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) — Planned Administrators, Inc.

ENTITY TYPE: Third Party Administrator

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

PRINTED NAME: George M. Stiles

TITLE: President and COO

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.

PAGE TWO

(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 related notices should be sent):
17 Technology Circle Suite E2-AG Columbia, SC 29203	**17 Technology Circle Suite E2-AG Columbia, SC 29203**
PHONE NUMBER: [redacted]	
EMAIL ADDRESS: [redacted]	

PAYMENT ADDRESS (Address to which payments will be sent):	ORDER ADDRESS (Address to which all purchase orders will be sent):
x☐ Payment Address Same as Home Office Address ☐ Payment Address Same as Home Notice Address ~~(Check one only)~~	x☐ 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.	Addendum #1 Addendum #2	4/28/25 5/6/25

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



A Planned Administrators, Inc. Division

Beaufort County School District

25-029- Workers' Compensation Claims
Administration Services
Planned Administrators, Inc.
Submitted May 22, 2025

May 22, 2025

Kaylee Yinger, Procurement Officer
Beaufort County School District
2900 Mink Point Blvd
Beaufort, SC 29902

REF: 25-029- Workers' Compensation Claims Administration Services

Dear Mrs. Yinger,

Planned Administrators, Inc. (PAI) is delighted to submit our proposal to partner with Beaufort County School District. We view this opportunity as a partnership to help build a workers' compensation program that is tailored to meet your specific needs. Our experience handling many South Carolina and Georgia School Districts as well as other municipalities, combined with our BlueCross BlueShield of South Carolina (BCBSSC) affiliation, makes us uniquely positioned to provide an innovative approach to managing the Beaufort County School Districts' program. We would like to demonstrate our experience, technology and our ability to save the school district money combined with our quality customer service to manage your Risk Management challenges efficiently and economically. Some critical components, including but not limited to:

- Significant Medical Cost Containment: PAI promotes proactive medical management and an energetic return-to-work program at the core of its claims solutions. PAI's goal is to prevent claims from becoming problematic from the onset of the injury. We offer aggressive medical bill review with access to the EXCLUSIVE BlueCross BlueShield of South Carolina PPO network, which generates the HIGHEST SAVINGS in South Carolina.
- Data Analytics Tool: PAI's comprehensive claims management system provides real time access to key claims management information and provide "ad hoc" (create your own) management reports.
- Customer Service: PAI's experienced team of dedicated adjusters offers customized and measured performance driven standards. We are committed to high standards of excellent customer service available 7 days a week, 24 hours a day. PAI believes in strong, transparent communication with all parties.

We are very excited about the opportunity to partner with Beaufort County School District and to assist in the development of a quality claims administration program that delivers professional claims services and maximum savings. We are committed to investing in this partnership and hope this is clearly reflected in our proposal to you. PAI looks forward to personally discussing our flexible and responsive claims management program that will provide the professional claims services while taking care of your injured workers.

Sincerely,

Charlie Sears
Sales Executive
Planned Administrators, Inc.

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Narrative on the Approach to the Scope of Work

a. Briefly state your firm's understanding of the work to be done and make positive commitment to perform the work.

PAI understands exactly what Beaufort County School District is looking for in a partner.

Quality and customer service are of the utmost importance to PAI, and we work to ensure all of our client's expectations are met or exceeded.

We are committed to high standards of excellent customer service available 7 days a week, 24 hours a day. PAI believes in strong, transparent communication with all parties. Beaufort County School District will be provided with dedicated adjusters to manage your workers' compensation claims. In addition, the claims managers, P&C director, and sales executive are also available to you at any time.

We measure our success based on adhering to our core values listed below while also focusing on exceeding our client's expectations. PAI's experienced and dedicated team offers customized and measured performance driven standards.

1. Service and Customer Satisfaction – We put customer service and satisfaction at the forefront of everything we do. We strive to exceed our client's goals, while also ensuring we are in compliance with jurisdictional timeframes, laws, and policies and procedures.

2. Value – Our goal is to ensure we obtain the most savings possible, while also producing a quality product. We achieve this through our exclusive access to the premier provider network in the state, supplemented by access to multiple networks and/or direct contracting with providers.

3. Innovation – We are always looking for better ways to improve performance and outcomes for our clients. We stay abreast of developments in the industry to ensure we are providing the best and most economical services to our clients. We focus on innovative approaches to improve quality and reduce the overall cost of care.

4. Commitment – We are committed to excellence. We will always be transparent, innovative and flexible in our approach to partnering with Beaufort County School District.

5. Quality – PAI will provide quality service that consists of quality claims and medical bill review management. We hire, train, and retain dedicated staff that shares our commitment to superior service.

PAI's philosophy is driven by our clients' needs and our ability to satisfy those needs. Having numerous public entities as clients, we understand the unique nature of counties and municipalities as it relates to Workers' Compensation. We view our relationships with our Public Entity clients as a partnership, working with each client to establish an aggressive claims resolution and injury management strategy. We do this by meeting with the Risk Managers regularly to review and analyze the claims data. In addition, we will conduct training sessions with your employees to explain the workers' compensation process along with coordinating with the County's Risk Manager to incorporate safety training.

PAI is best qualified to provide the services requested for Beaufort County School District due to:

- A depth of workers' compensation claims experience in working with governmental entities in South Carolina
- Very competitive pricing and access to the premier provider network in the state, combined with a focus on innovative approaches to reducing the overall cost of care
- Medical Bill Review savings of 20% or more below fee schedule which is the HIGHEST achieving savings in South Carolina
- A smooth transition from incumbent TPA
- Continuity and consistency in account management with only two (2) claims adjuster turnover in existing claims staff over the last thirteen (13) years
- New ad hoc reporting capabilities and a commitment to continuously improve analytics
- A desire to be open, innovative, and flexible in our approach to partnering with Beaufort County School District
- A high level of customer service to solve any issues that may arise.

b. Describe your program in detail and how it meets the needs of BCSD.

Planned Administrators, Inc. (PAI) is a wholly-owned subsidiary of BlueCross BlueShield of South Carolina (rated "A+ Superior" by A. M. Best). We are incredibly capitalized, financially strong and our history with property & casualty administration dates back to 1999.

PAI has the ability to offer Group Health, Property, Liability, Auto and Workers' Compensation administration to self-funded and partially self-insured groups. Our service model is based on dedicated adjusters working with our partner accounts to provide best-in-class service.

PAI has the required experience to coordinate, communicate, manage and adjust workers' compensation claims for employers and insurance companies with over 25 years of experience managing these types of claims. Our adjusters' average over 25 years of experience and our managers bring an average of 30+ years of experience. We have experience handling large South Carolina government entities, so we understand the diverse employment base that a school district like Beaufort County School District has and the challenges that present in a risk management program.

Our experience over the last 25 years is to utilize designated claims specialists that are assigned to each client. We will provide specialists in workers' compensation. These claim specialists will be located in the best possible area to better support Beaufort County School District.

Our claim adjusters report to our experienced managers, who are tasked with supporting their team in the management of the account. We are confident that our service team has the required experience to manage your workers' compensation claims.

Our management philosophy is to hire experienced staff, and then support them as they proactively address the needs of our clients. They are empowered to make decisions and solve problems. They are well-equipped to conduct negotiations and settlements and will work closely with your legal team to develop workable strategies to address litigated claims.

Our philosophy is that the role of the TPA is to partner with the client to develop a program that meets the needs of the client. We do not look to impose a particular business model on a client, but rather we work to collaborate with our clients, offering suggestions based on our experiences but ultimately deferring to the clients' preferences. Our top priority should be your top priority – to settle claims efficiently, economically, and in concert with the standard practices of Beaufort County School District. We look forward to building a close, long-term working relationship with Beaufort County School District.

PAI utilizes Assure Claims for our claims management system. Assure Claims allows for the efficient handling of all claims, and provides employer access as well as various program management reports, including:

- Claims summary of all open claims per year.
- Summary of large claims per year.
- Summary of open claims for any given period.
- Subrogation report showing claims being pursued for subrogation recovery.
- Excess of loss (XOL) report showing all claims being pursued for recovery.
- Claims aging reports which show the age of all open claims

Claim documents are immediately scanned and indexed upon receipt and stored electronically for easy retrieval. All PAI systems are housed within the BCBSSC data center, a Top 3 IBM data center in the world.

Audits are conducted by the State of South Carolina regulatory authorities, as well as by our reinsurers and outside consultants; and, all have consistently given us high scores in evaluating our Claims Department and claims management procedures and systems.

We have a host of claims management experience working with school districts and public entities. Below is a listing of some of our clients.

- Aiken County – Workers Compensation and Liability since July 2020
- Berkeley County School District – Workers' Compensation since July 2020
- Charleston County School District – Workers' Compensation since July 2022
- City of Columbia – Workers' Compensation & Tort Liability since September 2000
- City of North Charleston – Workers' Compensation since July 1, 2013
- Beaufort County – Workers' Compensation since July 1, 2017
- BlueCross BlueShield of South Carolina – Workers' Compensation since January 1, 2016
- Richland County – Liability since August 1, 2020
- Richland School District 2 – Workers' Compensation since July 1, 2018
- SC Municipal Insurance Trust (Workers' Compensation & General Liability) from January 2001 until it was taken in-house in September 2014 (PAI continues to provide Medical Bill Review services for Workers' Compensation).
- Rockdale School District – Workers' Compensation since July 2008
- Catoosa School District – Workers' Compensation since July 2008
- SC State Accident Fund – Medical Bill Review since January 2020

In South Carolina, PAI has exclusive access to the BlueCross and BlueShield of South Carolina (BCBSSC) PPO network. BCBSSC maintains contracts with over 90% of the doctors and hospitals in South Carolina and provides significant medical savings. PAI promotes comprehensive medical management and a proactive return-to-work program at the core of its claims solutions. PAI's goal is to prevent claims from becoming problematic from the onset of the injury. We offer aggressive medical bill review with access to the exclusive BlueCross BlueShield of South Carolina PPO network in addition to multiple other networks. Annually, PAI has averaged over $77 million in bill review savings with an average PPO savings of 20% or more below SC State Fee Schedule over the last four (4) years. PAI's PPO network achieves the highest savings in South Carolina!

PAI has the ability to be very flexible in all of our TPA services. This is Beaufort County School Districts' workers' compensation program and PAI will be willing to listen closely to how the District would like to operate their program. PAI would be a partner and have the flexibility to assist with putting together the strongest workers' compensation program that BCSD desires.

Competitive Position and Future Commitment

c. What differentiates your products/services from other providers?

PAI brings a distinct and powerful combination of talent, resources, and proven results that differentiate us from all other Third Party Administrators (TPAs). Our approach is centered on delivering exceptional claim outcomes, managing costs effectively, and providing unparalleled service to our clients—especially in South Carolina.

Our People: The Foundation of Our Excellence

At PAI, our number one differentiator is our team. The experience, dedication, and consistency of our professionals set us apart.

- Talent and Experience: Our team includes seasoned adjusters and management staff with decades of industry experience. We are proud to have one of the most stable teams in the industry, having only replaced two adjusters in the past 12 years.
- Accountability and Motivation: Every team member is personally invested in delivering top-tier results. We take pride in being highly responsive, knowledgeable, and proactive.
- Dedicated Excess Recovery Team: We ensure timely reporting and aggressively pursue recoveries, maximizing financial outcomes for our clients.
- Local and Accessible: As a Columbia, South Carolina–based organization, we are within a couple of hours from Beaufort County School District and are readily available to meet in person or respond quickly as needed.

Unmatched Medical Bill Review Savings

PAI offers a medical bill review program that is unmatched in South Carolina.

- Exclusive Access: We are the only TPA in South Carolina with exclusive access to the BlueCross BlueShield of South Carolina PPO network, covering all providers and specialties.
- In-House and External Networks: Our internal network, Companion Workplace Health, combined with multiple partner networks and vendors, allows for broad and deep provider access.
- Significant Savings: On average, we achieve:
  - 20% below the South Carolina fee schedule on medical services
  - 40% below the fee schedule on pharmacy costs

No other TPA in South Carolina can match the level of savings we deliver.

Commitment to Claims Efficiency and Cost Management

We focus relentlessly on improving outcomes and controlling costs through smart processes and technology.

- Streamlined Workflows: Automation and intelligent design reduce cycle times and eliminate inefficiencies.
- Cost Containment Strategies: We actively manage legal exposure, minimize unnecessary nurse case manager referrals, and deploy proactive techniques to keep claim costs down.
- Transparent Pricing: PAI offers full fee transparency with no hidden costs and no vendor up-charging—what you see is what you get.

Superior Service, Local Expertise

- South Carolina Focus: Our team has deep knowledge of state-specific regulations, systems, and best practices.
- Experience with School Districts: We have worked with multiple school districts across South Carolina and Georgia and understand the unique challenges and needs of public education institutions.
- Local Presence: Located in Columbia, we are not just a vendor — but a neighbor and partner — ready to provide support when you need it.

PAI is not just a TPA—we are a committed partner with a track record of excellence. With a best-in-class team, exclusive cost-saving capabilities, efficient claims processes, and unmatched service, we offer a combination that no competitor can replicate. We look forward to the opportunity to serve the Beaufort County School District with the dedication and excellence we're known for.

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

PAI partners with Bardavon Health Innovations on an integrated model for workers' compensation administration. Bardavon is a physical therapy network for workers' compensation that also provides risk mitigation and data analytics services. This integrated model, currently being implemented in another large South Carolina municipality, combines the services of both companies in a seamlessly-integrated model for our clients. It includes job analyses, potential post-offer employment testing (POET) to ensure applicants meet the physical demands of a position, claims management, oversight of physical therapy treatments to ensure consistent progress, and robust data analytics to ensure best outcomes and lowest total cost of care.

Since Beaufort County School District health benefits are with the State Health Plan administered by PEBA in partnership with BlueCross BlueShield of South Carolina, we can offer unique and innovative care coordination with injured workers through our Care Management Division, ensuring that comorbidities impacting treatment are addressed at the same time to expedite the return to work.

PAI would be willing to discuss the type of pricing and timeframe for this model if BCSD is interested.

e. 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.

PAI is flexible with our capabilities and continue to grow in all areas of workers' compensation. PAI will continue to be innovative for our partners going forward.

Security and Disaster Recovery

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

PAI has a comprehensive Business Continuity / Disaster Recovery (BCDR) program, managed by a dedicated unit at our parent company, BlueCross BlueShield of South Carolina. Our plan ensures that key operations are resumed within 24 hours. Our BCDR plan is updated several times each year and tested annually.

Implementation

g. What is the average lead-time requirement for implementation.

PAI implementation plan requires 60 to 90 days to fully implement a program that is transitioning claims from incumbent TPA.

PAI can set up to receive new claims in 30 to 60 days.

Please seeTab12 – Implementation/Transition List

Section 9 – Attachments to this Solicitation

Offeror should submit all other information and documents requested in this part and in parts 2.1 - Special Instructions; 3.0 - Scope of Work; 5.0 - Qualifications; 8.0 - Bidding Schedule/Price Proposal; and any appropriate attachments addressed in section 9.0 - Attachments to Solicitations.

2.0 SPECIAL INSTRUCTIONS:

2.0.1 BACKGROUND CHECKS:

Any and all persons with whom vendor/contractor employs, contracts, or otherwise causes to be located on BCSD property shall have passed a South Carolina and Nationwide criminal background check, to include the nationwide Sex Offender Registry. Successful completion of the criminal background checks shall occur prior to such individuals being present on BCSD property. The contractor/vendor is solely responsible for any and all fees and/or charges associated with completion of the background check(s) required herein. The BCSD reserves the right to deny access to any employee, contractor of person caused to be present on BCSD property by the vendor/contractor.

Removal of employees on this basis shall not disrupt the project schedule or cost. You may obtain a background check directly through the vendor we use for employee and volunteer screening. The cost is $19.95 per person on average.

https://www.beaufortschools.net/community/working-with-the-district/vendor- background-checks

For more information, please visit the website using the URL above.

PAI agrees and will comply.

2.0.2 BOARD APPROVAL REQUIRED (JAN 2006):

Any award is subject to prior approval by the BCSD Board.

PAI agrees and will comply.

2.0.3 CLARIFICATION (NOV 2007):

Pursuant to Section 11-35-1520(8), the Procurement Officer may elect to communicate with you after opening for the purpose of clarifying either your offer or the requirements of this solicitation. Such communications may be conducted only with offerors who have submitted an offer which obviously conforms in all material aspects to the solicitation. Clarification of an offer must be documented in writing and included with the offer. Clarifications may not be used to revise an offer or the solicitation.

PAI agrees and will comply.

2.0.4 CONTENTS OF OFFER (RFP) – (FEB 2015):

a. **Offers should be complete and carefully worded and should convey all of the information requested.**

b. **Offers should be prepared simply and economically, providing a straightforward, concise description of offeror's capabilities to satisfy the requirements of the RFP. Emphasis should be on completeness and clarity of content.**

c. **The contents of your offer must be divided into two parts, the technical proposal and the business proposal. Each part should be bound in a single volume.**

d. If your offer includes any comment over and above the specific information requested in the solicitation, you are to include this information as a separate appendix to your offer. Offers which include either modifications to any of the solicitation's contractual requirements or an offeror's standard terms and conditions may be deemed non-responsive and not considered for award.

PAI agrees and will comply.

2.0.5 MAGNETIC MEDIA -- REQUIRED MEDIA AND FORMAT (MAR 2015)

In addition to your original offer, you must submit an electronic copy or copies on compact disk (CD), DVD, USB drive. Submit the number of copies indicated on the cover page. Your technical/business and cost proposals must be on separate media. Every disk or USB drive must be labeled with the solicitation number and the offeror's name and specify whether contents address technical proposal or business proposal. If multiple disk sets are provided, each disk in the set must be appropriately identified as to its relationship to the set, e.g., 1 of 2. Each electronic copy must be identical to the original hard copy. File format shall be compatible with Microsoft Office (Version 2003 or later) or Adobe Acrobat or equivalent Portable Document Format (.pdf) viewer. The Procurement Officer must be able to view, search, copy and print electronic documents without a password.

PAI agrees and will comply.

2.0.6 MAIL PICK-UP:

The District picks up mail from the USPS Drawer 309 once daily around 8:30 a.m. excluding weekend and holidays. (See deadline for submission of offer Page 1) Please note that it is the vendor's responsibility to be sure their proposal arrives at the Procurement Department – District Office at the specified date and time.

PAI agrees and will comply.

2.0.7 OPENING PROPOSALS – INFORMATION NOT DIVULGED (FEB 2015):

In competitive sealed proposals, neither the number nor identity of offerors nor prices will be divulged at opening.

PAI agrees and will comply.

2.0.8 PRICE AS DISCOUNT (JAN 2006):

Your price must be in the form of a single percentage discount to apply to a catalog, price sheet, or price schedule as described.

PAI price is based on the life of the contract. Please see pricing proposal in separate sealed envelope.

2.0.9 PROTEST – CPO:

Any protest must be addressed to the Chief Procurement Officer, Procurement Office, and submitted in writing

a. by email to: kaylee.yinger@beaufort.k12.sc.us

b. by facsimile at 843-322-0748

c. by post or delivery to P.O. Drawer 309, Beaufort, SC 29901-0309 OR 2900 Mink Point Boulevard, Beaufort, SC 29902

PAI agrees and will comply.

ATTACHMENT A
CLAIMS ADMINISTRATION QUESTIONS AND 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:

PAI currently maintains all major operations out of our headquarters located at 17 Technology Circle in Columbia, South Carolina. The Columbia office retains a large capacity for handling a diverse range of claims efficiently. PAI currently employs ten (10) full time worker's compensation, property, and liability claims adjusters. These adjusters are highly experienced and manage all claims in-house to ensure consistency, accuracy, and timeliness. As we continue to grow we staff accordingly - never losing site of the importance of offering our clients a dedicated team approach to managing their claims.

To maintain quality oversight and support for our claims team, we also have two full-time claims managers who do not carry individual caseloads. Their sole responsibility is to provide leadership, guidance, and oversight to the adjusting staff. This structure allows for close monitoring of claim activity, adherence to best practices, and a consistently high level of service to our clients.

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:

- Medical only adjuster's maximum caseload is 250 medical only claims.
- Indemnity adjuster's maximum caseload is 130 indemnity claims.

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.**

PAI agrees and will comply.

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

Comments:

Please seeTab11 – Key Personnel Biographical Summaries

D. File Retention

Provide your standard procedures for claim file destruction.

Comments:

PAI does not purge documents. All hardcopy documents are scanned and the images are retained indefinitely.

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:

Beaufort County School District can report claims multiple ways.

- Claims system portal – First Report of Injury can be entered directly into our claims system and a claim number is assigned once entry is saved.
- Email – First Report of Injury can be emailed to a dedicated email address.
- Telephone – First Report of Injury can be called in to our customer service team.
- Mail – First Report of Injury can be mailed directly to our office.

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:

PAI confirms understanding.

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:

PAI confirms understanding.

Please seeTab20 – Sample Management Reports

PAI is willing to work with Beaufort County School District on a customized report format.

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:

PAI confirms understanding.

3.0.3 ATTACHMENT B

ATTACHMENT B
MEDICAL COST CONTAINMENT QUESTIONS AND 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.

PAI confirms understanding.

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.

PAI confirms understanding.

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

PAI integrates a proactive medical management program at the core of our claims solutions combining exceptional medical bill review and access to the exclusive BlueCross BlueShield of South Carolina PPO network. Our goal is to partner with our clients to minimize claim costs. On average we have saved our clients a documented 20% below Fee Schedule on bills in network. We will process all bills according the South Carolina Workers' Compensation Fee Schedule and then will continue to process claims through our various networks available to us to obtain the maximum savings possible. We will work with you closely to ensure your preferred providers understand your program.

Elimination of Duplicate Billing

The duplicate logic in the system checks for bills by the same provider, same date of service, same procedure codes, and same billed charges. If the bill matches another already processed bill, the system denies it as a duplicate. Additionally, if a bill is manually reviewed, the system forces a processor to verify if the bill is a duplicate at the patient level, at the provider level, and at the line level for each code. Analysts are empowered to manually deny a bill as a duplicate as appropriate.

Fee Schedule Review

We utilize bill review software to meet the current State Fee Schedule guidelines. All bills processed in our bill review system apply the state fee schedule according to the jurisdiction of the claim as is fed into the system. This is an automatic process and is verified frequently for accuracy when updates are made available from the state.

Usual, Customary & Reasonable (UCR) Review

Our system has a nationally recognized “reasonable and customary” database in the event the medical provider service is outside the scope of the State Fee schedule. Any bills that are not subject to the fee schedule due to jurisdiction or type of code will apply the UCR rates based on the location where the services are rendered. The system accesses nationally recognized UCR databases for the most up-to-date pricing.

Rarity and Special Diagnosis and Procedures Review

Our bill review system embedded analytics provides a solution for detecting bill level and claim level treatment exceptions so our team can make smarter decisions that improve outcomes. Rarity Edits and Relatedness Edits are analytics technologies that identify uncommon or non-compensable treatment.

Benefits include:

- Rarity Edits identify potentially inappropriate billing practices by flagging bills that have procedure and diagnosis codes that are rare in the industry.
- Relatedness Edits identify outlier claim exceptions based on claim injury information and diagnosis codes, and flags them so bills can be manually reviewed
- Compliance with Physician’s Current Procedural Terminology (CPT) Guidelines
- Our software is updated and current with CPT coding, terminology, and guidelines as the AMA updates them.

Bundling/Unbundling of Bills

Our bill review system is a sophisticated system that detects erroneous unbundling and auto-denies certain extraneous codes. Bills that do not automatically take a discount but meet the predetermined criteria are held for an additional manual review for correct coding.

Specialty Bill Review

Our specialty bill review solution is a Technology Enabled Service that pre-screens both professional and facility bills to detect billing errors. The AuditPro solution empowers human analysis through technology to identify whether correct codes are reported on the bill. The technology identifies billing mistakes and routes potential errors for additional investigation by authorized experts, improving both medical review efficiency and cost containment.

AuditPro (Consists of three auditing categories: Code Review, Surgical Review and Clinical Review).

Code Review

Certified coders review billed codes per the submitted medical documents for accuracy. Types of codes include but not limited to high-level E/M codes, radiology, prolonged services, psychotherapy, acupuncture, physical therapy, and pathology.

Surgical/Clinical Review

Nurse reviewers audit the services rendered in relation to medical records and charges based upon the respective state guidelines and state fee schedules. Types of services included with surgical and clinical review but not limited to: surgeries, unlisted surgery codes, extensive diagnostic testing, Diagnosis codes, CPT codes, DRG validation, over billing/abusive billing, down coding, unbundling, unrelated treatment, NCCI, modifiers, quantity validation, medically unlikely edits, and medical necessity.

PPO Networks

We use our own and leased networks to achieve additional savings below the State Fee Schedule guidelines. We have validated the results and accuracy of the program through independent verification.

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:

PAI confirms understanding. We do not charge for duplicates, send backs or re-submission of medical bills.

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:

At PAI, our philosophy centers around early, proactive, and collaborative intervention to ensure the best medical outcomes for injured workers while containing costs for our clients. We recognize that timely and appropriate medical management is critical to the success of every workers' compensation claim, and we are committed to strategies that prioritize recovery, reduce disability durations, and minimize overall claim exposure.

Early Intervention & Triage Process

Our approach begins at first notice of injury. Each new claim undergoes a structured triage process led by the claims manager, who evaluates all new claims prior to adjuster assignment. Claims Management reviews the first report of injury and identifies any missing information or possible errors and provides initial instructions and guidance to the Adjuster. This may include treatment and rehabilitation requirements/recommendations, subrogation/reinsurance possibilities, state law requirements, notifying employee of attorney and/or other suspicious circumstances, etc. Management work with adjusters daily to look for better strategies to manage and resolve claims. Once assigned the adjuster evaluates key indicators such as:

- Nature and severity of the injury
- Type of medical treatment required
- Job duties and physical demands
- Claimant's medical history and comorbidities
- Likelihood of lost time or surgery

Based on this initial assessment, the adjuster determines whether telephonic case management (TCM) or field case management (FCM) is appropriate. This early triage helps us quickly identify potentially complex claims and initiate intervention strategies before complications arise.

Telephonic Case Management (TCM)

PAI offers TCM as an available service that can be utilized at the client's request. However, for claims that fall within this category, our experienced adjusters effectively manage all aspects of the claim, including coordination of medical care, communication with providers, and return-to-work planning.

Our experienced adjusters allow us to maintain full control and oversight of these claims without the routine need for external TCM services. This ensures consistency, accountability, and cost-efficiency, while still providing

the flexibility to engage TCM if the client prefers or if a claim presents specific medical complexities that warrant additional support. Our adjusters focus on:

- Ensuring medically appropriate and timely care
- Monitoring treatment plans and progress
- Facilitating return-to-work strategies
- Supporting adherence to clinical guidelines
- Clarifying provider recommendations and preventing delays

Field Case Management (FCM)

For complex, catastrophic, or high-exposure claims, we initiate FCM services to provide on-site coordination and advocacy. FCM is deployed based on:

- Hospitalization or surgery
- Multiple body part involvement
- Comorbid conditions or psychosocial barriers
- Extended time away from work
- Non-compliance with treatment or medications

Field case managers work directly with the treating physicians and adjusters, attend appointments when necessary, and coordinate care plans to optimize treatment and recovery timelines.

Adjuster's Role in Medical Case Management

Our adjusters play a central and active role in the medical management of each claim. Responsibilities include:

- Initiating and overseeing triage and nurse case management referrals
- Coordinating communication among providers, employers, and case managers
- Authorizing treatment in alignment with evidence-based guidelines
- Monitoring medical costs and identifying cost-saving opportunities
- Continuously evaluating the effectiveness of medical case management interventions

The adjuster serves as the primary decision-maker and advocate for both the injured worker and the client, ensuring that medical case management efforts are aligned with claim objectives and best practices.

Additional Medical Management Tools

To further support our medical management strategy, PAI utilizes:

- A Pharmacy Benefit Manager (PBM) with aggressive pricing controls
- Utilization review to validate necessity and appropriateness of treatment
- Exclusive access to the BlueCross BlueShield of South Carolina PPO network, which enhances provider choice and reduces cost

PAI's integrated approach to medical case management is built on early identification, collaborative engagement, and consistent oversight. By combining experienced adjusters, skilled case managers, and strategic use of data and clinical resources, we deliver superior medical outcomes while controlling claim costs for our clients.

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.

Please also describe the following:

Comment :

PAI provides exclusive access to the BlueCross BlueShield of South Carolina PPO Network for your medical bill review and re-pricing. This network provides unparalleled savings that no other TPA can offer in South Carolina. This network has contracts with over 95% of the doctors and hospitals in South Carolina and can provide significant savings that are much deeper that the fee schedule. Over the last four years, PAI has provided our clients additional medical savings of 20% BELOW the SC State Fee Schedule. PAI achieves the HIGHEST BILL REVIEW savings in South Carolina. In addition, PAI also owns Companion Workplace Health PPO Network and has access to multiple leased PPO networks.

Our goal is to provide you the best discount available for medical services rendered to your injured workers. If you have a preferred doctor or hospital that may not be in our network, we would be happy to invite them to join our owned network, Companion Workplace Health.

A. Physical Therapy Discounts:
   PAI has partnered with multiple physical therapy groups to offer discounted PT services as well as exceptional utilization review to ensure cost containment.

B. Diagnostic Discounts:
   We have access to multiple networks that offer discounted radiological diagnostic services for MRIs, CT Scans, etc. We believe these networks offer the best-discounted value in the state!

C. Negotiated Discounts:
   In some cases where treatment is out-of-network, or where a severe injury has occurred, our bill review team will negotiate directly with the hospital for a discount. These discounts vary case by case.

D. Directed Medical Care:
   We can assist in developing a directed care network of doctors, if you like. From our experience, we know the occupationally focused medical specialists with whom appropriate care for injured workers is assured. Again, this is another avenue to enhance savings while seeking the best provider for the medical care needed.

E. Pharmacy Benefits Management:
   We have our own formulary in place for prescriptions that saves up to 41% below fee schedule.

3.0.4 ATTACHMENT C:

ATTACHMENT C
RISK MANAGEMENT INFORMATION SYSTEMS QUESTIONS AND 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:

PAI confirms understanding and can accommodate.

PAI's comprehensive claims management system provides real-time access to key claims management information and provides "ad hoc" (create your own) management reports.

PAI's RMIS system, Assure Claims, is a powerful and flexible system that maximizes your risk management operations. The software supports high-volume data entry and processing in multi-user environments and provides a dynamic information interchange in network systems. Users will have real-time access to all facets of the RMIS to include adjuster's notes, reserve & payment information, OSHA reporting capabilities, etc. Adjuster notes are categorized by note type and date. Secure access to this information is provided to clients through a virtual private network (VPN) connection using Cisco's AnyConnect client provided by PAI.

Data fields – Assure Claims has a vast amount of supplemental fields that will allow specialized programming to fit Beaufort County School District's requirements to include customized injury codes for cause, result or body part. In addition, our claims system organizational hierarchy can capture location coding up to seven (7) levels.

(Programming requiring significant additional IS/IT programming time will warrant further discussion.)

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:

Beaufort County School District will have real-time view only access to all aspects of the claim to include the adjuster's notes, reserve & payment information, financial transactions, OSHA reporting capabilities, etc. Adjuster notes are categorized by note type and date. Secure access to this information is provided to clients through a web interface.

We will coordinate with your staff to provide accurate reports that include all historical claims data for your self-insured program.

Through our IS system we can provide a variety of management reports to you in either a hardcopy paper format or an electronic format.

Our standard package of reports would include:

- ▶ Summary of ALL claims ... detail on ALL open and dosed claims by policy year
- ▶ Summary of Large claims ...normally over $50,000 but can be set at different amounts
- ▶ Summary of OPEN Claims ... for current period
- ▶ Subrogation Report ... showing claims being pursued for subrogation recovery
- ▶ Second Injury Report ... showing claims being pursued for SIF recovery
- ▶ Specific Excess of Loss Report ... showing claims being pursued for XOL recovery
- ▶ Claims Aging Report ... showing age of OPEN claims

Most of the above can be sent via email and in EXCEL format for you to sort as needed.

In addition, we have the capability to provide "ad hoc'' reports from our Data Analytics Tool to allow you to create reports quickly based on your own criteria for data analysis. You will have access to your data on a 24/7 basis and all data is updated in real time so there is no waiting for a specialized report. The system can quickly and easily create reports for vibrant displays for presentations to your management.

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:

PAI currently provides data feeds to multiple excess carriers.

3.0.5 ATTACHMENT D

ABOUT YOUR FIRM

Please answer the following to the best of your ability.

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

PAI brings a distinct and powerful combination of talent, resources, and proven results that differentiate us from all other Third Party Administrators (TPAs). Our approach is centered on delivering exceptional claim outcomes, managing costs effectively, and providing unparalleled service to our clients—especially in South Carolina.

Our People: The Foundation of Our Excellence

At PAI, our number one differentiator is our team. The experience, dedication, and consistency of our professionals set us apart.

- Talent and Experience: Our team includes seasoned adjusters and management staff with decades of industry experience. We are proud to have one of the most stable teams in the industry, having only replaced two adjusters in the past 12 years.
- Accountability and Motivation: Every team member is personally invested in delivering top-tier results. We take pride in being highly responsive, knowledgeable, and proactive.
- Dedicated Excess Recovery Team: We ensure timely reporting and aggressively pursue recoveries, maximizing financial outcomes for our clients.
- Local and Accessible: As a Columbia, South Carolina–based organization, we are within a couple of hours from Beaufort County School District and are readily available to meet in person or respond quickly as needed.

Unmatched Medical Bill Review Savings

PAI offers a medical bill review program that is unmatched in South Carolina.

- Exclusive Access: We are the only TPA in South Carolina with exclusive access to the BlueCross BlueShield of South Carolina PPO network, covering all providers and specialties. We achieve the HIGHEST SAVINGS that no other TPA can offer. This network has contracts with over 95% of the doctors and hospitals in South Carolina and can provide you significant medical savings that are much deeper than the SC State Fee Schedule. In the last four years, PAI has averaged annually over $77 Million in bill review savings with an average PPO savings of 20% below the SC State Fee Schedule.
- In-House and External Networks: Our internal network, Companion Workplace Health, combined with multiple partner networks and vendors, allows for broad and deep provider access.
- Significant Savings: On average, we achieve:
  - 20% below the South Carolina fee schedule on medical services
  - 40% below the fee schedule on pharmacy costs

No other TPA in South Carolina can match the level of savings we deliver.

Commitment to Claims Efficiency and Cost Management

We focus relentlessly on improving outcomes and controlling costs through smart processes and technology.

- Streamlined Workflows: Automation and intelligent design reduce cycle times and eliminate inefficiencies.
- Cost Containment Strategies: We actively manage legal exposure, minimize unnecessary nurse case manager referrals, and deploy proactive techniques to keep claim costs down.
- Transparent Pricing: PAI offers full fee transparency with no hidden costs and no vendor up-charging—what you see is what you get.
- Innovation: PAI partners with Bardavon Health Innovations, a clinical intelligence and analytics company steeped in 15+ years of data-driven workers' compensation best practices. This partnership provides employers with near-real time data to measure the quality of care, streamline workflows and apply big data analytics to optimize clinical pathways for all musculoskeletal care, including workers' compensation and commercial health programs.

Superior Service, Local Expertise

- South Carolina Focus: Our team has deep knowledge of state-specific regulations, systems, and best practices.
- Experience with School Districts: We have worked with multiple school districts across South Carolina and Georgia and understand the unique challenges and needs of public education institutions.
- Local Presence: Our Columbia headquarters ensure we are not just a vendor—but a neighbor and partner—ready to provide support when you need it.
- Quality and customer service are of the utmost importance to PAI, and we work to ensure all of our client's expectations are met or exceeded. We measure our success based on adhering to our core values listed below while also focusing on exceeding our client's expectations. PAI's experienced and dedicated team offers customized and measured performance driven standards.
    - Service and Customer Satisfaction – We put customer service and satisfaction at the forefront of everything we do. We strive to exceed our client's goals, while also ensuring we are in compliance with jurisdictional timeframes, laws, and policies and procedures.
    - Value – Our goal is to ensure we obtain the most savings possible, while also producing a quality product. We achieve this through our exclusive access to the premier provider network in the state, supplemented by access to other networks and/or direct contracting with providers.
    - Innovation – We are always looking for better ways to improve performance and outcomes for our clients. We stay abreast of developments in the industry to ensure we are providing the best and most economical services to our clients. We focus on innovative approaches to improve quality and reduce the overall cost of care.
    - Commitment – We are committed to excellence. We will always be transparent, innovative and flexible in our approach to partnering with Beaufort County School District.
    - Quality – PAI will provide quality service that consists of quality claims and medical bill review management. We hire, train, and retain dedicated staff that shares our commitment to superior service.

PAI is not just a TPA—we are a committed partner with a track record of excellence. With a best-in-class team, exclusive cost-saving capabilities, efficient claims processes, and unmatched service, we offer a combination that no competitor can replicate. We look forward to the opportunity to serve the Beaufort County School District with the dedication and excellence we're known for.

- **How many clients do you have?**

We currently have twenty two (22) Clients which consists of the following:

- Self-Insured Government Entities (Municipal, County, State)
- Self-Insured Associations (over 200 members)
- Self-Insured Trust/Fund
- Insurance Companies
- PAI is the TPA for FIVE (5) school districts - THREE (3) are in South Carolina.

- **Describe your firm's Business Continuity Plans?**

PAI has a comprehensive Business Continuity/ Disaster Recovery program, managed by a dedicated unit at our parent company, BlueCross BlueShield of South Carolina. Our plan ensures that key operations are resumed within 24 hours. Our BCDR plan is updated several times each year and tested annually.

- **Please describe your firm's Disaster Recovery Plans?**

PAI has a comprehensive Business Continuity/Disaster Recovery program, managed by a dedicated unit at our parent company, BlueCross BlueShield of South Carolina. Our plan ensures that key operations are resumed within 24 hours. Our BCDR plan is updated several times each year and tested annually.

- **Please describe your TPA firm's Cyber Security Program?**

All data is stored on servers located within the BlueCross BlueShield of South Carolina data center, a Top 3 IBM data center in the world, providing a robust and mature information security program which utilizes a defense-in-depth approach to securing assets. It includes: physical security, perimeter security, network security, endpoint security, application security, data security, policy management and prevention, operations and monitoring, corporate oversight and governance, information systems security and compliance personnel, and information security incident response.

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

JD Shirley, LLC, an Audit and Consulting firm, has conducted and certified PAI TPA as compliant with the SOC 1 Type II standards set by the American Institute of Certified Public Accountants ("AICPA"). The latest report and certification was dated January 1, 2024 through December 31, 2024. An updated audit will be performed at the end of 2025. Please seeTab17 - Statement on Auditing Standards SSAE16-SOC I Certification.

- I**mplementation is key to the start of a new TPA program. Explain your implementation process.**

Please referenceTab11 - Implementation/Transition Schedule

PAI will work closely with the incumbent TPA to ensure a smooth transition.

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

PAI has access to data to provide predictive modeling outcomes across industries in many different areas.

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

PAI has future goals in providing outcomes with injury specific modeling. PAI will be able to drill down into classifications and compare same types of industries. One example is our relationship with Bardavon Health Innovations and being able to predict outcomes in physical therapy.

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

PAI has experience with school districts and has the capability to benchmark Beaufort County School District against your peers in South Carolina and other states.

- **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?**

PAI can accept claims 24-hours a day via telephone, fax, web portal or email.

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

PAI works very closely with each client to customize all reports and data as needed. PAI will provide our standard data collection and will work with each client to ensure we meet all their needs.

Our PBM provider, Enlyte, works with each client in script intake to provide any required data.

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

PAI is proud to share that we have only replaced two (2) adjusters in the last 13 years. We went eight (8) years with 0% turnover.

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

Our standard is the claims staff must return all calls/emails received the same day. If not possible, all calls/emails must be returned by 12:00 noon the next day.

- **How often are training sessions provided to your claim representatives?**

PAI's human resource policies and procedures are established by BlueCross BlueShield of South Carolina and are tailored to PAI's operating environment. Controls have been developed to cover critical aspects of employment, which includes training and development.

PAI follows the ethical standards and values established by the BCBSSC Compliance and Ethics program. This program is designed to ensure a high level of legal and regulatory compliance and business ethics. New employees attend Compliance and Ethics training immediately upon being hired and annually thereafter.

To supplement on-the-job training, a wide range of programs are offered covering management and staff development, workers compensation law, best practices, claims handling procedures and job specific topics. PAI adjusters regularly attend in-house training sessions with outside attorneys to learn the latest applications of workers compensation law. Our staff also attends conferences and seminars to further their continuing education of the best claims management practices.

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

Supervisors review claims at the beginning of the claim and throughout the life of the claim until claims closure.

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

Adjuster's files and employee's performance are reviewed and their performance standards are tracked throughout the year. The employee's annual review and incentive is tied to their work performance.

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

Management reviews the adjuster's files throughout the life of the claim to ensure compliance with our performance standards and client's special claims 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.**

No, PAI has not been fined by a regulatory body.

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

PAI 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.**

Please seeTab14 - PAI Reserving Philosophy Policies & Procedures.

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

Unmatched Medical Bill Review Savings

PAI offers a medical bill review program that is unmatched in South Carolina.

- Exclusive Access: We are the only TPA in South Carolina with exclusive access to the BlueCross BlueShield of South Carolina PPO network, covering all providers and specialties. We achieve the HIGHEST SAVINGS that no other TPA can offer. This network has contracts with over 95% of the doctors and hospitals in South Carolina and can provide you significant medical savings that are much deeper than the SC State Fee Schedule. In the last four years, PAI has averaged annually over $77 Million in bill review savings with an average PPO savings of 20% below the SC State Fee Schedule.
- In-House and External Networks: Our internal network, Companion Workplace Health, combined with multiple partner networks and vendors, allows for broad and deep provider access.
- Significant Savings: On average, we achieve:
  - 20% below the South Carolina fee schedule on medical services
  - 40% below the fee schedule on pharmacy costs

No other TPA in South Carolina can match the level of savings we deliver.

We are working with the BlueCross® BlueShield® of South Carolina Care Management division to improve the coordination of care for injured employees who have their health plan through BlueCross Blue Shield of South Carolina. This coordination will be especially beneficial when an injured employee has co-morbidities that must be addressed in conjunction with their workers' compensation injury.

- **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?**

We will work closely with you to resolve any issues. We are transparent in our billing and there are no hidden fees. All fees are identified and are listed in the contract. We use vendors for various services and the fees are allocated back to the claim file with no mark-up (e.g. Field Nurse Case Management, Investigations, etc.).

- **What managed services do you allow clients to unbundle?**

PAI has relationships with all ancillary vendors to provide the best possible savings. PAI will work with the District on the relationships that you have formed as we already are working with a lot of those vendors as well. PAI will not unbundle bill review or pharmacy services.

- **Who is your Pharmacy Benefit Manager (PBM)?**

Enlyte ScriptAdvisor is our Pharmacy Benefit Manager (PBM). Our PBM savings averages over 41% below fee schedule.

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

Yes, Enlyte has a comprehensive review program to identify issues with narcotics, brand name prescriptions, etc. Enlyte will identify those patients that are taking narcotics. If their usage is tapering we allow the physician to continue that process. We will watch this file to ensure the physician continues the tapering. If the tapering stops, we will contact the physician for an explanation. If their usage is not tapering, we will send a letter to the physician asking how long they anticipate the patient will be on the medication. If a patient is taking over the daily MME allowable we will contact the physician by letter and let them know that they are prescribing over the daily recommended MME per day. If the physician doesn't respond to our letter then we will call them. If a satisfactory answer isn't given, we can bring in our DUR specialists, PRIUM. They have provided services to our clients for over 5 years and their return on investment is a multiple of the cost of the DUR. There is a charge for a PRIUM review.

3.1 SCOPE OF WORK / SPECIFICATIONS - DETAILED:

a. Complete a prompt and thorough investigation of all incidents, accidents, work-related illnesses (including infectious disease exposures) and/or claims assigned, including but not limited to:

1. Contact the HR designee and the employee within twenty-four (24) hours of receipt of the reported claim

2. Conducted interviews with the injured employee, coworkers, supervisor, witnesses or others who might have direct knowledge of the facts and circumstances relating to the claim.

3. Conduct any other interviews or investigation deem appropriate.

4. Determine if the claim is compensable under state statues and advise the School District and injured employee of the determination.

PAI agrees and will comply.

Please seeTab12 – Claims Handling Procedures & Best Practices

b. Provide a medical cost containment program, to include:

1. Fee schedule

2. Hospital utilization review

3. Hospital bill audit

4. Hospital/Physician discounts

PAI agrees and will comply.

Please seeTab18 – Medical Cost Containment Capabilities

c. Provide a quarterly medical cost containment report to the HR designee.

PAI agrees and will comply.

Please seeTab20 – Sample Management Reports

d. Compile and file, on behalf of the School District, all notices, reports and admissions required by state statues relating to workers' compensation claims.

PAI confirms understanding and will comply. Based on our experience administering claims management services for other South Carolina government entities, we have the processes and procedures in place to ensure compliance with all of the above.

e. The selected Workers' Compensation Claims Administrator will have specific personnel assigned to handle all School District claims. The expectation is the assigned personnel will have offices and will be equipped with access available by telephone, fax and email and on-site meetings with designated School District staff, as required. This claims team will handle claims with the HR designee on the day- to-day basis. The lead adjuster, which will be assigned to the School District account, should be part of any presentation team.

PAI agrees and will comply.

f. With the approval of the HR designee, arrange for independent medical examinations, rehabilitation services and other medical care, when such procedures may constructive.

PAI agrees and will comply.

g. Report claims to the School District's excess insurer in accordance with policy requirements, and monitor all recoveries due. This shall include providing notice to excess insurers of all claims or potential losses which may exceed the School District's per occurrence retention and, if requested, provide such insurers with necessary information on the current status of those claims, including total aggregate loss information for the policy year.

PAI has relationships with excess carriers for our current clients. PAI has a dedicated Reinsurance Adjuster on staff that ensures all recoveries are timely requested and documented. PAI will work directly with Beaufort County School District on all contact with their excess carrier.

h. The selected Workers' Compensation Claim Administrator will need to have electronic capability for communication with School District staff, designated medical providers and attorneys. This may include claims data available through secure website access and encrypted email.

PAI agrees and will comply.

i. The selected Workers' Compensation Claims Administrator is expected to return phone calls and/or respond to emails from designed School District staff and calls from injured School District employees within 24 hours.

PAI agrees and will comply.

j. The selected Workers' Compensation Claim Administrator is expected to set an ultimate claim reserve for all lost time cases within 30 days of the receipt of the claim. This reserve would be adjusted as needed to always reflect the ultimate claim reserve.

PAI agrees and will comply.

3.2 ORGANIZATION AND BACKGROUND

a. Briefly describe your organization, the year it was founded, location of its headquarters and other offices, its ownership structure (e.g., publically held, employee-owned), and any affiliations with other companies, including any parent corporation(s).

PAI is a nationally licensed third-party administrator that provides top-tier service. PAI is wholly owned by BlueCross BlueShield of South Carolina

PAI was established in 1984 and is headquartered in Columbia, South Carolina.

PAI is strategically positioned to provide innovative solutions to meet market needs, while having support of South Carolina's leading insurer. In addition to property & casualty programs, PAI administers self-funded medical plans as well as self-funded and fully-insured voluntary products.

PAI integrated fellow BlueCross BlueShield of South Carolina subsidiary Companion TPA (CTPA) in 2015, adding the workers' compensation and liability TPA services to the group health TPA services. CTPA began in August of 1999 to provide claims management services to self-insured entities, associations, and insurance companies. In acquiring CTPA, PAI saw an opportunity to further integrate the administration of medical and property & casualty programs.

b. Describe your company's customer service philosophy and management style.

We are committed to high standards of excellent customer service available 7 days a week, 24 hours a day. PAI believes in strong, transparent communication with all parties. Beaufort County School District will be provided with dedicated adjusters to manage your workers' compensation claims. In addition, the claims managers, P&C director, and sales executive are also available to you at any time.

Quality and customer service are of the utmost importance to PAI, and we work to ensure all of our client's expectations are met or exceeded.

We measure our success based on adhering to our core values listed below while also focusing on exceeding our client's expectations. PAI's experienced and dedicated team offers customized and measured performance driven standards.

- Service and Customer Satisfaction – We put customer service and satisfaction at the forefront of everything we do. We strive to exceed our client's goals, while also ensuring we are in compliance with jurisdictional timeframes, laws, and policies and procedures.
- Value – Our goal is to ensure we obtain the most savings possible, while also producing a quality product. We achieve this through our exclusive access to the premier provider network in the state, supplemented by access to other networks and/or direct contracting with providers.
- Innovation – We are always looking for better ways to improve performance and outcomes for our clients. We stay abreast of developments in the industry to ensure we are providing the best and most economical services to our clients. We focus on innovative approaches to improve quality and reduce the overall cost of care.
- Commitment – We are committed to excellence. We will always be transparent, innovative and flexible in our approach to partnering with Aiken County.
- Quality – PAI will provide quality service that consists of quality claims and medical bill review management. We hire, train, and retain dedicated staff that shares our commitment to superior service.

c. Describe your company's expertise in each area as it relates to Workers' Compensation administration including but not limited to the following:

PAI confirms understanding and will work directly with Beaufort County School District on all staff assigned. PAI believes that real value occurs from the experience of our employees. Our licensed claims adjusters have over twenty (25+) years of experience managing claims. Our managers have over thirty (30+) years of experience and the average tenure for our claims staff is approximately twenty (20+) years. PAI has had 2% turnover rate in our claims staff over the last twelve (12) years.

We have a number of tools to assist with management and audit of the adjuster's caseloads to ensure a quality work product. Our performance standards are measured and tracked on all lost time claims (SeeTab14 – Claims Performance Standards). Reports are generated weekly displaying the adjuster's scores for the performance standards. Each claims adjuster, regardless of level, is familiar with our Claims Performance Standards, which follows Claims Best Practices.

In addition, we have a dedicated reinsurance adjuster that works closely with the claims adjuster to provide detailed and timely information to the excess carriers. This allows the claims adjuster to focus solely on their claims, while also ensuring quality and timely reporting to the excess carrier.

1. Designated customer service and account management staff including email addresses.

Charlie Sears – Sales Executive / Account Manager - 20+ years of experience, csears@paisc.com

Tosca Walls – Director TPA Operations / Account Manager - 30+ years of experience - twalls@paisc.com

Dawn Allison – Claims Manager – 30+ years of experience - dallison@paisc.com

Linda McCallister – Claims Manager - 30+ years of experience - lmccallister@paisc.com

Bethanie Alongi – Medical Bill Review Manager – 20+ years of experience – balongi@paisc.com

Charles Perry – Finance Manager - 30+ years of experience - cperry@paisc.com

Bianca Robinson – Accountant – 20+ years of experience – brobinson@paisc.com

2. Secure, web-based application.

PAI's comprehensive claims management system provides real-time access to key claims management information and provides "ad hoc" (create your own) management reports.

PAI's RMIS system, Assure Claims, is a powerful and flexible system that maximizes your risk management operations. The software supports high-volume data entry and processing in multi-user environments and provides a dynamic information interchange in network systems. Users will have real-time access to all facets of the RMIS to include adjuster's notes, reserve & payment information, OSHA reporting capabilities, etc. Adjuster notes are categorized by note type and date. Secure access to this information is provided to clients through a virtual private network (VPN) connection using Cisco's AnyConnect client provided by PAI.

Please seeTab19 – I / S Management Report Capability

3. Monthly/quarterly reporting and payment options.

PAI will work closely with Beaufort County School District to provide reporting and payment options that are satisfactory. We are flexible when it comes to reporting. In addition, we have a dedicated accounting team to serve your needs.

4. Problem resolution methodology.

We will work closely with you to resolve any issues. We are transparent in our billing and there are no hidden fees. All fees are identified and are listed in the contract. We use vendors for various services and the fees are allocated back to the claim file with no mark-up (e.g. Field Nurse Case Management, Investigators, etc.).

5. New coverage process.

Please seeTab11 – Implementation / Transition List

6. Claims process.

Beaufort County School District can report claims via the web portal, email, fax and/or 800 telephone number provided. They will have access to the PAI website with protected passwords.

7. Termination of coverage process.

PAI requires 90 day written notice of termination of coverage process. PAI does not purge any data and is the property of Beaufort County School District.

d. Within the last 5 years, has your company in any capacity been a party to any litigation, including any administration or self-regulatory proceeding, directly or indirectly related to the conduct of your business.

PAI has NOT been involved in any litigation related to the conduct of our business in the last 5 years.

e. Describe any merger/acquisition plans or other major organizational changes under consideration by your company.

PAI has not been involved in any mergers, acquisitions or restructuring. There are no plans for any mergers, acquisitions or restructuring.

f. Please submit in verification that your firm is a State-approved third-party administrator for self-insured workers' compensation programs.

PAI is licensed to administer claims in South Carolina and is a nationally-licensed TPA that provides top-tier administrative services for property & casualty and medical benefit programs.

g. What is the total number of clients using your services? How many independent self-funded government employers do you have as customers?

We currently have twenty (22 Clients which consists of the following:

- Self-Insured Government Entities (Municipal, County, State)
- Self-Insured Associations (over 200 members)
- Self-Insured Trust/Fund
- Insurance Companies
- PAI is the TPA for FIVE (5) school districts - THREE (3) are in South Carolina.

PAI is the current TPA for three (3) South Carolina School Districts and Two (2) Georgia School Districts.

PAI is the TPA for 15+ independent self-funded government employers in South Carolina.

3.3 SERVICE TEAM AND SERVICES PROVIDED

a. List the personnel you would propose to assign to this relationship and their responsibilities. Provide brief biographical information on each individual, including their positions in the company, education, licenses held (noting if they are licensed SC adjusters), training, years and type of experience and major clients served by the individual (including the period of service for each client). Please elaborate on how many mediations and hearings the adjusters to our account have attended within the past twelve months.

Please seeTab10 – Key Personnel Biographical Summaries

Adjusters attend 1 to 2 monthly but majority of mediations and hearings are completed telephonically. All PAI adjusters will attend if required.

b. What is the caseload of open files that would be managed by the adjuster(s) assigned to the School District? Break down into incoming claims, outstanding claims, medical-only and lost-time cases. What is the annual turnover of your adjusters? What is your typical process on assigning claims?

Lost time adjuster manage up to 130 open files and medical only adjuster manage up to 250 open files. BCSD would be assigned one (1) dedicated lost time adjuster and one (1) medical only adjuster. All adjusters have a back-up adjuster when they are out of the office. Additionally, PAI has claims managers that oversee 4 to 5 adjusters. The claims managers are also there to handle all required duties when assigned adjuster is out of office. The managers do not carry a caseload and therefore are available to assist where needed.

One of PAI's strongest assets is the tenure of our claims adjuster staff. As noted previously, PAI is proud to share that we have only replaced two (2) adjusters in the last 13 years. We went eight (8) years with 0% turnover.

Our approach begins at first notice of injury. Each new claim undergoes a structured assignment process led by the claims manager, who evaluates all new claims prior to adjuster assignment. Claims Management reviews the first report of injury and identifies any missing information or possible errors and provides initial instructions and guidance to the Adjuster. This may include treatment and rehabilitation requirements/recommendations, subrogation/reinsurance possibilities, state law requirements, notifying employee of attorney and/or other suspicious circumstances, etc. Management diaries the claim and work with adjusters daily to look for better strategies to manage and resolve claims. Management continues to review the file until claim closure.

c. Do you have legal counsel, worker's compensation specializing attorneys on staff? Other specialty personnel? Indicate any additional fees that may be associated with the use of this staff.

PAI does have legal counsel on staff through our parent company, BlueCross BlueShield of South Carolina.

d. Describe your process for understanding the plan's business, culture and participants needs.

PAI is a nationally licensed third-party administrator that provides top-tier service. PAI is wholly owned by BlueCross BlueShield of South Carolina. PAI is strategically positioned to provide innovative solutions to meet market needs, while having support of South Carolina's leading insurer.

PAI will work directly with Beaufort County School District in being completely transparent and show that PAI has the necessary facilities, staffing, ability and financial resources to provide the services specified.

Based on our experience administering managed care services for other South Carolina government entities, we have the processes and procedures in place to ensure compliance with all of the above.

e. How often do you typically meet with the client to discuss plan utilization/compliance; services, etc.?

PAI will work directly with Beaufort County School District to schedule the plan utilization/ compliance reviews. We tailor reviews to our client's needs. We currently meet at various intervals based on the client's request (e.g. quarterly, semi-annually, etc.). Our standard is for the claims adjuster to be present at all claims reviews.

f. Describe your procedures for making initial and follow-up contact with injured employees, supervisors and HR designated representatives. Will you be able to perform this within 24 hours of receiving the claim? What criteria will be used to determine style of investigations?

All first reports of injury are reviewed and assigned to an adjuster each day by a claims manager. Appropriate instructions are provided with specific details tailored to the adjuster's experience level. All claims must be investigated and our performance standards must be followed on every claim.

Upon receipt of a new claim, whether received electronically or telephonically, the claim is logged into our system and assigned to the claims adjuster the same day. The adjuster has one business day from receipt of the claim into our office to complete their three-point contact.

- Claimant Contact: Adjuster must make contact with the claimant within one business day of receipt of the claim in the office.
- Employer Contact: Adjuster must make contact with the employer within one business day of receipt of the claim in the office.
- Physician Contact: Adjuster must make contact with the medical provider(s) within one business day of receipt of the claim in the office.

Please seeTab12 – Claims Handling Procedures & Best Practices

g. Describe your investigative and reporting procedures. What criteria will be used to determine the extent of an investigation?

Determining the extent of a workers' compensation investigation involves assessing the risk, cost, and potential for fraud or non-compliance. Listed below are factors that are considered when determining the extent of an investigation.

- Injury Assessment
  - Minor injury (e.g., sprain, bruise, small cut)
  - Severe injury (e.g., back injury, surgery, long-term disability)
  - Injury severity matches reported incident
- Claim Consistency
  - Employee's story consistent over time
  - Witness reports support the claim
  - Surveillance/video footage supports timeline
  - Any contradictions in medical records
- Timing & Reporting
  - Injury reported immediately or promptly
  - Any delay between incident and claim filing
  - Claim filed near weekends, layoffs, or vacation
- Employee History
  - Any prior Workers' Compensation claims
  - ISO Report Review
  - Tenure with employer
  - History of disciplinary issues
  - Any past fraud investigations
- Witness Information
  - Credible witnesses were present
  - Statements align with the claim
  - Any conflicting accounts

- Medical Records
  - Diagnosis matches the reported injury
  - Treatment plan is consistent with injury type
  - Medical restrictions align with observed behavior
  - Treating provider is reputable and not flagged for bias
- Surveillance/Social Media
  - Any evidence of inconsistent physical activity
  - Any online posts contradicting the claim
  - Any complaints from co-workers or tips received
- Financial or Legal Risk
  - High-cost claim (surgery, rehab, long-term care)
  - Potential for permanent disability classification
  - Risk of litigation or legal escalation
  - Impact on program is significant

We have a number of tools to assist with management and audit of the adjuster's caseloads to ensure a quality work product. Our performance standards are measured and tracked on all lost time claims. Reports are generated weekly displaying the adjuster's scores for the performance standards. Each claims adjuster, regardless of level, is familiar with our Claims Performance Standards, which follows "Claims Best Practices". Please seeTab13 – Claims Performance Standards.

Managers perform regular audits of the adjuster's files throughout the life of the claim in order to track claims handling, identify opportunities for training/education and/or management intervention in order to improve claim outcomes. Managers provide direction in the file and also provide one on one discussions regarding claim direction, resolution, etc. All aspects of the claims file are reviewed by claims management on an on-going basis as well as review of the adjuster's diary until file closure.

h. What will be the frequency of status reports on any claim involving temporary total disability and/or permanent total disability?

Adjusters are required to enter an initial file plan at the onset of the claim and every 120 days thereafter. Managers perform regular audits of the adjuster's files throughout the life of the claim in order to track claims handling, identify opportunities for training/education and/or management intervention in order to improve claim outcomes. Managers provide direction in the file and also provide one on one discussions regarding claim direction, resolution, etc. All aspects of the claims file are reviewed by claims management on an on-going basis as well as review of the adjuster's diary until file closure.

We generate exception reports that are reviewed daily by the managers to manage the payment and reserve activity on the claim. Also, monthly production reports are in place to measure claim closing ratios and caseloads.

i. Where will medical bills be processed? Where will lost wage checks be processed? What is the average length of time that it takes from receiving a provider bill to the mailing of the payment to the provider?

All medical bills and lost wage checks are processed at our headquarters in Columbia, SC.

The length of time to process clean medical bills with appropriate documentation is between 5 and 7 business days from receiving the provider bill in our office to the mailing of the payment to provider. PAI works closely with all providers and has never been fined. Based on our experience administering managed care services for other South Carolina government entities, we have the processes and procedures in place to ensure compliance with state regulations.

j. Describe criteria used for providing systematic medical/hospital bill audits?

PAI integrates a proactive medical management program at the core of our claims solutions combining exceptional medical bill review and access to the exclusive BlueCross BlueShield of South Carolina PPO network. Our goal is to partner with our clients to minimize claim costs. On average we have saved our clients a documented 20% below Fee Schedule on bills in network. We will process all bills according the South Carolina Workers' Compensation Fee Schedule and then will continue to process claims through our various networks available to us to obtain the maximum savings possible. We will work with you closely to ensure your preferred providers understand your program.

Elimination of Duplicate Billing

The duplicate logic in the system checks for bills by the same provider, same date of service, same procedure codes, and same billed charges. If the bill matches another already processed bill, the system denies it as a duplicate. Additionally, if a bill is manually reviewed, the system forces a processor to verify if the bill is a duplicate at the patient level, at the provider level, and at the line level for each code. Analysts are empowered to manually deny a bill as a duplicate as appropriate.

Fee Schedule Review

We utilize bill review software to meet the current State Fee Schedule guidelines. All bills processed in our bill review system apply the state fee schedule according to the jurisdiction of the claim as is fed into the system. This is an automatic process and is verified frequently for accuracy when updates are made available from the state.

Usual, Customary & Reasonable (UCR) Review

Our system has a nationally recognized "reasonable and customary" database in the event the medical provider service is outside the scope of the State Fee schedule. Any bills that are not subject to the fee schedule due to jurisdiction or type of code will apply the UCR rates based on the location where the services are rendered. The system accesses nationally recognized UCR databases for the most up-to-date pricing.

Rarity and Special Diagnosis and Procedures Review

Our bill review system embedded analytics provides a solution for detecting bill level and claim level treatment exceptions so our team can make smarter decisions that improve outcomes. Rarity Edits and Relatedness Edits are analytics technologies that identify uncommon or non-compensable treatment.

Benefits include:

- Rarity Edits identify potentially inappropriate billing practices by flagging bills that have procedure and diagnosis codes that are rare in the industry.
- Relatedness Edits identify outlier claim exceptions based on claim injury information and diagnosis codes, and flags them for manual review
- Compliance with Physician's Current Procedural Terminology (CPT) Guidelines
- Our software is updated and current with CPT coding, terminology, and guidelines as the AMA updates them.

Bundling/Unbundling of Bills

Our bill review system is a sophisticated system that detects erroneous unbundling and auto-denies certain extraneous codes. Bills that do not automatically take a discount but meet the predetermined criteria are held for an additional manual review for correct coding.

Specialty Bill Review

Our specialty bill review solution is a Technology Enabled Service that pre-screens both professional and facility bills to detect billing errors. The AuditPro solution empowers human analysis through technology to identify whether correct codes are reported on the bill. The technology identifies billing mistakes and routes potential errors for additional investigation by authorized experts, improving both medical review efficiency and cost containment.

AuditPro (Consists of three auditing categories: Code Review, Surgical Review and Clinical Review).

Code Review

Certified coders review billed codes per the submitted medical documents for accuracy. Types of codes include but not limited to high-level E/M codes, radiology, prolonged services, psychotherapy, acupuncture, physical therapy, and pathology.

Surgical/Clinical Review

Nurse reviewers audit the services rendered in relation to medical records and charges based upon the respective state guidelines and state fee schedules. Types of services included with surgical and clinical review but not limited to: surgeries, unlisted surgery codes, extensive diagnostic testing, Diagnosis codes, CPT codes, DRG validation, over billing/abusive billing, down coding, unbundling, unrelated treatment, NCCI, modifiers, quantity validation, medically unlikely edits, and medical necessity.

PPO Networks

We use our own and leased networks to achieve additional savings below the State Fee Schedule guidelines. We have validated the results and accuracy of the program through independent verification.

k. Please describe procedures for reviewing the adequacy of claim reserves.

The adjuster adheres to internal and client reserve authority limits. All reserves that exceed the adjuster's reserve authority are automatically pended to management for review.

- PAI does not use an automated reserve system.
- All claims are reserved to exposure (defined as the anticipated ultimate cost of the claim) within the stated timeframes. PAI will consult with client, if requested/needed.
- The adjuster completes a reserve worksheet for each reserve increase, and this is attached to the claim file. The reserve worksheets can be electronically sent to the client and/or broker.

SeeTab14 – Reserving Philosophy Policies and Procedures.

l. Describe your approach to claims adjusting and management, including but not limited to: scheduling independent medical evaluations, arranging rehabilitation services, securing medically approved employment; activity checks and legal assistance.

At the core of our claims management philosophy is a holistic, proactive, and client-centered approach. We understand that each claim represents a unique set of circumstances, requiring tailored solutions that balance the needs of the claimant, employer, and legal obligations. Our comprehensive strategy integrates multiple services to streamline the process, reduce costs, ensure compliance, and support positive outcomes.

Comprehensive Investigations

We initiate each claim with a thorough, timely investigation to gather all pertinent facts, including interviews, witness statements, accident scene analysis, and document collection. Our investigative process is essential to establishing the facts, identifying red flags, and assessing liability early in the claim.

Determining Compensability

Based on medical, legal, and statements, we evaluate whether a claim meets jurisdictional criteria for compensability. We apply a consistent, legally sound framework to guide determinations and ensure every claim is handled fairly and in line with applicable statutes.

Medical Management

We take a hands-on approach to medical case management, ensuring appropriate care is provided without unnecessary delays or costs. This includes overseeing treatment plans, utilization review, second opinions, and coordinating Independent Medical Examinations (IMEs) with qualified specialists.

Subrogation & Third-Party Claims

Where applicable, we aggressively pursue subrogation opportunities and third-party liability recoveries to minimize losses. Our adjusters work collaboratively with legal and investigative teams to preserve rights of recovery and ensure timely and effective action.

Activity Checks & Functional Validation

To verify compliance and document functional capabilities, we conduct activity checks, field visits, and surveillance where warranted. These efforts support informed decisions about ongoing benefits, return-to-work feasibility, and potential claim closure.

Cost Containment & Exposure Mitigation

Our proactive management practices help control medical and indemnity costs, prevent claim escalation, and minimize unnecessary litigation. We continuously review reserves, implement early intervention, and engage specialists when needed to mitigate long-term exposure.

Disability Management & Benefit Oversight

We manage all disability aspects (temporary, permanent, and partial) ensuring timely and accurate payments and compliance with state laws and regulations.

Rehabilitation & Return-to-Work Programs

Our team arranges and monitors rehabilitation services tailored to the worker's injury, promoting faster recovery. We also lead return-to-work coordination, including modified duty programs and job placement assistance, with a focus on restoring productivity while minimizing disability duration.

Legal Assistance & Representation

Our adjusters work seamlessly with legal counsel to navigate hearings, mediations and depositions. We ensure that claims are well-documented, defensible, and compliant, reducing litigation risk and enhancing the likelihood of favorable outcomes.

Settlement Strategies

We develop customized settlement strategies based on claim complexity, long-term exposure, medical prognosis, and legal factors. Whether through structured settlements, compromise and release, or mediated agreements, our focus is on achieving closure that is equitable and cost-effective.

Risk Management & Fraud Prevention

Our team works closely with employers and insurers to identify patterns, risks, and potential exposures that can be mitigated through policy improvements or procedural changes. We also utilize analytics, red-flag indicators, and surveillance to prevent, detect, and address fraudulent activity.

Our approach to workers' compensation claims is rooted in proactive, end-to-end case management that emphasizes accuracy, compliance, compassion, and cost control. We combine investigative diligence, medical oversight, legal insight, and strategic planning to ensure optimal outcomes for all stakeholders. We don't just manage claims—we optimize them to protect our clients' interests while supporting injured workers through recovery and return to work.

m. Detail your ability to monitor regulatory and legislative developments at both the state and federal level and how this will be communicated to Beaufort School District School District.

Based on our experience administering claims management services for other South Carolina government entities, we have the processes and procedures in place to ensure compliance with all of the above.

n. Talk to us about your firm's steps that have been taken to ensure dedication to compliance with the statues and rules of SC Worker's Compensation Act.

Based on our experience administering claims management services for other South Carolina government entities, we have the processes and procedures in place to ensure compliance with all of the above.

3.4 LOSS CONTROL AND CLAIMS REPORTING/RMIS REQUIREMENTS

The selected Workers' Compensation Claim Administrator shall provide a fully integrated risk management system. In the areas of claim information, loss control information and general financial information, the firm shall have the capability to provide the following:

a. Please provide an explanation of the RMIS capabilities of your firm.

PAI's RMIS system, Assure Claims, is a powerful and flexible system that maximizes your risk management operations. The software supports high-volume data entry and processing in multi-user environments and provides a dynamic information interchange in network systems. Users will have real-time access to all facets of the RMIS to include adjuster's notes, reserve & payment information, OSHA reporting capabilities, etc. Adjuster notes are categorized by note type and date. Secure access to this information is provided to clients through a virtual private network (VPN) connection using Cisco's AnyConnect client provided by PAI.

Please seeTab19 – I / S Management Report Capability

b. Loss run printouts by policy year (must be capable of selecting data on the basis of specified range parameters on any or all data fields.)

Please seeTab20 – Sample Management Reports

c. Monthly loss detail and summary reports (Please provide samples)

Please seeTab20 - Sample Management Reports

d. Quarterly accident analysis detailed reports (Please provide samples)

Please seeTab20 - Sample Management Reports

e. Monthly check register detailing financial activity, including payments issued, payee, amount of check, type of payment, claim number, date of injury and claimant name (Please provide report sample)

Please seeTab20 – Sample Management Reports

f. Please discuss online ability and access to file claims and check on status of claim along with any claim data.

PAI's RMIS system, Assure Claims, is a powerful and flexible system that maximizes your risk management operations. The software supports high-volume data entry and processing in multi-user environments and provides a dynamic information interchange in network systems. Users will have real-time access to all facets of the RMIS to include adjuster's notes, reserve & payment information, OSHA reporting capabilities, etc. Adjuster notes are categorized by note type and date. Secure access to this information is provided to clients through a virtual private network (VPN) connection using Cisco's AnyConnect client provided by PAI.

Customized loss reports are preferred. Please comment on your firm's ability to provide reports to a variety of formats.

PAI utilizes Assure Claims for our claims management system. Assure Claims allows for the efficient handling of all claims, and provides employer access as well as various program management reports.

PAI provides customized loss reports for the District.

Please seeTab19 – I / S Management Report Capability

In the event there is a termination of any service agreement, will the School District continue to receive periodic loss reports on open and closed claims? If so, what will be the costs for such reports? Will access to claim information via online be available after agreement termination? If so, what will be the charge and availability time?

PAI currently retains all claim information on our systems as long we have a contract in place. In the event of our termination as your TPA, we will cooperate with your new selected TPA, to provide all of your data to them electronically. We will provide your new TPA with the data and data mapping, which describes how the data is arranged. There are no fees associated with the data transfer.

Submitted proposals should address ownership of data/loss files. Please comment on special ownership of claim file media.

All data and claim file media of Beaufort County School District is the property of the Beaufort County School District. All data is stored on servers located within the BlueCross BlueShield of South Carolina data center, a Top 3 IBM data center in the world, providing a robust and mature information security program which utilizes a defense-in-depth approach to securing assets. It includes: physical security, perimeter security, network security, endpoint security, application security, data security, policy management and prevention, operations and monitoring, corporate oversight and governance, information systems security and compliance personnel, and information security incident response.

3.5 FINANCIAL AND ACCOUNTING SERVICES

Please submit an explanation of the establishment of any fund which may be required for payment of claim. Details should include, but not be limited to:

a. Any monthly requirements after initial establishment of the fund

Following the establishment of the initial reserve balance (based on average monthly checks written), the client has the option of how frequent they would like to replenish their account (e.g., weekly, monthly, as needed based on aggregate total of written checks which includes periodic funding to cover high dollar checks).
Funding is client specific.

b. Procedures under which funds are to be transferred

PAI will provide a check register of checks written during the time period and total amount needed for funding. Funds are then transferred via WIRE/ACH into the client's managed account or PAI's Escrow Account (managed by PAI).

c. Frequently of adjustment to determine accuracy of funding level

If PAI finds that we are requesting funds more frequently, we will suggest adding additional funds to your reserve balance to limit mid-month replenishment requests.

d. Reconciliation of check issuance

Client has the option to receive daily, weekly and monthly check registers to assist with their reconciliation. If client decides to use PAI's Escrow Account, PAI will reconcile the account at the end of the month and provide client documentation of checks issued and outstanding.

e. Maintain accurate and current claim payment records to prevent the issuance of duplicated payments.

The finance team works closely with the Claims Adjusters and Medical Bill Review team to prevent duplicate payments. Should duplicate payments occur, the Claims and Bill Review team will notify the finance team to take the appropriate action (e.g. stop payment, void, etc.). If a duplicate payment is made, PAI will issue a refund back to the account once the payee issues a refund for the overpayment.

3.6 MEDICAL CASE MANAGEMENT

a. Please describe your medical case management program with details on who you typically work with and the criteria that is used in selecting cases. Please provide a description of the professional experience/ qualifications on medical case management personnel who you would recommend to be assigned to work with the School District.

PAI partners with a panel of case management vendors that can provide Field Case Management, Vocational Case Management, Telephonic Case Management and Task Assignments.

We recommend using Nurse Case Management (NCM) only in "as needed" cases, usually severe injuries. NCM can help in managing severe cases, but may also add unnecessary cost in other situations. Our practice is to advise Beaufort County School District of our recommendation and only with your prior approval will this resource be engaged. All costs are a straight pass through from the vendor of your choice or a company from PAI's approved partner list.

b. How often are reports on managed care cases submitted? Please provide a copy of a "typical" medical case management report. Will the managed care personnel be willing to play an active role in our critical claims' management process? If so, in what capacity would they see their role in this process?

Report submissions vary based on claim activity. All managed care personnel will be willing to play an active role in your critical claims management process. The adjuster will coordinate with the NCM, employee, employer and provider to ensure the best outcome possible for the injured employee. Your assigned adjuster will have a wealth of claims management experience and normally relies on their own experience regarding the use of Nurse Case Management. Our practice is to advise Beaufort County School District of our recommendation and only with prior approval, will this resource be engaged.

Please seeTab20 – Sample Management Reports

c. Please describe the fees associate with your case management.

PAI does NOT upcharge for case management. It is a straight pass through from the case management vendor of your choice.

Depending on the severity and complexity of the injury, case management will add an additional $150-300 per doctor visit for the nurse's charges, which includes their travel time, wait time, appointment time and report time. There are also charges unrelated to doctor visits that would cover their time for phone calls, emails to doctor offices, employers or employees.

There is great benefit in having a nurse case manager on complex claims with multiple injuries as they help coordinate the appointments and are at the appointment as an advocate for the employee. In addition, they assist the adjuster with the medical management of the file by addressing issues and securing medical reports. Many of the best doctors are very unresponsive to requests for medical notes or final evaluation notes and this prolongs a claim as the adjuster cannot resolve a claim without the final evaluation and state required forms.

While adding case management on a complex claim can add costs to the claim, the benefit will far outweigh the expense. If managed correctly, savings will be seen in settlement and disability benefits along with an improved claims outcome.

3.7 PERFORMANCE MEASUREMENT AND EVALUATION

a. Provide a sample of the reporting utilized. Can the reports be customized?

Please seeTab19 – I / S Management Report Capability

b. Provide a sample of the benchmarking reports with respect to the plans incurred utilization. Include any additional fees for this service

Please seeTab19 – I / S Management Report Capability

All reports will be client specific according to each client's requirements. Our methodology would involve:

- **Aggregating and analyzing incurred utilization data across key performance indicators.**
  - **Claim Frequency**
  - **Cost Per Claim**
  - **Claim Severity**
  - **Average Medical Cost**
  - **Average Indemnity Cost**
  - **Average Days Open**
  - **Claim Closure Percentage**
- **Comparing your performance against industry benchmarks sourced from trusted third-party databases and similar clients where we have access to the data.**
- **Presenting insights in a clear, actionable format to support strategic decision-making.**

Fees:

- **What are your proposed fees on a full-service basis (e.g., commission, annual consulting fee), including all out of pocket expenses (e.g., benchmarking reports, communication materials, etc.)? Describe how all fees are proposed to be billed, paid and or received.**

Please see Pricing Proposal in Separate Sealed Envelope

- **If you have unbundled services, describe the service and the fee or fee basis for each service.**

Please see Pricing Proposal in Separate Sealed Envelope

- **Describe all fees/commissions that may be received by your firm with respect to the program's other than those paid directly by Beaufort County School District.**

Please see Pricing Proposal in Separate Sealed Envelope

Strategy:

Describe issues and challenges as you view them, facing Beaufort County School District in the upcoming year and describe how your organization can assist.

PAI has plenty of experience in taking over self-insured programs in South Carolina. PAI has transitioned other South Carolina school districts from TPAs smoothly. PAI will work closely with Beaufort County School District to resolve any challenges and issues the school district is currently facing and outline a plan for success.

- **Describe your vision of the transition from the current TPA program to your program. Provide a timeline of transition steps.**

PAI proposes two phases:

Phase 1: To be operational and ready to receive new claims within 30 days of the contract award.

Phase 2: Conversion of all open and historical claims data (inception to date) into our claims system within 60 – 90 days.

PAI will work closely with the incumbent TPA to ensure a smooth transition.

Please seeTab11 – Transition / Implementation Plan

- **Describe any additional services not outlined under your response to the scope of services that your firm would offer and how these would accomplished.**

PAI promotes comprehensive medical management and a proactive return-to-work program at the core of its claims solutions. PAI's goal is to prevent claims from becoming problematic from the onset of the injury. We offer aggressive medical bill review with access to the exclusive BlueCross BlueShield of South Carolina PPO network. In the last four years, PAI has averaged annually over $77 million in bill review savings with an average PPO savings of 20% below SC State Fee Schedule. PAI's PPO network achieves the highest savings in South Carolina.

PAI partners with Bardavon Health Innovations on an integrated model for workers' compensation administration. Bardavon is a physical therapy network for workers' compensation that also provides risk mitigation and data analytics services. This integrated model, currently being implemented in another large South Carolina municipality, combines the services of both companies in a seamlessly-integrated model for our clients. It includes job analyses, potential post-offer employment testing (POET) to ensure applicants meet the physical demands of a position, claims management, oversight of physical therapy treatments to ensure consistent progress, and robust data analytics to ensure best outcomes and lowest total cost of care.

Since Beaufort County School District health benefits are with the State Health Plan administered by PEBA in partnership with BlueCross BlueShield of South Carolina, we can offer unique and innovative care coordination with injured workers through our Care Management Division, ensuring that comorbidities impacting treatment are addressed at the same time to expedite the return to work.

PAI would be willing to discuss the type of pricing for this model if BCSD is interested.

PERFORMANCE LOCATION

After award, all services shall be provided to the location specified by this Solicitation.

Planned Administrators, Inc. (PAI)
17 Technology Circle Suite E2AG
Columbia, SC 29209

5.0.1 QUALIFICATIONS OF OFFEROR

To be eligible for award of a contract, a prospective Contractor must be responsible. In evaluating an Offeror's responsibility, the BCSD Standards of Responsibility and information from any other source may be considered. An Offeror must, upon request of the BCSD, furnish satisfactory evidence of its ability to meet all contractual requirements. Unreasonable failure to supply information promptly in connection with a responsibility inquiry may be grounds for determining that you are ineligible to receive an award.

5.1. QUALIFICATIONS – REQUIRED INFORMATION (MAR 2015):

Submit the following information or documentation for you and for any subcontractor (at any tier level) that you identify pursuant to the clause titled Subcontractor – Identification. Err on the side of inclusion. You represent that the information provided is complete.

Proposers must meet or exceed these qualifications to be considered for award. Any exceptions to the requirements listed should be on a separate sheet marked "Exceptions" and clearly detailed in proposer's response.

a. The general history and experience of the business in providing work of similar size and scope. Five (5) year minimum.

Beaufort County (SC) – Workers' Compensation – 7 years

Charleston County School District (SC) – 2 ½ years

City of Columbia (SC) – Workers' Compensation and Property/ Auto Liability – 20+ years

Richland County School District 2 (SC) – Workers' Compensation – 7 years

Berkeley County School District (SC) – Workers' Compensation – 5 years

City of North Charleston (SC) – Workers' Compensation – 12 years

Rockdale County Schools (GA) – Workers' Compensation – 12+ years

Catoosa County School District (GA) – Workers' Compensation – 12+ years

b. Information reflecting the current financial position. Include the most current audited financial statement and audited financial statements for the last three (3) fiscal years.

PAI is wholly owned by BlueCross BlueShield of South Carolina (rated "A+ Superior" by A. M. Best). We are incredibly capitalized and financially strong.

Please seeTab17 – Statement on Auditing Standards SOC 1 Type II Certification

c. A detailed, narrative statement listing the three (3) most recent, comparable contracts (including contact information) which have been performed.

Charleston County School District (SC) – Workers' Compensation (client since 7/1/22)

Robert Bowers, Director of Safety and Risk Services
75 Calhoun Street
Charleston, SC 29401
Phone: (843) 937 – 6578
Robert_Bowers@charleston.k12.sc.us

Richland School District Two (SC) – Workers' Compensation (client since 7/1/2018)

Dilya Morris, Risk Manager
763 Fashion Drive
Columbia, SC 29229
Phone: (803) 790 - 3041
Email: dmorris@richland2.org

Berkeley County School District (SC) – Workers' Compensation (client since 7/1/2020):

Tina McCormack, OSHA – Safety Compliance & Risk Management
107 East Main Street
Moncks Corner, SC 29461
Phone: (843) 899-8311
Email: mccormackt@bcsdschools.net

d. A list of similar projects for which Offeror has performed, at any time during the past three (3) years, services substantially similar to those sought with this solicitation. Err on the side of inclusion; by submitting an Offer, Offeror represents that the list is complete. School District experience is desired.

Charleston County School District – Workers' Compensation (2022)

Santee Cooper – Workers' Compensation (2022)

a. Must have a clear understanding of industry standards and best practices.

PAI has a clear understanding of industry standards.

Please seeTab12 – Claims Handling Procedures & Best Practices

Please seeTab13 – Claims Performance Standards

b. Offeror shall provide with their proposal copies of all appropriate certifications, licenses and permits, as well as evidence to support the documentation.

PAI is a national licensed third party administrator, wholly owned by BlueCross BlueShield of South Carolina (rated "A+ Superior" by A. M. Best).

PAI has provided all licenses needed for this RFP. If chosen, PAI will provide any additional contractor licenses as it pertains to the administration of this RFP.

c. Must have knowledge of and comply with all currently applicable, and as they become enacted during the contract term, federal, state and local laws, statutes, ordinances, rules and regulations. All laws of the State of South Carolina, whether substantive or procedural, shall apply to the contract, and all statutory, charter, and ordinance provisions that are applicable to public contracts in the District shall be followed with respect to the contract.

PAI confirms understanding and will comply. Based on our experience administering claims management services for other South Carolina government entities, we have the processes and procedures in place to ensure compliance with all of the above.

d. List of failed projects, suspensions, debarments, and significant litigation.

There have been no failed projects, suspensions, debarments or litigation claims filed against PAI relating to a contract for services similar to those in this RFP.

e. List of at least five (5) references for similar projects for these services.

Charleston County School District (SC) – Workers' Compensation (client since 7/1/22)

Robert Bowers, Director of Safety and Risk Services
75 Calhoun Street
Charleston, SC 29401
Phone: (843) 937 - 6578
Robert_Bowers@charleston.k12.sc.us

Richland School District Two (SC) – Workers' Compensation (client since 7/1/2018)

Dilya Morris, Risk Manager
763 Fashion Drive
Columbia, SC 29229
Phone: (803) 790 - 3041
Email: dmorris@richland2.org

Berkeley County School District (SC) – Workers' Compensation (client since 7/1/2020):

Tina McCormack, OSHA – Safety Compliance & Risk Management
107 East Main Street
Moncks Corner, SC 29461
Phone: (843) 899-8311
Email: mccormackt@bcsdschools.net

Beaufort County (SC) – Workers' Compensation (client since 7/1/18):

Kyle Jackson, Risk Manager & Safety Director
106 Industrial Village Road
Beaufort, SC 29901
Phone: (843) 255 – 2365
Email: kjackson@bcgov.net

City of Columbia (SC) – Workers' Compensation and Liability (client since 2/1/2005)

Chip Timmons, Risk Manager
1800 Main Street
Columbia, SC 29201
Phone: (803) 545 – 4263
Email: joseph.timmons@columbiasc.gov

f. Pictures showing implementation of vendor's equipment/solution (if applicable).

Please seeTab11 – Implementation / Transition List

5.2 SUBCONTRACTOR INDEMNIFICATION

If you intend to subcontract with another business for any portion of the work and that portion exceeds 10% of your price, your offer must identify that business and the portion of work that they are to perform. Identify potential Subcontractors by providing the business' name, address, phone, taxpayer identification number, and point of contact. In determining your responsibility, the BCSD may evaluate your proposed Subcontractors.

PAI does not intend to subcontract with another business for any portion of this work.

8.0 BIDDING SCHEDULE / PRICE BUSINESS PROPOSAL

Please see Exhibit “E”

PRICING IS IN SEALED SEPARATE ENVELOPE.

9.0 ATTACHMENTS TO SOLICITATION

MINORITY AND WOMAN BUSINESS ENTERPRISE POLICY AND REQUIREMENTS:

Mission of the Beaufort County School District Board of Education:

To serve the community by providing the opportunity for each student to receive a highly effective education

Statement of Policy

It is the policy of the Beaufort County School District that discrimination against businesses on the basis of race, color, national origin, and gender is prohibited. No person shall be denied the benefit of, or otherwise discriminated against, on the grounds of race, color, national origin, or gender in connection with the award and/or performance of any contract or modification of a contract between a vender or contractor and the Board which contract is paid or is to be paid for, in whole or part, with monetary appropriations of the Board. Further, it is the policy of BCSD to encourage and promote on an inclusionary basis contracting opportunities for all business, without regard to race, color, national origin, or gender. It is expected that all firms seeking to do business with the Beaufort County School District will comply with this BCSD policy.

W/MBE Compliance

Potential bidders must demonstrate their process for contracting or utilizing businesses as subcontractors or suppliers for work on projects undertaken is open to businesses regardless of race, gender, or ethnicity, by fulfilling one (1) of three (3) alternative eligible bidder categories.

1. Documentation of prior M/WBE on projects undertaken in South Carolina during the previous two (2) years at the level of availability.
2. Documentation of prior good faith outreach efforts on all projects undertaken in South Carolina during the previous two (2) years.
3. Commitment to future good faith outreach efforts in all projects undertaken in South Carolina.

On eligible projects that equal or exceed five million dollars in value, potential bidders are required to make a good faith effort to enter into a joint venture or Mentor/Protégé arrangement at the prime contractor level which includes at least one (1) certified minority- and/or woman-owned firm.

- Companies involved in joint venture Mentor/Protégé arrangements must be of a different race or gender ownership.
- Each eligible bidder shall submit with each bid submission on an eligible contract:

1. A complete and signed subcontractor plan. Eligible bidders who submit bid proposals which fail to utilize minority- and/or woman-owned business enterprises at a level consistent with availability, must submit documentation detailing their “good faith outreach efforts” to utilize minority- and/or woman owned firms.
2. Written documentation demonstrating the eligible bidder’s good faith efforts to identify, contract with, or utilize businesses, including certified M/WBEs, as sub-contractors or suppliers on the eligible project.

- Acceptable good faith effort documentation:

1. The eligible bidder contacted the District Purchasing and Contract Compliance Offices, other private sector, and government entities, or M/WBEs organizations, to identify available businesses to work on the eligible bidder project, including minority-and Woman-owned firms.

2. The eligible bidder placed notices of opportunity for minority-and woman- owned firms to perform subcontracting work on the eligible project in newspapers, trade journals and other relevant publications specifically targeted to M/WBEs or communicated such notices or opportunities via the Internet or by other available media means.

3. The eligible bidder submitted invitations to bid for work on the eligible project to qualified businesses, including minority-and woman-owned firms.

4. The eligible bidder included in such notices and invitations, a full disclosure of the criteria upon which bids, proposals or quotes would be evaluated, and included contact information for inquiries, submissions, or requests to review any necessary bid documents.

5. The eligible bidder promptly responded to inquiries, provided necessary physical access and time for all interested businesses to fully review all necessary bid documents, and otherwise provided information, access, and time to allow all interested businesses to prepare bids and quotes, regardless of race, gender, or ethnicity.

6. The eligible bidder considered, hired, or otherwise utilized qualified and available businesses for an eligible project, including minority-and Woman- owned firms.

7. For each business which contacted or was contacted by the eligible bidder regarding sub-contracting or services on the eligible project, the eligible bidder shall maintain all written documents reflecting such contact, including bids, quotes, and proposals.

Subcontractor Participation

Beaufort County School District, through its contract documents, encourages contractors to utilize minority subcontractors on their projects.

A prime contractor must identify M/WBE utilization expenditures to certified M/WBE subcontractors that perform a commercially useful function in the work of the contract. An M/WBE subcontractor is considered to perform a commercially useful function when it is responsible for the execution of a distinct element of the work of a contract for which the MBE or WBE has the skill and expertise and carries out its responsibilities by performing, managing, and supervising the work involved.

Business Utilization Report

In order to facilitate an effective monitoring system, each contractor, bidder or offeror must submit a completed and signed Utilization Report with the bid submission which lists the names, addresses and contact persons of the M/WBE and majority owned businesses, if any, to be used in the contract, the type of work each business will perform, the dollar value of the work and the scope of work. The Utilization Report submitted by the contractor shall be submitted as a part of the contract with BCSD. If the information contained in the Contractor's Utilization Report changes by the time the contract is executed, the Contractor shall amend the Utilization Report and such amended Utilization Report shall be incorporated into the contract.

Business Enterprise Utilization Report

List all vendors/subcontractors to be used on this project. All MBEs or WBEs proposed for utilization on this project must be certified by the Small and Minority Business Assistance Office through the State of South Carolina according to the criteria of the Beaufort County School District's Minority Business Enterprise Plan prior to utilization on this project.

In column 2 below, please specify ethnic/racial/gender group as follows:

- AABE – African American Business Enterprise
- HBE – Hispanic Business Enterprise
- ABE – Asian-American Business Enterprise
- WBE – Woman Business Enterprise

Sub-Contractor Name	Gender Group	Address	Phone #	Other	E-Mail
NOT AVAILABLE					

We, the undersigned, have prepared and submitted all the documents required for this project. We have prepared these documents with a full understanding of the Beaufort County School District's goal to ensure equal opportunities in the proposed work to be undertaken in performance of this project. Specifically, the BCSD seeks to encourage and promote on an inclusionary basis contracting opportunities without regard to the race, gender, national origin or ethnicity of the ownership or management of any business and that it is an equal opportunity employer and contracting entity. We certify that the representations contained in the Minority/Woman Business Enterprise (M/WBE) Utilization Report, which we have submitted with this solicitation, are true and correct as of this date. We commit to undertake this contract with the Minority/Woman Business Utilization Report we have submitted, and to comply with all non-discrimination provisions of the Minority/Woman Business Enterprise Program in the performance of this contract.

Signature Charles S. Sears Digitally signed by Charles S. Sears Date: 2025.05.21 12:46:51 -04'00'

Charles S. Sears

Date: 5/20/25
Name: Charles S. Sears
Title: Sales Executive

Project: 25-029

Planned Adminstrators, Inc. / PAI

Client Name

Conversion / Transition Task List for New Third Party Administration Accounts

Workers Compensation & Liability

It is absolutely critical that all parties (incumbent TPA, Client and PAI) cooperate together to ensure a smooth transition.

Responsibility	Item #	Task Description	Coordinator	Date Assigned	Date Completed	Comments
PAI	1	Schedule Organizational Meeting with Client	PAI			
Client	2	Identify claims coordinator, carrier code, self-insured license number and Federal ID Number.	Client Name			
Client	3	Provide instructions on bank account set-up and deposit funds in account to pay claims.	Client Name			
Client	4	Provide list of preferred department codes needed for management reports.	Client Name			
Client	5	Define clearly any special reporting needs - formats and frequency required - and any explanation of any calculated fields (I.e. incurred losses to include expenses.	Client Name			
Client	6	Provide names of preferred attorneys to be used for litigation.	Client Name			
Client	7	Define authority for settlement and reserving.	Client Name			
Client	8	Provide Excess of loss (Specific) information for all policy years - carriers, contact person, contact numbers, attachment point (retention) and respective limits.	Client Name			
Client	9	applicable.	Client Name			
Accounting	10	Open Checking Account	Client Name / PAI			
Accounting	11	Secure Account Number	Client Name / PAI			
Accounting	12	Set-up appropriate GL accounts	Client Name / PAI			
Accounting	13	Secure Federal ID number (See Client #1)	Client Name / PAI			
Accounting	14	Set-up procedure for voided / stop-pay checks	Client Name / PAI			
Accounting	15	Where will checks be printed?	Client Name / PAI			
MBRU	16	Define access fees applicable	PAI			
MBRU	17	Define any special handling issues – certain providers with certain discounts?	PAI			
MBRU	18	Set-up and implement medical bill re-pricing	PAI			
PAI I/S	19	Secure File Layout and Data Map from prior TPA	PAI			
PAI I/S	20	Secure Data Field Descriptions from prior TPA	PAI			
PAI I/S	21	Secure Department Codes from Client.	PAI			
PAI I/S	22	Define any special reporting requirements, any customizations required beyond our basic reports.	PAI			
PAI I/S	23	Set-up ISO Account for Indexing; First report of Injury EDI reporting to Comp Commission, as required.	PAI			
PAI I/S	24	Define needs for client “look-in” capability, if requested.	PAI / Scot Dawkins			

Responsibility	Item #	Task Description	Coordinator	Date Assigned	Date Completed	Comments
PAI I/S	25	Determine Policy Information, naming conventions, etc.	PAI / Scot Dawkins			
PAI I/S	26	Complete table customizations; establish authority limits / levels; determine reserve worksheet routing approvals	PAI / Scot Dawkins			
PAI I/S	27	Test system, conversion system and production system	N/A			
PAI I/S	28	Code conversion programs; test; run trial balances	N/A			
PAI I/S	29	Code check / EOB layouts with Wallace; provide bank with test of MICR strip	PAI			
PAI I/S	30	Determine electronic check register needs; positive pay requirements; bank reconciliations	PAI			
PAI I/S	31	Determine monthly closeout schedules, reporting frequency.	PAI			
PAI I/S	32	Set-up OFAC Tracker filter to intercept checks being sent to potential terrorists in compliance with US Patriot Act.	PAI			
PAI I/S	33	Set-up automated letters, forms function in POINT.	PAI			
PAI I/S	34	Set-up 1099 Reporting at year-end.	PAI			
PAI I/S	35	Determine training needs (if any)	PAI			
Claims	36	Create staffing model; Identify adjusting staff.	PAI			
Claims	37	Notify Companion Claims Management of new account and related requirements:	PAI			
Claims	38	a. Call Center – contact information, telephonic claim reporting.	PAI			
Claims	39	b. Managed Care	PAI			
Claims	40	c. Recovery – subrogation adjusting needs.	PAI			
Claims	41	Notify regulators of new TPA address, effective dates. Secure open claim list, carrier code, and list of pending hearings and settlement conferences.	PAI			
Claims	42	Prepare client specific First Report, Wage Statement, Medical Authorization, and Pharmacy Authorization forms.	PAI			
Claims	43	Review open claims and complete checklist on each case.	PAI			
Claims	44	Prepare and distribute “claims kit” to client claims coordinator and others as needed.	PAI			
Claims	45	Identify Second Injury Fund files currently being reimbursed.	PAI			
Claims	46	Obtain client service instructions and prepare procedures document.	PAI			
Claims	47	a. Client preferred vendors (surveillance, rehabilitation, independent adjusters)	PAI			
Claims	48	b. Pharmacy network	PAI			
Claims	49	c. Client defense attorney list and approved rate structure	PAI			
Claims	50	d. First line physician information.	PAI			

Responsibility	Item #	Task Description	Coordinator	Date Assigned	Date Completed	Comments
Claims	51	e. Settlement authority and preferred format.	PAI			
Claims	52	f. Reserve authority and preferred format.	PAI			
Claims	53	g. Case status reporting requirements (i.e. on-going status reports).	PAI			
Claims	54	h. Service call requirements -	PAI			
Claims	55	i. Educational / Training requirements	PAI			
Claims	56	j. ISO Indexing – claim reporting and fee payment requirements.	PAI			
Claims	57	k. Requirements for attendance at hearings / settlement conferences.	PAI			
Claims	58	l. Set-up client email account for first report / form receipt	PAI			
Claims	59	m. Secure location / department codes	PAI			
Claims	60	n. Secure contact lists	PAI			
Claims	61	i. Corporate Management	PAI			
Claims	62	ii. Local / Department Management	PAI			
Claims	63	Provide prior TPA with contact for on-going issues, forwarding mail, etc.	PAI			
Claims	64	Coordinate Medicare Reporting requirements and reporting agent with appropriate regulators.	PAI			

Planned Adminstrators, Inc.

Conversion / Transition Task List for Incumbent TPA

Workers Compensation

It is absolutely critical that all parties (incumbent TPA, Client and PAI) cooperate together to assure a smooth transition.

Responsibility		*Task Description*	*Coordinator*	*Date Assigned*	*Date Completed*	*Comments*
Incumbent TPA	1	Provide tape / disc of all "open & closed" claims for all years broken down by policy year (entire database file to include medical payment history), accompanied by a hard-copy print-out of this data to facilitate reconciliation of data received.				
	2	Provide "file layouts" of tapes / discs provided in #1 above with field descriptions - to facilitate loading this information into PAI TPA computer database.				
	3	Provide a detailed loss run valued at the month-end of the last two months prior to cut-off date, preferably in an EXCEL format.				
	4	Provide claims contact from incumbent TPA.				
	5	Provide hard copy printout of all open claims.				
	6	Provide spreadsheet listing all claimants receiving weekly indemnity payments and showing current mailing address. on TT and payment history for each claimant.				
	7	Provide electronically the payment history detail for each claimant.				
	8	Provide payment to each claimant on Temporary Total (TTD) six (6) weeks in advance – by preparing six (6) separate checks for one (1) week each, depending upon when payments are to stop. This will cover the period of transition.				
	9	Provide a spreadsheet of all litigation files to include litigation dates scheduled (e.g. hearings, informal conferences, depositions, etc.)				
	10	Provide all Adjuster notes in electronic form.				
	11	If there are paper files, please box all "closed" claims files, label and provide inventory of all claims contained in each box.				
	12	Provide instructions to batch and forward mail regarding your claims to PAI weekly.				
	13	Provide Excess Insurance Carrier contact information, retention / reporting requirements for all years, and open claim lists.				
	14	Provide Medical Bill Review payment history electonically.				
	15	Provide listing of claims reported to CMS along with copy of acknowledgements.				
	16	Provide current status on ALL recovery efforts: Subrogation, Second Injury Fund & Excess of Loss (include date of last update and copies of same).				

	17	Provide names and addresses of current vendors being utilized to include medical providers, attorneys, nurse case managers, etc				
	19	Continue pharmacy benefits until contract termination date.				
	20	Is data imaged ... what system is used?				
	21	Who owns checking account?				

CLAIMS MANAGEMENT & BEST PRACTICES

In addition to the following Companion performance standards for lost time workers' compensation claims, claims staff should adhere to the special handling instructions, which address any unique standards or requirements imposed by the client.

Transmission of New Loss Report

First reports of injury are received throughout the day and are immediately delivered electronically to the claims manager upon receipt. Most TPA clients report workers' compensation claims via e-mail or fax.

Companion TPA Home Office:	Toll Free No.:	(800) 827-5794
	Toll Free Fax:	(844) 230-8259
	Email:	tpaclaims@companiontpa.com

Assignment of New Claim

Management assigns claims as soon as possible after receipt with initial instructions and allowing the adjuster adequate time to make initial contacts. In the absence of a manager, a senior adjuster may be designated to assign new claims. The first reports and assignment instructions are electronically sent to the administrative team for claim initiation.

Set-Up of New Claim

The workers' compensation assistant enters claims into RiskMaster within one hour of receipt. The following tasks are also completed:

- Create Initial Reserves
  Indemnity, Medical & Expense
- Request Contact Letter
- Create Standard Diaries:

Complete Investigation	6 days to Adjuster
Initial Reserve	9 days to Adjuster
Initial Manager Review	28 days to Manager
120 Day Status Review	120 days to Adjuster
Form 18 Review:	175 days to Adjuster

- Submit Index to ISO
- Electronically route new claim to the adjuster

Contact Necessary Parties

The adjuster contacts the injured employee, employer and treating physician or medical facility within one business day of receipt of the claim in the office. Contacts are due before the end of the business day following receipt of the claim. The adjuster documents no less than two attempts to make contact with each party to satisfy the contact requirement.

Some TPA clients contact their assigned adjusters before submitting the claim. In these cases, the adjuster may document the original conversation in the file notes to meet the contact requirement.

A TPA client may have members who elect to cover inmates injured while on work release. It is usually impossible to make phone contact with these claimants, and the adjuster documents the activity notes accordingly.

Some physician groups send medical reports to our office as patients are seen, often before the employer submits the first report. In these cases, the adjuster documents receipt of the medical information in the file notes to meet the contact requirement.

Coverage and Class Code Verification

With self-insured employers, there is no policy with which to confirm coverage.

A client may have unique requirements regarding coverage of individual members. In these instances, the workers' compensation assistants will verify coverage of inmates and volunteers on submitted claims.

Completion of Investigation

The adjuster documents all investigative efforts in the activity notes. All relevant fields in the claims system should be completed and maintained throughout the life of the claim. Once the investigation is complete, the adjuster documents a thorough compensability statement in the activity notes. This statement contains a brief description of the claimant, the accident and an explanation of why the case is or is not compensable.

In cases where the investigation cannot be completed within seven days, the adjuster documents the reason it cannot be completed and the documents a plan and timeframe for completion in the activity notes.

Verification of Dependency

An initial dependency investigation is completed on all workers' compensation fatalities as soon as compensability is established. On cases involving on-going survivor benefit payments, the adjuster verifies that the dependents' status has not changed every six months.

Issue First Disability Payment

The first payment of temporary total or partial disability is made within the 14th day of disability or earlier if required by statute. In cases involving a late report by the employer, the adjuster aggressively pursues completion of the investigation to expedite payment of benefits.

Many TPA clients pay an injured worker's salary or annual leave in lieu of workers' compensation benefits. At some point, however, the adjuster issues a check reimbursing the employer for the temporary total or partial disability. In these cases, the adjuster documents that the 'first payment' is not due in the activity notes and completes the 'salary in lieu of compensation' field.

Post Initial Reserves

The initial reserve will reflect the claim's ultimate probable cost based on the known facts of the case. The adjuster completes the reserve worksheet and includes specific information about the claim to justify the reserve.

Indemnity:	-	Time period covered under the reserve for TTD
	-	Target return to work date
	-	Availability of modified or light duty
	-	Estimate of physician's impairment rating and Consideration of ultimate PPD award
Medical:	-	Current diagnosis and treatment plan
	-	Significant health problems or other issues which may affect the claimant's recovery
Expense:	-	Documents anticipated expenses
Free Form:	-	Claimant profile
	-	Accident description
	-	Jurisdiction state
	-	Current status of claim

Reserves in excess of the adjuster's authority are pended to the manager who either approves the reserve or takes some other action within two business days. Reserves over the manager's authority are pended to the Director.

Establish Target Date for Return to Work

The adjuster documents the claimant's anticipated return to work date. Options for modified duty are explored and documented as well.

Evaluate Need for Medical Management

The adjuster may utilize the services of a nurse case manager initially, or any time during the life of the claim. TPA adjusters utilize external vendors strictly following the client's special handling instructions. The adjuster documents the need for a nurse or lack thereof in the activity notes.

Specific instances where medical case management may be indicated include the following. Please note this list is not all inclusive:

- Any catastrophic injury.
- Spinal cord injury.
- Third degree burns in excess of 30% of the body.
- Amputations.
- Crushing type injury.
- Eye injury involving loss or potential loss of sight.
- Serious head injury or loss of consciousness.
- Disease complication that may hinder recovery (i.e. congenital problems, diabetes, cardiac disease).
- Claimant with multiple medical problems unrelated to the accident.
- Back injury involving anticipated disability of more than four to six months.

In addition to full case management, a nurse case manager may be used for a specific task or short-term assignment. These assignments vary depending on the issue at hand. Adjusters often use a nurse to assist in determining if an unusual condition or complication is related to the original injury. A nurse may also be used for a one-time visit with the injury worker and/or physician.

Evaluate Recovery Potential

The adjuster identifies and documents any and all potential sources of recovery. Potential recovery is documented on all cases, whether or not the potential exists. Documentation includes the following:

- The potential source(s).
- The necessary recovery investigation to be completed.

Notify Recovery Unit

The adjuster refers cases to the recovery staff as indicated below:

- Subrogation – The adjuster completes the Subrogation Referral Form and routes to the subrogation mailbox.
- Reinsurance - The claims adjuster sends an e-mail to the reinsurance adjuster notifying of reinsurance potential.

The claims adjuster is familiar with the client's reinsurance reporting requirements and retentions. The following are standard criteria for reporting claims to the reinsurance or excess carrier. Please note this list is not all inclusive:

- Fatalities
- Catastrophic claims (spinal cord injuries, brain/head injuries, amputations).
- Permanent and total disability injuries by statute
- Serious burn injuries
- Incidents involving two or more employees
- Loss of sight of both eyes.
- Exposure of 50% or greater of retention.
- Fatalities.
- Serious burns (any injury involving 3rd degree burns of 40% of the body or more).
- Any head injury (including skull fractures, brain injury or loss of sight of both eyes).
- Any spinal chord injury (notably paraplegic or quadriplegic).
- Amputation of a major member.
- Multiple claimants in same accident.
- Potential permanent and total claim.
- Reserves set at 50% of retention for that loss period.
- 52 Weeks of TTD paid

Evidence of Supervision

The manager reviews all lost time claims at or within 28 business days and provides direction and/or requests clarification as appropriate. Subsequent reviews are on-going throughout the life of the claim, as needed.

The adjuster responds to a management inquiry within two business days of the inquiry or by an alternate due date set by management.

Identify Change in Status

The adjuster immediately identifies and documents any claim status change which increases or decreases the ultimate exposure. Documentation includes the new information, the source of the information, and the necessary investigation to be completed.

Act on Change in Status

After investigating the claim status change, the adjuster re-evaluates the claim's ultimate exposure and adjusts the reserves. Reserve worksheets are completed as outlined in the initial reserve section above.

Manage Claim

The adjuster maintains on-going contact with the employer, provider and injured employees, as needed, based on the severity of the claim. All claims should be on a diary to facilitate proper and proactive claims management.

Close Reserves

The adjuster closes the claim / reserves upon knowledge of the last payment made.

Performance Standards
(Workers' Compensation)

	Activity	*Staff Responsible*	*Timing*
1.	Transmit new loss report	Call Center WC Coordinators	Immediate
2.	Assignment of new claim	Manager	Immediate
3.	Set up of new claim	WC Coordinators	Immediate
4.	Contact necessary parties a. Insured b. Claimant c. Doctor	Adjuster	1 business day from receipt of claim
5.	Coverage and class code verification	Adjuster	7 business days from receipt of claim
6.	Completion of investigation	Adjuster	7 business days from receipt of claim
7.	Verification of dependency	Adjuster	Every six months
8.	First disability payment	Adjuster	14 calendar days from disability date or earlier if statute so provides
9.	Initial reserves posted	Adjuster Manager	10 business days from receipt of claim Action within 2 business days of pend date
10.	Set target date for return to work	Adjuster	14 business days from receipt of claim
11.	Evaluate need for medical management	Adjuster	14 business days from receipt of claim
12.	Evaluate recovery potential	Adjuster	14 business days from receipt of claim
13.	Notify recovery unit and/or reinsure unit	Adjuster	14 business days from receipt of claim Immediately if the claim meets any of the reinsurers reporting criteria
14.	Evidence of supervision	Manager	28 business days from receipt of claim and on-going throughout the life of the claim
15.	Identify change in status	Adjuster	Immediate
16.	Act on change in status	Adjuster Manager	Immediate, up to 14 days from change Action within 2 business days of pend date
17.	Manage claim	Adjuster	Every 30 – 90 days depending on claim type and status.
18.	Close reserves / Claim	Adjuster	At time of last anticipated payment.

Performance Standards
(Property & Liability)

	Activity	*Staff Responsible*	*Timing*
1.	Transmit new loss report	Call Center Claims Technician	Immediate
2.	Assignment of new claim	Manager	Immediate
3.	Set up of new claim	Claims Technician	Immediate
4.	Contact necessary parties ▪ Insured ▪ Claimant	Adjuster	1 business day from receipt of claim
5.	Completion of investigation	Adjuster	14 business days from receipt of claim
6.	Move salvage vehicles	Adjuster	Move vehicles to a storage free facility within 1 business day of notice
7.	Initial reserves posted	Adjusters Manager	28 business days from receipt of claim Action within 2 business days of adjuster authority request
8.	Evaluate recovery potential	Adjuster	14 business days from receipt of claim
9.	Notify recovery unit and/or reinsurance unit	Adjuster	14 business days from receipt of claim
10.	Evidence of supervision	Manager	Within 45 days of receipt
11.	Identify change in status	Adjuster	Immediate
12.	Act on change in status	Adjuster Manager	Immediate, up to 14 days from change Action within 2 business days of adjuster authority request
13.	Manage claim	Adjuster	Every 30 – 90 days depending on claim type and status.
14.	Close reserves / claim	Adjuster	At time of last anticipated payment.

Be Consistent. Be Proactive. Be the Best!

PLANNED ADMINISTRATORS, INC.

RESERVING PHILOSOPHY

POLICIES AND PROCEDURES

Philosophy:

Companion's philosophy for establishing adequate reserves is that all of our claims are to be valued timely and accurately. These two guiding principles of timeliness and accuracy form the foundation upon which our reserving policies and procedures are based.

Policy: Initial loss reserves set to exposure

All claims should be reserved to exposure (defined as the anticipated ultimate cost of the claim) within the stated timeframes: 10 days for workers' compensation claims.

Procedure for accepted workers' compensation claims:

After conducting a thorough investigation of facts and formulating an opinion as to the future direction and likely outcome of the claim, setting reserves for workers' compensation claims requires a compensability assessment: is the claim to be accepted or denied.

For accepted claims, reserves are set to the estimated ultimate cost of the claim. The estimated ultimate cost is the adjuster's calculation of all known and anticipated costs of the claim. Please see the key factors listed below that should serve as a starting point for consideration of issues relative to establishing the estimated ultimate cost of a claim.

KEY FACTORS IN WORKERS' COMPENSATION

Reserves are evaluated and set with consideration given to the following issues:

- Nature and extent of injury
- Average weekly wage and compensation rate
- Injured worker's age, marital status and dependents
- Injured worker's occupation, education and skills
- Injured worker's past employment and medical history
- Anticipated medical costs
- Availability of light or modified duty (transitional work)
- Attorney involvement
- Jurisdiction
- Venue
- Odds of winning contested cases
- Medicare set-asides and social security and/or long-term disability eligibility

Remember that this is not an exhaustive list of all the factors to be considered in any given case, but these are some of the most common issues and should serve as a starting point only.

Policy: Reserves updated to reflect change in status

Any material change in the status of a claim requires the reserves to be re-evaluated within the stated timeframe: 14 days from notice to Companion of change in status.

EXAMPLES OF MATERIAL CHANGES IN STATUS

1. Changes in employment status
    a. Termination
    b. Lack of transitional work opportunities

2. Changes in medical status
    a. Subsequent surgery(ies)
    b. Change in treatment plans
    c. Medical complications
    d. Unforeseen extended treatment

3. Change in legal status
    a. Attorney representation
    b. Newly discovered evidence
    c. Change in current jurisdictional/political climate

4. Change to/from denied and accepted status

Procedure for change in status:

As facts change, or new information is obtained, each component of the claim should then be re-evaluated and the reserve is to be adjusted accordingly.

Policy: Denied claims evaluated in same manner and timeframes as accepted claims

Denied claims are to be analyzed for potential reserve requirements in the same manner and within the same timeframes as accepted claims.

Policy: Expense reserves set to ultimate cost

Expenses are the costs other than loss reserves that Companion incurs while managing a claim. Expense reserves should be based on our estimation of the ultimate cost we expect to incur, given the current status of the claim and our projection regarding case direction. The expense reserve should consider, but not be limited to, such expenses as:

- Attorney's fees and expenses
- Independent adjusters
- Appraisers
- Experts
- Surveillance
- PPO fees (NCCI contracts only)

Expense reserves must reflect the expected ultimate cost of a claim and should not be adjusted by liability percentages or chances of success/failure. However, as situations change throughout the life of a claim (such as initiation of litigation), expense reserves should be adjusted timely and adequately to address the new demands we face.

Policy: Loss reserves not reduced for anticipated recoveries or reinsurance retentions

Claims are reserved based on the ultimate probable payout of the claim regardless of anticipated recoveries. The adjuster reserves the case based on the exposure without deducting for recovery potential, even when there is strong subrogation or second injury fund potential.

On cases that are accepted for reimbursement by Second Injury Funds, the recovery unit establishes an anticipated recovery reserve. Likewise, on cases where subrogation funds are recovered from third parties, the subrogation unit enters the amount received separately from the reserve calculation. These anticipated recoveries have no bearing on the adjuster's value of the case.

It is also important to note that the adjuster should not reduce the reserves based on our reinsurance retention level when establishing the ultimate probable cost of the claim.

LITIGATION MANAGEMENT PLAN

I. PURPOSE

Planned Administrators, Inc. (hereinafter called "PAI") are committed to the prompt, efficient, and fair resolution of their workers' compensation claims and other litigation. They submit that the purpose of litigation is to resolve disputes as expeditiously as possible. The law firm retained by PAI (hereinafter referred to as "Attorney") is expected to fully and faithfully perform in the best interests of PAI and those on whose behalf PAI is acting and to review every legal activity with the view towards immediate resolution. PAI views Attorney as a partner in litigation management and expects Attorney to comply with this plan as part of his/her ethical obligations

II. REPORTING

A. Receipt of a new file

Attorney is expected to acknowledge receipt of a new assignment in writing as soon as reasonably possible. That acknowledgment should include a brief summary of the known facts and an itemization of the things to be done to complete the investigation and/or evaluation with designation as to who is to do those items. As soon as adequate information is available, Attorney should offer an opinion as to appropriate disposition of the litigation, evaluation of the exposure, and an estimation of the projected cost of defense.

B. Status Reports

Attorney is expected to briefly summarize pertinent developments on a file as they occur to include a summary of discovery responses, depositions, hearings, and other similar items of major importance.

III. ACTIVITY REQUIREMENTS

A. Answer and Discovery

The Answer is expected to be timely filed and, if appropriate, accompanied by preliminary Interrogatories and Requests for Production of Documents. Any other discovery is expected to be approved by PAI.

B. File Documentation

A copy of Attorney's work product is expected to be sent to PAI's claims personnel; however, non-substantive matters not affecting the conduct of the litigation or evaluation of the case need not be sent.

C. Investigations and Negotiations

Investigation is to be conducted by claims personnel with guidance from Attorney where appropriate. Attorney is not to conduct investigation or handle settlement negotiations unless specifically requested by PAI's claims personnel.

D. Expert Witnesses

Expert witnesses shall not be hired by Attorney without specific prior approval of PAI's claims personnel.

E. Motion Practice and Depositions

Attorney is expected to minimize the use of motions and depositions. Attorney will not be paid for engaging in paper wars with opposing counsel, and any depositions to be taken must be authorized by PAI's claims personnel.

F. Inter-Office Conferences and Duplication of Effort

The PAI will not pay for duplicate effort. A matter will be assigned to a specific attorney within the firm, and responsibility for the quality of the work product and the avoidance of duplication of billing remains with that assigned attorney. The PAI will not pay for the attendance by more than one representative of a law firm at any meeting, court appearance, conference, or other similar item without prior approval. The assigned attorney is expected to direct activities to be performed by appropriate personnel so that the work activities are performed by the least expensive staff member capable of handling the required activity. The PAI will not pay for interoffice communications within Attorney's offices.

G. Research

PAI will not pay for extensive research of relatively routine matters which should otherwise be within the knowledge of experienced practitioners.

H. Request for Settlement Authority

Settlement authority requests must be made on a timely basis. Attorney is expected to consider settlement and review settlement possibilities prior to arriving at the trial.

IV. BILLING REQUIREMENTS

A. Billing Format and Cycle

1. Each claim will be billed separately by Attorney. Each bill is expected to include the style of the case; PAI's file number, and a summary at the end of each bill setting forth the total amount of fees and expenses on the matter to date.

2. Attorney's bill may be submitted to the PAI on 30 or 90 day intervals from the time the file is opened.

3. Expense items incurred in conjunction with the litigation are to be forwarded to the PAI's claims personnel for payment.

4. All billing will be made on a tenth of an hour system.

5. Each item performed by Attorney will be itemized on the bill showing the date performed, nature of the task, identity of the individual performing the task, and time spent on the task. The time for each task must be shown with the amount of the charge.

B. Miscellaneous Billing Provisions

1. Attorney will not bill for secretarial or administrative time.

2. Attorney will not bill for word processing

3. Attorney will not bill a standard file opening or closing charge nor any task that is clerical in nature.

4. Attorney will not bill for an associate's apprenticeship time which does not contribute to the defense or disposition of the file. Examples include attending scheduled items which are actually handled by the more experienced attorney, or more than one redraft of a pleading or letter.

5. Attorney may bill for file organization by a paralegal or attorney if the time spent is reasonable and the work is necessary.

6. Where a task benefits more than one case, the time spent shall be prorated or apportioned between the files on which the time is spent.

7. Time spent in travel shall be billed at one-half the actual time spent (or at one-half the usual hourly rate).

8. The attorney taking a deposition is expected to prepare the summary rather than a paralegal or another lawyer being utilized to summarize the deposition after the transcript is received. (Line by line summaries will not be reimbursed unless approved by PAI's claim personnel in advance).

9. Attorney will not bill for clerical tasks, which includes dairying activities, opening and closing files, searching for files, filing materials in files, and similar activities.

C. Expenses and Costs

1. Attorney agrees not to bill for the following expense items at more than the specified rates:

   a. Photocopying - No more than 15¢ per page or the actual charge of a copy service. Large copying jobs are to be sent to a capable but economic outside copy service.

   b. Telecopier Machines - No more than 25¢ per page for items sent; no reimbursement for items received.

c. Computerized Legal Research - Only actual on-line time is to be billed. In addition, any such computerized legal research must be pre-approved by PAI's claim personnel in order to be reimbursable.

d. Messenger and Delivery - If the use of an outside messenger service is occasioned by Attorney, do not bill PAI for that charge. For other outside messenger requirements, only bill the actual cost. If the outside messenger service is for the convenience of opposing counsel or the claimant/plaintiff, he or she should pay for same and not PAI.

e. Travel - Travel in a personal automobile to handle an assigned matter shall be billed at the current IRS rate in effect per mile for actual miles traveled. Discretion is required in any overnight travel and only reasonable hotel rates shall be reimbursed. If air travel is required, prior approval must be obtained and PAI will only pay the rates for coach air fare and compact rental cars. There will be no reimbursement for entertaining, dry cleaning, or other non-essential expenditures. Meals are reimbursed only if eaten out of town outside normal business hours.

f. Telephone - Long distance telephone charges shall be reimbursed at actual cost to Attorney. Cellular telephone expenses are not reimbursable by PAI.

1. Rates must be approved in writing, and the PAI will not pay any item at unapproved rates. Any rate increase must be pre-approved by PAI in writing and, when approved, shall only apply to cases assigned to Attorney after the effective date of the change.

2. PAI will not pay for overhead items such as costs of seminars, books and association dues.

4. Attorney shall provide PAI with receipts for all expense items for which reimbursement is sought.

5. No other expenses not addressed herein shall be reimbursed by PAI.

V. AUDIT

PAI may request an audit of all the files handled by Attorney on behalf of PAI to evaluate the quality of the work and compliance with the items contained in this Litigation Management Plan. PAI reserves the right to seek reimbursement of inappropriately billed time or expense items.

ACKNOWLEDGMENT AND AGREEMENT

The Attorney identified below acknowledges that it has received the Agreed Litigation Management Plan for the Companion Third Party Administrators and that it has been read by the lawyers and paralegals in the firm who will handle litigation on behalf of PAI. The undersigned Attorney and his/her law firm agree to comply with the terms of this Agreed Litigation Management Plan as part of Attorney's ethical obligations.

_____
NAME OF FIRM

BY: _____

DATE: _____

EXCESS CARRIER APPROVAL LIST

AEGIS
Arch Insurance Company
Brit Global Specialty
Employers Reinsurance Corporation
Midlands Management Corporation
Midwest Employers Casualty Company
Safety National Casualty Corporation
Star Insurance Company
Travelers Insurance Company





System and Organization Controls Report (SOC 1 Type II)

PAI's Property & Casualty Administrative Services System

January 1, 2024 through December 31, 2024

PROPRIETARY AND CONFIDENTIAL

Information furnished herein by Planned Administrators, Inc. (PAI) is Confidential and Proprietary. This document is distributed to our P&C Administration customers and their independent auditors for their exclusive use and shall not be distributed, duplicated, published, or disclosed in whole or in part by any party without the prior written consent of PAI.

MEDICAL COST CONTAINMENT CAPABILITIES

A. State Fee Schedule:

PAI adjudicates medical bills to the South Carolina State Fee Schedule and we charge a flat fee for this reduction per bill.

B. Blue Cross Blue Shield of SC PPO Network – Medical Bill Review:

PAI provides exclusive access to the BlueCross BlueShield of SC PPO Network for your medical bill review and re-pricing. This network provides unparalleled savings that no other TPA can offer in South Carolina. This network has contracts with over 95% of the doctors and hospitals in South Carolina and can provide significant savings that are much deeper that the fee schedule. Over the last four years, PAI has provided our clients additional medical savings of 20% BELOW the SC State Fee Schedule. PAI achieves the highest bill review savings in South Carolina.

PAI also owns Companion Workplace Health PPO Network and has access to other outside networks in other states.

Our goal is to provide you the best discount available for medical services rendered to your injured workers. If you have a preferred doctor or hospital that may not be in our network, we would be happy to invite them to join our network.

C. Physical Therapy Discounts:

PAI has integrated with Bardavon Health Innovations, a national leader in managing outcome-driven PT/OT treatments for workers' compensation. In this integrated model, Bardavon manages the PT/OT services and PAI handles all other aspects of the claim.

D. Diagnostic Discounts:

We have access to multiple networks that offer discounted radiological diagnostic services for MRI's and CAT Scans. We believe these networks offer the best-discounted value in the state!

E. Negotiated Discounts:

In some cases where treatment is out-of-network, or where a severe injury has occurred, we can negotiate directly with the hospital for a discount. This is a case-by-case situation. For example, one of our clients had a burn victim (a fireman) that we referred to the Augusta (GA) Burn Center and we were able to negotiate a better charge for services rendered to that claimant. These discounts vary case by case.

F. Directed Medical Care:

We can assist in developing a directed care network of doctors, if you like. From our experience, we know the occupationally focused medical specialists with whom appropriate care for injured workers is assured. Again, this is another avenue to enhance savings while seeking the best provider for the medical care needed.

G. Nurse Case Management:

PAI can provide Nurse Case management as needed and only with PRIOR approval of engagement. Nurse Case Management costs are a pass-through cost from the employers choice of vendors.

H. Pharmacy Benefits Management:

We have our own formulary in place for prescriptions that saves up to 41% below fee schedule.

IS & MANAGEMENT REPORT CAPABILITY

PAI uses DXC, formerly CSC, developed Assure Claims software to manage our clients' claims. Assure Claims is a powerful and flexible tool that maximizes your risk management operations. The software supports high-volume data entry and processing in multi-user environments and provides a dynamic information interchange in network systems.

Assure Claims is a single integrated & customizable solution that automates our risk management and claims processes and supports a more comprehensive approach to risk, litigation, safety and claims. It allows us to automate the claims process from first notice of loss to claim closure.

Our data analytics provide scalable risk analysis and flexible reporting capabilities that can support our client's individual requirements. Our data analytics improve management insight in order to assist in proactively managing claims. We have the capability to provide "ad hoc" reports from our Business Intelligence Tool to allow you to create reports quickly based on your own criteria for data analysis. The integrated query and reporting tool has drag-and-drop capability to easily create and format reports. The system can create reports with only a few key strokes and is easily downloaded into Excel or PowerPoint for vibrant displays for presentations to your management.

We can also provide "read only" capability to our in-house claims management system, which allows access to adjuster notes and financials. Via internet access we can provide secure access to these capabilities. Our clients have access to their data on a 24/7 basis and all data is updated in real time so there is no waiting for a specialized report.

Our workflow and imaging solution allow us to store claim files electronically. We are able to reproduce files in hard copy as needed but store documents electronically.

Through our IS system we can provide a variety of management reports to you electronically or in "hard copy".

Below is a listing of sample "canned reports", however this list is not all inclusive:

- Detailed Loss Run - Contains historical claims data by policy year on all open and closed claims.
- Large Loss Claims Report – Summary of claims greater than $50,000, however this can be set at different amounts.
- Open Claims Report – Summary of all open claims for current period.
- Subrogation Report - Listing of claims being pursued for subrogation recovery.
- Second Injury Report – Listing of claims being pursued for SIF recovery.
- Specific Excess of Loss Report – Listing of claims being pursued for Reinsurance recovery.
- Claims Aging Report – Report of open claims and length of time open.

Most of the above can be sent via e-mail and in EXCEL worksheet format for you to sort as needed.