Athena has seven years of experience as an adjuster and has been with SCA for 14 years.

B. Caseloads of Adjusting Personnel

Identify the maximum caseload assignment for adjusters handling the following types of claims:

- **Workers' compensation medical only claims**
- **Workers' compensation indemnity claims**

Comments:

Our adjusters are carefully assigned caseloads that allow for thorough and effective claims handling. The specific caseload will depend on the complexity of claims and the adjuster's expertise, ensuring a balanced workload that prioritizes quality and responsiveness. We manage to a maximum caseload of 150 indemnity and 250 medical only claims. Adjuster caseloads are reviewed regularly by our Vice President of Claims, and any adjustments needed are made accordingly.

C. Account Management

TPA will assign an account coordinator/account manager to the program who will serve as the single point of contact for all communication, including, but not limited to, the following:

- Overall development, implementation and monitoring of the service delivery.
- Monitoring the claim service and quality assurance compliance.
- Addressing questions, issues, concerns and requests relating to the program.
- Communicating special account instructions to the claim service offices.
- Working with the carrier(s), as required.
- Coordination of periodic meetings, claim file reviews/audits and renewal activities.
- Information System issues.

Resumes of proposed account coordinators/account managers, including length of service with TPA, shall be included in your response.

Comments:

We believe coordination of service is best accomplished with an empowered Account Manager. Michele Felker will act as Account Manager and liaison with Beaufort County School District. Michele has been with the company for 17 years and has a wealth of experience servicing self-insureds. She has excellent service management skills and tenure within our organization. The Account Manager will have authority to make changes in service in a timely manner. With assistance from a Client Service Representative and in conjunction with the Claims Manager, the Account Manager will monitor and report on compliance to agreed quality standards, educate the team on Beaufort County School District's expectations, provide ongoing assistance in using the claim system, and troubleshoot any problems related to service delivery.

D. File Retention

Provide your standard procedures for claim file destruction.

Comments:

Documents are kept electronically up to (7) years unless otherwise specified by the vendor/client, with access based upon user securities. Records relating to employee benefits and benefit determinations are kept electronically until such time as the client requires transferring of said data to another claims company.

- Claims Transfer Agreement (CTA) Data/Files subject to a Claims Transfer Agreement (CTA)- are subject to 180 days data purge after date of CTA.
- Self-Insured Groups (SIG), the requirement is 20 years data retention.
- Lost (Tail) Clients- Data is retained, by contract, for 24 months past last file closure, and deliver to clients
- For Clients that no longer exist- Data is held for 7 years, then purged.

Exceptions to this policy may be requested on a case-by-case basis by senior management.

2) COMMUNICATION AND COORDINATION

Beaufort County School District expects the highest degree of competence and professionalism in the handling of its claims. The minimum acceptable standards for technical claims administration are outlined below and in Section 7.2.11 of the Request for Proposal.

Beaufort County School District is actively involved in the management of its claims, and requires timely communication and coordination efforts on the part of the TPA. Beaufort County School District expects TPA to obtain and communicate information that will allow for thorough and timely evaluation of the exposure presented. Where Beaufort County School District is not liable for payment, claims will be resisted and costs controlled accordingly. Where payment is owed, Beaufort County School District expects timely distribution of funds by TPA.

A. Claim Reporting

Please discuss internet, e-mail and telephone claim reporting options.

Comments:

Claims may be reported by email, by telephone, or entered online in our Client Portal.

B. Settlement Authority

The selected TPA will have workers' compensation lump sum settlement authority to $10,000. Beaufort County School District authorization is required for proposed settlements of more than $10,000 (TPA will have authority to pay statutory workers' compensation benefits). When TPA feels that a settlement is warranted, TPA will provide Beaufort County School District with a written (e-mail is acceptable) evaluation and recommendations for settlement. TPA's settlement evaluation and recommendations will be provided at least 10 days prior to any critical dates that may impact the settlement, such as trials, hearings, mediation conferences, statutory time periods, time limit demands, etc.

Comments:

The adjuster will identify files for settlement as early as possible when it appears the injured worker is unable or unwilling to return to work for the School District. The adjuster will provide the District with a written evaluation and recommendation for the settlement at least 10 days prior to any critical dates that may impact the settlement. Any settlement or settlement offer will only be made after approval of the School District.

C. Claim Review Meetings

TPA agrees to provide for, and participate in a minimum of two formal claim review meetings for each year that its service contract is in place. Please plan on reviewing indemnity claims each review. The threshold may vary. Claims currently subject to review are open claims with an incurred value of $10,000 or greater, plus any additional claims that Beaufort County School District may elect to add to the review process, at its discretion. Meetings will be held at either Beaufort County School District, at a TPA servicing office, or other location selected by Beaufort County School District. Protocol surrounding the claim review meetings will be as follows:

Beaufort County School District, or its designated representative, will provide 30 days advance notice to TPA requesting scheduling of a claim review meeting. TPA will coordinate meeting date(s) with planned attendees, and confirm meeting date(s) and location.

TPA will prepare written summary/status reports on each claim that will be subject to review, and will provide copies of such reports to Beaufort County School District, and broker, a minimum of five (5) business days prior to the review meeting.

TPA attendees at the meeting will include all handling adjusters, with local adjusters attending in person and others attending via telephone. Each claim will be presented by the handling adjuster, or supervisor, for discussion surrounding status, reserve accuracy and disposition strategy.

Attach a specimen copy of your proposed status/summary report to be used for claim review meetings, and indicate willingness to allow a customized report format.

Comments:

SCA agrees with the procedures for claim reviews outline above. A sample status report is included. This format may be customized, within reason, for the School District.

D. Claim File Audits

Beaufort County School District retains the right to conduct a physical audit of any Beaufort County School District claim files being handled by the TPA in order to determine compliance with minimum performance standards and practices. Audits will be conducted on an "as needed" basis. Beaufort County School District will provide the TPA with 30 days advance notice of intent to exercise its right to conduct a physical audit.

Comments:

SCA will facilitate claim audits by the City or their designated representative, with 30 days advance notice.

Specialized Contract Administrators

CLAIM SUMMARY REPORT

Client Name: Capital City

Prepared by:	Mary Jones	Date:	February 20, 2025

Injured Worker:	John Smith	Claim Number:	1234-56-7891011
Dept. / Job Title:	DEPUTY SHERIFF	Date of Hire:	07/02/2012
Date of Injury:	11/13/2023	Last Day Worked:	
Date of Birth:	01/01/1981	AWW:	$650.00
Age:	44	Ind. Rate:	$433.36
Body Part:	HIP(S)	RTW:	11/14/2023
Injury:	BACK STRAIN		

	Total Paid	Total Reserved	Total Recovered	Adj. Incurred
Indemnity	$0.00	$25,000.00	$0.00	$25,000.00
Medical	$7,232.83	$47,417.17	$0.00	$54,650.00
LAE	$385.33	$1,864.67	$0.00	$2,250.00
Rehab	$7,205.27	$2,794.73	$0.00	$10,000.00
Total	**$14,823.43**	**$77,076.57**	**$0.00**	**$91,900.00**

Excess Carrier:	Midwest Employers Casualty	SIR:	$500,000.00

HISTORY:

Mr. Smith was awkwardly exiting vehicle during combat shooting course/star training and felt pain in left hip, lower back, and buttock. He has been treated conservatively to date, but surgery has been suggested. He has been working light duty. Second opinion obtained which indicates recommended conservative treatment with surgery as last resort.

CURRENT STATUS:

Mr. Smith is participating in physical therapy and increasing his activity in order to be able to return to full duty and avoid surgery, if possible. PPD rating may be assigned.

EXAMINER RECOMMENDATION – ACTION PLAN:

Continue to facilitate treatment towards rating and release from care and to full duty.

Medical Cost Containment Questions & Comments

1) WORKERS' COMPENSATION MEDICAL MANAGEMENT AND COST CONTAINMENT

Beaufort County School District requires proficient management of medical treatment and costs associated with its workers' compensation claims. Beaufort County School District expects proactive management on the part of TPA in order to avoid unnecessary medical treatment and expedite injured worker return to work. Beaufort County School District requires prudent and effective use of medical cost containment services, to include maximizing the return on investment for costs associated with such services. All services associated with this Section, along with corresponding pricing, should be identified in ATTACHMENT D – PRICING AND COMMENTS.

A. Medical Bill Review/Audit

TPA will be responsible for review and audit of all medical bills for causal relationship, necessity of treatment, reasonableness of charge, and compliance with any applicable statutory and/or regulatory requirements. To the extent that TPA will perform any of such services through the use of a vendor or outside contractor(s), identify such vendor(s) and/or outside contractor(s), to include any affiliation with your company. Any vendor(s) or independent contractor(s) utilized for these services must be approved by Beaufort County School District.

Describe your process for medical bill review, including hospital bill review.

Quoted service fees for medical bill review services will apply for the life of the claims under contract. TPA agrees there will be no charge for duplicate, send backs, re-submissions of medical bills.

Comments:

Medical management and cost containment are thoroughly integrated into claim handling procedures. For medical bill adjudication, we use a member of the FDI Group, ManageAbility. Our clients benefit from the multi-tiered editing, access to national PPO network providers, PPO discounts, enhanced systems savings, duplicate detection, bundling, unbundling, and rebundling of charges.

SCA performs comprehensive medical bill review services through an integrated process that ensures cost containment, accuracy, and compliance with applicable fee schedules and negotiated network discounts.

- **Standard Medical Bill Review:**
  All medical bills are subjected to a multi-level review that includes:
  - Validation against state-specific workers' compensation fee schedules
  - Application of UCR benchmarks and PPO network repricing where applicable
  - Coding review to identify unbundling, upcoding, or other coding errors
  - Duplicate bill detection and system edits to prevent overpayment

- **Hospital Bill Review (UB-04s):**
  We utilize specialized software and clinical oversight for inpatient and outpatient hospital bills. This includes:
    - Revenue code review
    - Diagnosis Related Group (DRG) validation
    - Audit of itemized charges
    - Cost-to-charge ratio analysis if applicable
    - Peer review or audit by certified nurse auditors or clinical specialists
- **Fee Agreement & Administration:**
  - **No charges** will be incurred for:
    - Duplicate bills
    - Re-submissions or send-backs
    - Bill reprocessing due to provider error or incomplete documentation

2) MEDICAL CASE MANAGEMENT

Describe your company's philosophy, approach and process with respect to early intervention ("EIP"), telephonic case management ("TCM") and field case management ("FCM"), along with any other activities utilized to manage the medical component of workers' compensation claims. This should include, but is not limited to, triage procedures, methodologies and selection criteria used to identify the need for TCM and FCM, as well as the adjuster's role in the medical case management process.

Comments:

SCA's medical case management approach is designed to improve clinical outcomes, reduce medical spend, and facilitate timely and safe return to work. We prioritize early intervention and collaborate closely with all stakeholders, including the injured worker, provider, employer, and claim adjuster.

- **Early Intervention Program (EIP):**
    - Cases are identified within 24–72 hours post-injury for adjuster referral.
    - Nurses proactively contact the injured worker and provider to ensure immediate engagement, treatment plan review, and RTW goal setting.
- **Field Case Management (FCM):**
    - FCM is deployed when in-person advocacy is needed, such as:
        - Catastrophic injuries
        - Language barriers
        - Non-compliance with care plans
        - Delayed return-to-work
    - Field nurses accompany claimants to appointments, coordinate specialists, and act as a direct liaison to the adjuster.
- **Adjusters play a central role in identifying the need for case management by:**
    - Reviewing claim notes, medical reports, and red flag indicators
    - Collaborating with nurse case managers to evaluate progress and outcomes

3) PREFERRED PROVIDER ORGANIZATION (PPO)

Describe the PPO networks available to Beaufort County School District through your company.

TPA must be able to provide a match for each Beaufort County School District location with an adequate PPO medical provider within a 15 mile radius, along with an exception report for each location where no such match is found.

Comment :

SCA takes a strategic and client-centric approach to PPO access. We maintain contracts with 14 distinct national and regional PPO networks and leverage these relationships to build customized PPO "stacks" that maximize network penetration, savings, and provider accessibility.

- Our Director of Network Utilization leads the network design process. This role is responsible for:
    - Analyzing claim trends and injury types
    - Mapping District locations to available provider networks
    - Designing a tailored PPO stack that blends local, regional, and national networks for optimal provider match and discounted rates
- The PPO stack is regularly reviewed to ensure it aligns with provider performance, service quality, and evolving geographic needs.

We ensure that each Beaufort County School District location is matched with an adequate PPO medical provider within a 15-mile radius. Where a match cannot be found, we will provide an exception report and offer alternative options including out-of-network negotiation or concierge scheduling support.

Risk Management Information Systems Questions & Comments

1) DATA REPORTING AND RISK MANAGEMENT INFORMATION SYSTEMS

A. Loss Run Format/Coding Flexibility

TPA agrees to accurately capture and report detailed claim information to Beaufort County School District on a monthly basis for all open and closed claims. Claim information will be provided to Beaufort County School District via hard copy loss runs, and will be accessible through electronic download in .pdf or Excel format. The loss runs should break out losses by line of coverage according to the location structure provided by Beaufort County School District.

Describe your ability to accommodate Beaufort County School District location coding (up to 5 or more levels), and your ability to capture additional data elements through optional/ miscellaneous data fields. Indicate ability to allow customized injury codes for cause, result or body part.

Comments:

Our claim system will allow up to 6 Tier levels. SCA will capture and report on detailed claim information on a monthly basis. We have the capability to add and/or customize fields, allowing us to track and report on any custom data element that a client wishes to capture, including injury codes.

2) RISK MANAGEMENT INFORMATION SYSTEM (RMIS)

Describe all related services including installation, training, support/help desk, hours of operation (accessibility), different levels of access, etc.

Describe RMIS platform/accessibility and Beaufort County School District system requirements.

Describe capabilities of your RMIS product, to include:

- **Frequency of financial data updates (“real time”?)**
- **Ad hoc/custom report writing, including “point in time” analysis**
- **Access to adjuster notes (“real time”)?**
- **Ability of user to perform edits of non-financial information**
- **Lost work day reports**
- **OSHA reporting**
- **E-mail alerts**
- **Ability to create loss triangles**
- **Ability to upload/consolidate historical data from other sources**

Comments:

We lease the award-winning Filehandler Enterprise by JW Software. A complete Property and Casualty claims suite, the software features live dashboards, detailed reporting functionality, business intelligence tools, and the latest security technology. Our claims management system captures all relevant claimant, claim, medical, legal, and financial information in real time.

The District's system access will be "read only". We currently do not offer non-employees the ability to update our system. We remain 100% responsible for data accuracy and integrity. However, there are system customizations available such as custom data fields, dashboards, reports, etc. In addition to viewing all elements of the system, "Full Users" will also be able to run reports.

A library of standard reports will be included with access to the web-based claims system. Additional reports can be created and added to the library. Additionally, we can add data elements for each client. Customized dashboards allow for graphical trend reports.

During client setup, we will determine reports to be provided to the District at each month's end. These reports will be emailed and may be in Excel or PDF format.

- Authorized users may access comprehensive claims information, payments, reserves, examiner notes, pharmacy data, and much more. The District's system access will be "read only". We currently do not offer non-employees the ability to update our system. We remain 100% responsible for data accuracy and integrity. However, there are system customizations available such as custom data fields, dashboards, reports, etc. In addition to viewing all elements of the system, "Full Users" will also be able to run reports.
- Our system has an integrated document management system, allowing a "paperless" system that takes advantage of electronic bill processing and online document storage. Clients have the ability to view all documents related to their claims directly within the application.
- Permissions set at the User ID level allow customized access to claims within individual departments or locations creating user specific data access.
- We have the capability to add fields, allowing us to track and report on any custom data element that a client wishes to capture.
- Our claims software tracks the return-to-work date of an injured worker for light duty and full duty. This information can be provided in report format.
- SCA's claim management system allows for OSHA reporting via OSHA 300 and 300A logs. SCA will provide the input to create such reports and track them for the term of the contract. SCA currently provides OSHA reporting services for several clients, including one with over 400 locations.
- Claimants, clients, brokers, and carriers may elect to be notified via email of significant claim developments. Claimants may opt to be notified via email of checks being mailed, upcoming appointments, etc.

3) DATA TRANSFERS

TPA agrees to provide a monthly data feed to Beaufort County School District's excess insurer(s). The tape must contain both the current claim activity and historical information with respect to Beaufort County School District's claims.

Comments:

SCA provides monthly data feeds to several excess insurers. We provide monthly loss runs to many others. If required, most customization will be without cost, but should any customization require involvement of developers, there will be a fee of $250 per hour.

About Your Firm

What differentiates your firm from industry competitors? Identify your differentiated services?

At SCA, our service philosophy is about doing things right the first time – on time – with accuracy and consistency. Your organization is unique; we understand that what might work for another organization may not work for yours. What sets us apart is our expertise in designing a program tailored to your needs today, allowing the flexibility to grow with you. Each staff member embraces our client's unique culture and special handling requirements, providing a foundation for consistent service delivery.

At SCA, we actively listen to our clients, respond to their needs, and follow through with actions. While the concept is simple, many of our competitors fail to deliver on these basic principles. We are large enough to efficiently and effectively get the job done, yet small enough to care about each client as if they were the only one.

How many clients do you have?

SCA provides claims services for 35 entities.

Describe your firm's Business Continuity Plans?

The objective of the Preparedness Plan of SCA is to prepare personnel to successfully manage potential interruptions or disaster situations while also considering their personal safety during the recovery efforts.

SCA defines a Disaster as a sudden, unplanned event causing unacceptable damage or loss as defined or determined by a risk assessment;

1. Any event that creates an inability part to provide critical business functions for some predetermined period of time.
2. The period when company management decides to divert from normal production responses and exercises its plan. Typically signifies the beginning of a move from a primary to an alternate location.

This plan identifies the necessary personnel and resources required for both disaster preparation and response. Furthermore, it ensures that the proper steps will be carried out to permit the timely restoration of services and business functions. The plan minimizes decision-making during a

disaster or interruption by listing all actions required to restore the ability to complete business processes.

The objective of the Preparedness Plan is to reduce the risk to the communications and data networks to an acceptable level by ensuring the restoration of critical business functions within the determined

Recovery Time Objectives (RTOs). This plan also minimizes the risk of delay in setting up the recovery site through prior preparation and planning.

This plan aims to ensure the continuation of services to customers as well as the protection of shareholder interests and the following of any regulatory requirements.

SCA Crisis Management Team consists of key executives as well as key role players (i.e. media representative, legal counsel, facilities manager, business continuity coordinator, etc.) and the appropriate business owners of critical organizational functions who are responsible for recovery operations during a crisis. As a team they will:

- Decide whether or not the organization should declare an alert or a disaster.
- Provide direction and support to all employees and recovery support staff members.
- Monitor and coordinate the necessary recovery activities
- Liaison with civil authorities, customers, public relations, etc.

A complete copy of the Preparedness Plan is available upon request.

Please describe your firm's Disaster Recovery Plans?

SCA leases the award-winning Filehandler Enterprise by JW Software. JW. Software maintains a formal Backup Policy that guides the performance, review, and retention of system and data backups according to formal schedules. Full and incremental disk-to-disk backups of all data and systems are performed daily. System and data backup procedures in place log the performance of all backup activities, and responsible personnel review these logs regularly to ensure all systems and data are backed up effectively according to schedule. The company tests the restoration ability of its data and system backups regularly to ensure all data and systems can be restored, when necessary, in the event of a business disruption or disaster. Data backups are retained offsite to support business continuity and disaster recovery procedures and requirements.

The organization maintains a business continuity plan that is used to continue and restore services, business operations, and critical infrastructures and systems in the event of a business disruption or disaster. Additionally, the Business Continuity Plan includes actions for loss of certain systems, types of events or disasters, and a defined Recovery Point Objective (RPO) and Recovery Time Objective (RTO).

JW Software tests the effectiveness of the Business Continuity and Disaster Recovery Plan annually via the conduction of a tabletop exercise. The Business Continuity and Disaster Recovery Plan is reviewed, updated, and approved using the results of disaster recovery testing, ensuring the plan is effective when activated.

Please describe your TPA firm's Cyber Security Program?

Our cyber security suite includes data classification, access controls, Shield Platform Encryption (encryption at rest), data retention, and compliance audits.

Explain your internal audit procedures to eliminate fraudulent activities that could be committed by your TPA firm's own staff?

Our audit process is multi-layered and multi-faceted. Our system security has strict settings for separation of authority with multiple levels of review by exposure. Additionally, we are audited quarterly by a financial firm for data integrity and accuracy. Additionally, we hire an independent adjuster auditing firm for a review of the performance, accuracy, and service level of each adjuster. Additionally, supervisors and managers receive monthly and weekly activity and exception reports identifying any outlier activity by user.

Implementation is key to the start of a new TPA program. Explain your implementation process.

SCA has years of experience in assuming management of existing self-insured programs. Our team approach, our flexibility, and our ability to direct the right resources at the right time will make the transition to SCA a smooth one. Our team will work with you to develop a detailed service plan that defines your expectations and our commitments. The service plan will include, but is not limited to claim management procedures, including coordination of claims handling, communication expectations, managed care services and objectives, and risk management information systems and services.

SCA is committed to allocating resources necessary to ensure a smooth transition for Beaufort County School District and its existing claimants, drawing on years of experience in assuming management of existing self-insured programs. Resources include company management, your Account Manager, assigned claims staff, and our IT department.

Your Account Manager will work with you to define your unique program preferences, goals, standards, and requirements. Your requirements will be integrated with our critical core standards to create your custom-fitted account instructions. The written account instructions become integral to your program and will be revised as necessary.

The District will be asked to notify the incumbent TPA of the change, give them contact information at SCA, and request and authorize the release of an initial data feed, including images, then a final reconciling feed on July 1, 2025.

To facilitate the transfer of open claim files, we will work with the District and/or the incumbent TPA to:

- Agree on advance payment of indemnity benefits so that no claimant misses a check during the transition.
- Establish a cutoff date for medical/indemnity payments
- Obtain the list of scheduled mediations, hearings, etc.
- Notify incumbent TPA of name and address to forward provider bills and other documents
- Notify external vendors, excess carrier, and the NCIC that SCA is now the TPA and provide appropriate contact information.
- Obtain and inventory open claim files
- Establish reserves and resolution plans for takeover claims.

SCA's team approach will ensure success in these areas. Our Chief Technology Officer will oversee the historical data conversion and be available for any and all IT-related needs. Our VP of Claims will oversee the intake, processes, and handling of claims. Your Account Manager will oversee the implementation team from start to finish, work closely with all key personnel to ensure a smooth and efficient transition and provide timely progress updates to the District.

We will request a list of open claimants, defense counsel, and vendors from the incumbent TPA and send notification of the new partnership with the applicable contact information. Incumbent TPA will be requested to forward all mail regarding the District's program to the appropriate SCA contact.

We have a detailed change management plan as part of the implementation project. Change management materials are issued and provided to ensure all stakeholders are aware of the transition and that the necessary workflow is channeled correctly. This includes a communication campaign to medical providers and claimants to clearly state the new direction. All claimants receive an introductory call from the new Adjuster.

We request the exiting TPA to "pre-pay" wage loss benefits for up to four weeks that we then issue as they are due. Additionally, all medical invoices are directed to our scanning center so they are ready to go once the claim data is received. Our transitions are smooth and painless but require attention to detail and repetition. SCA provides a dedicated implementation team that facilitates all aspects so you and our claims team can focus on helping the injured employees.

Costs to be borne by the District for converting existing claims data into our claims systems are detailed in the Cost Proposal. Our typical implementation plan is for 90 days and includes takeover of all existing claims and data.

Do you have predictive modeling capabilities? If yes, what do you predict?

We currently do not provide predictive modeling. We adhere to a low caseload with high client service, utilizing the best tools available. We will benchmark Beaufort County School District's key performance indicators and, through our annual stewardship report, demonstrate the annual performance and continuous program improvement.

Additionally, we have a built-in ODG (Occupational Disability Guidelines) that effectively benchmark the like cost of the claim for reserving, and enhance case management.

If yes, provide the results your predictive modeling is generating. Demonstrate that your use of predictive analytics is attributing to better outcomes.

N/A

Explain your ability to benchmark clients against their peers by state and by industry?

We utilize the IBI (Integrated Benefit Institute) database that tracks multiple workers' compensation milestones and impact based on geography and SIC code (industry type).

We will provide an annual benchmark report within our Stewardship report to show where the District is exceeding and additional opportunities to improve. The purpose of the benchmark and stewardship is to create an annual action plan for continuous improvement.

Accidents don't always happen from 9 a.m. to 5 p.m. Monday thru Friday. How does your firm prepare for 24-hour intake of claims and serious catastrophic claims?

Claims may be reported through our web portal 24/7. Our clients have adjuster contact information for any after hours emergencies. In response to a potentially catastrophic loss, your adjuster will conduct an immediate investigation, utilizing both in-house and outsourced resources with regards to on-site investigation. We will initiate cost containment strategies that include nurse case management and medical claims negotiation when appropriate. Third party liability will be considered and pursued when appropriate through subrogation and notification to at fault parties. Timely reporting will be made to the excess insurance carrier and an ongoing reserve analysis and dynamic plan of action formulated for the ultimate closure and resolution of the claim.

Describe your process and/or ability to customize intake scripts for clients to collect data?

While there is certain information that will be required, the intake screen for reporting a claim via our website is customizable. Additional fields requested by Beaufort County School District may be added to the intake process.

Turnover is always a major concern for clients. What is your annual retention rate for claim representatives NOT INCLUDING internal movement: promotions or reassignments?

As a family-owned company, we treat our employees as family. Employees have routine meetings with owners and leaders to ensure high engagement. Our high employee retention reflects our commitment to our employees' success. Over the last three years, we have had a 95% employee retention rate in our claims operations,

How do you ensure timely return of phone calls as well as meaningful claim representative discussions?

To facilitate prompt and meaningful communication, our system equips the claims team with statistics to ensure adherence to our Best Practices. Moreover, the system has the capability to escalate unreturned calls according to specific parameters established by the management team.

Our experienced claims team aims to gain a thorough understanding of an individual's needs and concerns when they respond to a call or email. Every team member must document all conversations in claim notes in detail. These notes are reviewed by the designated management team to identify areas for improvement. In some cases, conversations may be recorded if necessary or as per the client's requirement.

How often are training sessions provided to your claim representatives?

Adjusters participate in a minimum of 12 Continuing Education hours per year. Internal training sessions are offered regularly, and opportunities are provided for additional workshops on specific topics through our vendor partners.

How often are your supervisors engaged in reviewing claim representative's files?

Supervisory reviews are conducted every 60-90 days. More frequent reviews are done on catastrophic claims.

Does your TPA firm offer any rewards to your staff for exceptional service or outcomes that are generated for your clients?

"Unsung heroes" are recognized by the COO at quarterly company-wide meetings.

How is compliance handled to ensure claim representatives adhere to Special Claim Handling Instructions?

Regular supervisory reviews include attention to adherence to Special Claim Handling Instructions.

Has your TPA firm been fined by any regulatory body in the last 3 years? Explain. Please provide number and amount of fines.

Our firm has not been fined by any regulatory body in the last three years.

Has your TPA firm been a part of any bad faith actions over the last 5 years? Explain.

No. SCA has not been a part of any bad-faith actions.

Provide your TPA firm's process for reviewing the accuracy and timeliness of financial reserves.

Initial reserves are established following investigation of the claim. ODG forecasting and experience with local providers and the legal community are considered when establishing reserves for the lifetime of the claim.

What differentiates your TPA firm from industry competitors and what services do you provide which are unique with regards to Managed Care Services?

A key differentiator for SCA, our Director of Network optimization will analyze Beaufort County School District's past medical utilization and build the highest-performing PPO stack of Regional and Specialty Networks.

What recourse would our client have if the services provided by your TPA firm were not satisfactory in relation to your billing regarding any of the following charges: field based case management, telephonic case management, prescription services and benefit manager, medical bill re-pricing, network access fees, medical bill savings charges, and durable medical equipment?

Your Account Manager will be your point of contact for any concerns or issues the School District may have. One of the benefits of a tight knit, independently owned organization is that we are acutely attuned to service delivery for our clients without having to work through multiple levels of management. Our company owners and operational team work in tandem on a daily basis to ensure that service delivery levels are maintained and that any situation can be addressed immediately.

What managed services do you allow clients to unbundle?

As the bill review and pharmacy programs are integrated with our claim system it would not make sense to unbundle those services.

Who is your Pharmacy Benefit Manager (PBM)?

SCA partners with Prodigy for Pharmacy Benefits Management. Prodigy provides comprehensive PBM services tailored for workers' compensation claims, auto, and commercial health solutions. Their services encompass formulary and rebate management, home delivery and infusion, specialty drug management, medication utilization oversight, prior authorization management, and access to an executive clinical PharmD panel.

Do you have a complex Rx review to address opioids and other narcotic usage? Explain the process.

Yes, our PBM, Prodigy, has a multi-layered Opioid Oversight and Reduction Program that is proactive, personalized, and deeply rooted in clinical integrity.

Prodigy's approach is designed to reduce inappropriate opioid utilization, promote safe tapering, and prevent dangerous combinations. At the heart of the program is a commitment to doing what's clinically right for each injured worker, while protecting payers from the long-term consequences of unmanaged narcotic use.

Key Features of Prodigy's Opioid Management Program:

- Targeted Interventions, not templates: Flags high-risk opioid regimens using patient-specific demographic, behavioral, and clinical data—avoiding the one-size-fits-all trap.
- Ethical Guardrails: Adhere to CDC guidelines, state statutes, and evidence-based prescribing standards.
- Real-Time Risk Profiling: Apply proprietary algorithms and clinical criteria to detect opioid misuse patterns before they escalate.

Sample Clinical Risk Criteria Include:

- Dangerous drug combinations (e.g., opioids + benzos, muscle relaxants, stimulants, hypnotics)
- Use of peripheral opioid receptor agonists
- High cumulative morphine milliequivalents (MEDs)
- Step-down therapy opportunities
- Therapeutic alternatives
- Polypharmacy risks
- Multiple opioid prescribers (doctor shopping)
- Multiple dispensing pharmacies (pharmacy shopping)
- Medication adherence metrics (MPR, PDC)
- High-risk demographic and clinical profiles

How Prodigy Intervenes:

Prodigy integrates clinical review with direct action:

- Daily case surveillance of high-risk patients and regimens
- Structured risk stratification (Low / Medium / High) with tiered response plans
- Prescriber engagement for tapering, therapeutic substitution, and weaning plans
- Clinical documentation and evidence-based weaning schedules tailored per patient

Why It Works:

This isn't static programing. The opioid epidemic is evolving, and so is our strategy. We integrate emerging research, frontline claims data, and predictive analytics to continuously refine our tools and interventions. Our goal is simple: prevent addiction, protect function, and restore outcomes.

yoursca.com