PMA COMPANIES



Workers' Compensation

TPA & Risk Services – Technical Proposal

May 2025

Presented to

BEAUFORT COUNTY SCHOOL DISTRICT

Presented by

James Terrell, III
Account Specialist - Southeast
PMA Management Corp.
[redacted]
PMA Companies | Old Republic Insurance Group
6000 Fairview Rd. – Ste. 535, Charlotte, NC 28210
www.pmacompanies.com

OLD REPUBLIC INSURANCE GROUP

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Beaufort County School District

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

Request for Proposal (RFP)

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

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

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

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

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

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

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

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

PMA Management Corp. Corporation

Michael MacAulay

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

Michael MacAulay President

PRINTED NAME TITLE

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

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):
380 Sentry Parkway, Blue Bell, PA 19422	6000 Fairview Rd. – Ste. 535, Charlotte, NC 28210
PHONE NUMBER: [redacted]	
EMAIL ADDRESS:	

PAYMENT ADDRESS (Address to which payments will be sent):	ORDER ADDRESS (Address to which all purchase orders will be sent):
380 Sentry Parkway, Blue Bell, PA 19422	380 Sentry Parkway, Blue Bell, PA 19422
☐ Payment Address Same as Home Office Address	☐ Payment Address Same as Home Office Address
☐ Payment Address Same as Home Notice Address	☐ Payment Address Same as Notice Address
(Check one only)	(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 No. 1 - 4/28/25 Addendum No. 2 - 5/6/25	

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

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May 21, 2025

Beaufort County School District
Procurement Office
2900 Mink Point Blvd.
Beaufort, SC 29902

Dear Sir/Madam:

On behalf of PMA Management Corp. (PMAMC), thank you for the opportunity to submit a proposal to provide the Beaufort County School District with Workers' Compensation Third-Party Administrative (TPA) & Risk Services.

We understand that your business and risk management priorities include creating a safer, healthier workplace and reducing your total cost of risk. Our approach to risk management aligns our priorities with yours, helping us to maximize the results we can achieve together.

This proposal outlines why PMA Management Corp., a PMA Companies third-party administrator, is the best choice to be your partner in managing risk. Key highlights of our workers' compensation TPA & Risk Services proposal include:

- Unique **holistic approach**—which provides pre-loss, loss-reduction, and post-loss strategies to reduce your total cost of risk
- An **innovative company with a stable leadership team**, and **service-driven culture**—all focused on protecting workers while preventing claims and reducing their costs
- **Industry expertise** earned through **decades of experience and research collaboration** with various national self-insurance and public risk organizations
- A professional **service team** leveraging PMA's 100 years of specialized workers' compensation expertise and infrastructure
- **Low target caseloads and new assignments** for claims professionals to facilitate greater focus on each claim
- A continuously evolving and fully integrated **managed care program** driven by a **strategically sequenced approach** that uses six levels of **nurse intervention** and **predictive data analytics** to assess lost-time claims and cost effectively get injured workers the **right care at the right time**
- **24/7 Customer Service Center** that supports you, your injured workers, and their medical providers, enabling our claims professionals to focus on cost-effective claims resolutions.

PMAMC has created a 100-year success story one relationship at a time. We are passionate about doing what we say and delivering exceptional value to our clients. We look forward to the opportunity to partner with the Beaufort County School District in managing your risk, improving your program results, and exceeding your service expectations.

Sincerely,

James Terrell
Account Specialist

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Section 4.0.1.4. PMAMC's Approach to Scope of Services

PMAMC's holistic approach integrates three key risk strategies that can help the **Beaufort County School District** reduce the frequency and severity of claims by focusing on risk control, claims, managed care (PMAcare+), risk management information services, data analytics, benchmarking, and value-added business solutions.



Pre-Loss

We will partner with you to understand your loss drivers and implement effective risk control measures. Our pre-loss strategies typically include the following:

- **Risk Management Assessment** – An assessment of your operations and risk management program to identify your historical loss exposures and opportunities to lower frequency and severity of claims.
- **Collaborative Goal Setting** – Creation of goals and performance metrics to guide our improvement efforts.
- **Planning** – Development of a plan with mileposts that will guide the improvement process and enhance results for a greater ROI.

PMA offers a full range of in-person and online risk control services and resources, including access to PMA Websource®, our interactive online safety and risk management portal.

Loss-Reduction

Our claims service is designed to aid in reducing your overall exposures and controlling your costs. ***Early intervention on each claim*** will help us manage claims to cost-effective resolutions and mitigate your exposure on all claims. Each step of our comprehensive claims management process is structured to achieve favorable results.

PMAcare+, our managed care program, which is ***fully integrated with our claims service*** and claims management system, focuses on:

- Predicting high-risk/high-cost claims for timely intervention
- Obtaining timely, quality care for injured workers
- Managing medical costs
- Reducing total claims costs

PMAcare+ includes Nurse Triage (available 24/7 Nurse Triage via PMAcare24), Medical Bill Review, Workers' Compensation PPO & Specialty Networks, Nurse/Medical Code Examiners, Pharmacy Benefits Management, Point of Sale Pharmacy Intervention Program, Nurse Case Management, and a Utilization Review Program with Medical Peer Review.

Post-Loss

PMAMC will ***analyze your loss history, benchmark your performance against your peer group (where possible) and industry results***, and report back to you through our Annual Performance Consultation reporting process. More important, we explain ways to improve your program and implement best practices. Our goal is to help you develop best practices that enhance your program and facilitate timely claims intervention.

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Section 4.0.1.5. Firm Information

[redacted]

Section 4.0.1.6 - Financial Strength

PMA Companies has a century of successful business experience. PMA is part of the Old Republic General Insurance Group, the largest business segment within Old Republic International Corporation (NYSE: ORI), one of the nation's 50 largest shareholder-owned insurance organizations and a Fortune 500 company.

Old Republic's mission is to provide quality insurance security and related services to businesses, individuals, and public institutions, and be a dependable long-term steward of the trust that policyholders and shareholders place in us.

Old Republic traces its beginnings to 1923, although several acquired subsidiaries began operations much earlier. It is primarily a commercial lines underwriter, serving the insurance needs of a large number of organizations, including many of America's leading industrial and financial services institutions. Its subsidiaries actively market, underwrite, and provide risk management services for a wide variety of coverages, mostly in the general and title insurance fields.

The company's performance reflects an entrepreneurial spirit, a necessary long-term orientation in the management of its business, and a corporate structure that promotes accountability and encourages the taking of prudent business risks. For complete Old Republic financials and its latest annual review, please visit the Investor Relations section of Old Republic's website.

Financial Ratings

- **AM Best A+ (Superior) XV** and **S&P Global A+**
  - Pennsylvania Manufacturers' Association Insurance Company
  - Manufacturers Alliance Insurance Company
  - Pennsylvania Manufacturers Indemnity Company
- **Moody's A2**
  - PMA Companies

Please see a copy of ORI's Annual Financial Statement in the Attachment Section.

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Section 4.0.1.7 - Account Servicing

References

PMAMC people, programs and processes are designed for delivering positive client experiences to employers and their constituents. Select current clients are shown below. PMAMC invites you to contact these customers to learn more about their experiences with our company and our unique holistic approach to reducing their total cost of risk. To protect the privacy of our clients, please reach out to James Terrell at least *two days* before contacting these customers.

Current Clients	Contact	Telephone Number
[redacted]		

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Competitive Position and Future Commitment

Here are several key differentiators of PMAMC that you should consider.

- Claims and Risk Management since 1915
- Return on Investment (ROI) service model resulting in lower cost of risk for clients
- Motivated, experienced and professional employees
- Powerful Claim Management Information System for improved data capture and reporting
- State-of-the-art PMA CINCH® Risk Management Information System, with Executive Dashboard and Data Analytics capabilities
- SSAE 18 (SOC2) Type II Certified – formerly SAS 70 – Level II Certification
- Senior Management Team with an average of 20+ years with PMAMC
- 17% annual average business growth for the past decade
- 95% annual average client retention for the past 8 years
- Proven Quality Assurance Program
- Top – 10 provider of TPA services in US
- National RIMS and PRIMA award-winning clients
- Carrier partners include Discover Re, Starr, XL, Arch, Safety National, Zurich, etc.
- Special Investigative Unit
- Comprehensive Claim Handling Standards
- Litigation Management Program – inclusive of PMAMC Defense Counsel Guidelines
- Rigorous Quality Assurance program to ensure file quality
- Subrogation and Risk Transfer Experts
- Extensive Public Entity WC claims experience and expertise, with over 150 Public Entity clients
- Focus on reducing the total cost of risk for our clients
- A holistic approach to help reduce total cost of risk, involving pre-loss, loss and post-loss services
- In-house Risk Control Professionals
- Proven integrated Workers' Compensation/Managed Care claims model
- 96% Client Satisfaction from recent Client Surveys

Please see PMAMC Brochures and Success Stories in the Attachment Section.

Security and Disaster Recovery

PMAMC has comprehensive security to protect our client's information. PMAMC has implemented unique user id, complex password, multi-factor authentication and least privilege for access to client information. PMAMC encrypts client information in transit for email, web and file transfers as well as encrypting client's data at rest using full disk encryption. PMAMC has implemented a central security event and incident management system, next generation firewalls and end point detection and response system that are all monitored 24x7 by managed service partners. Each year PMAMC verifies our information security program through an independent audit against the AICPA's full Trust Services Criteria and receives the SOC 2 type 2 certification.

PMAMC has a formal disaster recovery plan that is tested annually. For security reasons we do not make the details of our Disaster Recovery Plan available externally to the company but are willing to meet with a customer and review the plan with them.

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At the heart of PMAMC's Disaster Recovery Plan is the real-time hot site backups we maintain for our systems. A duplicate system environment is kept at a third-party hosting location for our corporate data center which has our core transactional systems. Data is streamed in real time from the primary systems in our corporate data center to this third-party location. We also have a mainframe that is hosted by a different third party. The vendor hosting our mainframe also provides real time data transfer to a hot site backup of the mainframe environment. As mentioned, we test the switchover to the backup environments annually.

Backup configurations are also maintained for our telecom/network environment. We completed the conversion of all desktops to a virtual desktop (VDI) setup in Q1, 2020 which will provide flexibility for moving staff in the event a given office location is no longer able to be used for a period.

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PMAMC's Implementation Plan

Upon award of the **Beaufort County School District** contract, PMAMC will schedule a comprehensive service orientation meeting to discuss the specific claim and servicing guidelines that will work the best for you. We will work with you to ensure that specific personnel and/or departments will be informed of the key facets of the transition. PMAMC will also be engaging our entire service team to begin the implementation of claim file transfer, data conversion, funding mechanisms, PMA CINCH® installation, and other initiatives. Over the years, we have developed detailed customs plans for the smooth transition of new accounts that will eliminate any interruptions in the claims process.



7 Day Transition Plan	15-30 Day Transition Plan
• Perform claims orientation meeting with the Client and PMAMC Service Team • Establish Special Handling Instructions • Collect copies of open run-off claim files from the Incumbent TPA to begin the imaging process • Begin Data Conversion Process • Set-up access to PMA CINCH® (RMIS)	• Convert available images into PMAMC system • Notify medical providers and vendors of changes in TPA • Connect with key vendor partners for PMAMC Orientation • Set-up and training on PMA CINCH® • Claims evaluation of takeover files • Reserving, payment, diary set-up • Completion of data conversion • Customized reporting development

	Pre-Transition	At Transition	Post Transition
Implementation Planning Meeting	✓	✓	✓
Outreach to Parties Involved in Claims	✓	✓	✓
Process Integration, Special Handling Instructions, Program Customization	✓	✓	
Customize Banking, Feeds, Reporting Requirements	✓	✓	
Conversion and Data Load		✓	✓
Reserving, Payments, File Summaries		✓	✓

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Section 4.0.1.8. Attachments to Solicitation

Exceptions

PMAMC complies with **7.1.5 Contractors Liability Insurance** with the following exceptions:

c) Additional Insured – The District will be included as an additional insured where required by written contract prior to loss on our general liability policy. The specified language will not be included in our endorsement. Additional insured status extends to ongoing operations and not completed operations. CG 2026 Additional Insured Designated Person or Organization will be attached to our general liability policy, CG 2010 and CG 2037 will not. A copy of the additional insured endorsement is attached for the District to review.

d) Primary and Noncontributory - Our policies apply on a primary basis. A non-contributory condition will apply to the District as an additional insured on our general liability policy.

e) Copies of policies- We will not provide copies of our policies. We will provide certificates of insurance and specified endorsements.

f) 30-day Notice of Cancellation – Our insurance carriers will not provide notice to certificate holders or by an endorsement. PMAMC will agree to provide notice of cancellation, material change or non-renewal to the District directly. Our policies require the carriers to provide us with 90 days' notice, allowing us to notify the District within the specified period.

g) Waiver of Subrogation- Waiver of subrogation will be provided on our auto liability, general liability, and workers compensation policies. Waiver of subrogation will not be provided on our other policies.

h) Retentions and Deductibles - We will not declare our self-insured retentions or deductibles to the District or make them subject to approval. We note that our insurance is provided through a master program maintained by our corporate parent, Old Republic International, a Fortune 500 company with A+ financial strength ratings from A.M. Best and Standard and Poors'.

i) Modify to Insurance Limits or Coverages- We will not agree to modification of our limits or coverages. We note that our insurance is provided through a master program maintained by our corporate parent, Old Republic International, a Fortune 500 company with A+ financial strength ratings from A.M. Best and Standard and Poors'.

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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.

PMAMC's principal office is located at 380 Sentry Parkway, Blue Bell, PA 19422. PMA Companies has 18 offices located in 16 states with approximately 1370 employees. PMAMC has 517 employees. Offices are located in Pennsylvania, California, Connecticut, Delaware, Florida, Georgia, Illinois, Louisiana, Maryland, Massachusetts, Nevada, New Jersey, New York, North Carolina, Texas, and Virginia.

Beaufort County School District will be serviced from our North Carolina Office, 6000 Fairview Rd., Suite 535, Charlotte, NC 28210

B. Caseloads of Adjusting Personnel

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

The average Claims Professional caseloads are provided below and outlined by line of business and claim type. Caseloads vary depending on jurisdictional and client requirements, and in accordance with industry standards and best practices.

- Workers Compensation – Medical Only: 200
- Worker's Compensation – Enhanced Medical Only: 150 - 175
- Worker's Compensation – Indemnity: 140

Claims Professional efficiency levels and caseload standards are designed and evaluated by the management team. The caseloads and supportive resources are established to allow our Claims Professionals the time and attention claim management requires.

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.

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



James Terrell
Account Specialist - Southeast

James joined PMAMC in June 2021 as a Regional Claims Supervisor for the Workers' Compensation Unbundled team working with a broad range of client throughout the Southeast. Based in Charlotte, NC, James has a decade of experience in the insurance industry as a workers' compensation claims manager and claims representative, as well as a regional sales manager working with agents in his territory to improve their marketing and sales. James earned a bachelor's degree in business administration with a concentration in Risk Management & Insurance from Appalachian State University. James has diversified experience having also held extensive management responsibilities with int eh industry.

James holds his Life, Property and Casualty License, his GA/FL/AL Adjuster License, and has completed the CPCU 500, 520, 533.

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Chris Pitts
Client Accounts Manager
PMA Management Corp.

[redacted]

Chris Pitts is a Client Accounts Manager with PMA Management Corp. He partners with our clients and brokers to implement new accounts and serves as a day-to-day single point of contact for all service needs, providing analytic insight into their claim outcomes, benchmarking, and overall program performance.

Chris began his career with PMAMC in 2021 with 25+ years of experience in the insurance industry. Prior to joining PMAMC, he worked as a Casualty Claim Consultant for a large insurance brokerage firm. Chris advocated for his clients in the claim arena for workers' compensation, auto, general liability and property claims. In this role, Chris collaborated on projects that include accident prevention, claim training and insurance coverage. In this consultant role, he partnered with broker producers during the sales process assisting in capability presentation, client loss analytic reports design, and presentation of mod projection reports. Chris regularly navigated many RMIS systems for large carriers and Third-Party Administrators. Chris spent the beginning of his career as an adjuster and claim supervisor with a national carrier and a Third-Party Administrator.

In his role as a Client Accounts Manager, Chris serves as a primary point of contact for clients, understanding their program objectives, goals, needs, and expectations. CAM works closely with multiple internal functional areas within PMAMC organization to ensure client's expectations are met and exceeded. He acts as an advocate for his clients' identifying needs and providing strategic solutions focused on reducing total cost of risk, improving program outcomes and meeting business objectives. Through excellent communication, proactive collaboration, and strategic planning, CAM helps drive successful long-term partnerships.

Education

BS in Finance with a concentration in Insurance and Risk Management as well as a professional degree, Associate in Claims; Virginia Commonwealth University

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ACCOUNT CLAIMS REPRESENTATIVE

Kat O'Neill

OVERVIEW

Kat has been a dedicated adjuster with PMA Management Corp. since 2022. She is currently handling North Carolina claims of varying complexity with professionalism and attention to detail. She is licensed in North Carolina and brings a strong background in legal support to this role.

Before joining our team, she worked as a paralegal for a law firm specializing in personal injury and workers' compensation which gave her valuable insight into both legal claims and the claims handling aspects. Her combined experience allows her to navigate complex claims efficiently and advocate effectively for all parties. She prides herself on exceptional customer service, rapport building and proactive claim handling.

TRAINING & EDUCATION

- Workers' Compensation License: Indiana, North Carolina
- B.A. in Government and International Politics; George Mason University

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REGIONAL CLAIMS SUPERVISOR

Trent Linville

OVERVIEW

Trent has been an integral part of the PMA Management Corp. team for the last 10 years. He has over 15 years of workers' compensation experience. He joined PMAMC as a Senior Lost Time Adjuster, and after a few years, was promoted to a Regional Claims Supervisor. He has successfully managed a diverse portfolio of accounts including self-insured and unbundled clients, public entities, educational institutions, and healthcare organizations, to name a few.

Trent is licensed in several states but is recognized as an expert in North Carolina and South Carolina. He is a strong, supportive leader, who sets clear expectations and holds his team to high standards. His ability to lead with both accountability and encouragement has made him a key asset to our leadership team.

TRAINING & EDUCATION

- B.S. in Criminal Justice; Fort Lewis College, Durango, Colorado
- Graduate studies in Organizational Leadership; Wheeling Jesuit University, Wheeling, West Virginia
- Associate in Claims (AIC) and Associate in Insurance Services (AINS); Professional Designations
- Workers' Compensation License: FL, GA, NC, SC

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REGIONAL CLAIMS SUPERVISOR

Alyson Bishop

OVERVIEW

Alyson began her insurance career in 1995 in both sales and claims. She joined PMA Management Corp. in 2004 as a Workers' Compensation claims adjuster primarily in Maryland and D.C. In 2015 she assumed the role of Regional Claims Supervisor overseeing a team of six adjusters again over the Maryland and D.C. jurisdictions.

In 2023, Alyson joined PMAMC's southeast region, providing supervision of a newly established team of six adjusters that covered seven jurisdictions to include MD, DC, NC, SC, TN, KY, and MS.

TRAINING & EDUCATION

- B.A. History, Minor in English Literature; Franklin and Marshall College
- M.A. Modern Studies; Loyola University, Baltimore, Maryland
- AIC Designation; The Institutes

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ACCOUNT CLAIMS ASSOCIATE II

Sherina Latimer

OVERVIEW

Sherina Latimer is an Account Claims Associate with PMA Management Corp. In her role, she is responsible for handling medical only workers' compensation claims and providing a positive customer service experience to our clients and injured workers.

Sherina began her career in the insurance industry in 2010 managing commercial property operations and specializing in property safety and site related emergency oversight. She transitioned into the insurance industry in claims 2017 with investigation and claim handling of large commercial property claims. Her workers' compensation focus has been in North and South Carolina servicing public entities (cities, counties and K-12 education), healthcare and retail services.

TRAINING & EDUCATION

- Bachelor of Science in Business Management; University of Phoenix
- Adjuster licenses in North and South Carolina, as well as 15 other jurisdictions

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D. File Retention

Provide your standard procedures for claim file destruction.

PMAMC is paperless. We scan all documents into our system and maintain electronic files. We typically destroy original paper copies of documents after scanning. At termination, PMAMC can provide all historic detailed loss data, including Claims Professional notes, in our electronic format.

PMAMC maintains all its data and electronic images indefinitely. Nightly, the information is backed up on tape and sent to a vendor partner for off-site storage. Additionally, PMAMC has a comprehensive disaster recovery program that is managed by another vendor partner in the event that a disaster should occur. For self-insured programs, the client is the owner of the files.

PMAMC utilizes imaging technology to operate in a "paperless" environment. This provides a fast, economical, and efficient way to store, retrieve and view claim information. The imaged file is the actual working document used by our claim professionals, not just a file copy. With this technology, the claim professional, supervisor, and client can simultaneously review the same report, without the need to generate multiple paper copies. PMAMC has been imaged since 1992.

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.

PMAMC offers you a selection of claims reporting options so you can choose the channel that's most convenient for you and that best suits your needs. PMAMC is able to receive Injury Reports via the Internet through PMA's website, by telephone (1-888-4PMA NOW), fax (888-329-2721), mail, e-mail, or electronically through PMA CINCH®, our Internet-based risk management information system. You can report losses from mobile devices, including iPhones, iPads, Android smartphones, and tablets. Electronic reporting, either through PMA's web site or PMA CINCH®, is available 24 hours a day, 7 days a week. The PMAMC Call Center provides 24/7/365 claim intake capability. Claims reported electronically are immediately assigned a PMAMC claim number, and that claim number will instantly be provided to you. For all reported claims, acknowledgement letters will be mailed or e-mailed to designated client contacts. There is no charge for on-line reporting.

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PMA CINCH® allows you to submit new claims to PMAMC via the internet. This allows for faster claim assignments and investigations, instant claim numbers, and more accurate data entry. Submitting claims is simple, as the system was designed with many drop-down menus for point-and-click operation.

PMA's Customer Service Center is responsible for consumption of new claim reporting. Our after-hours telephonic reporting is handled by a vendor partner with strict oversight and handling requirements as set forth by PMAMC.

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 (email 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.

PMAMC will comply with the Beaufort County School District's settlement authority policy.

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.

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Please see sample Claim Status Report in the Attachment Section.

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.

PMAMC welcomes formal claim audits by our clients and their excess carriers. Formal audits are coordinated through our corporate quality assurance specialists. In addition, informal audits can be conducted at any time through our on-line risk management information system, PMA CINCH®. This system provides complete access to our claim files, from detailed Claims Professional log-notes to the ability to review actual claim documents.

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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.

A. Medical Bill Review/Audit

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

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

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

PMAMC is a division of PMA Insurance Group, an insurance carrier that utilizes a very comprehensive managed care program to protect our assets. The program is made up of Medical Bill Review, Preferred Provider Network, Out of Network Program and a Pharmacy Benefit program:

PMAMC is strategically partnered with a vendor for Medical Bill Review Services. Medical bill review is integral for managing workers' compensation medical costs. Our bill review service team provides comprehensive expert bill review services. As a cost containment tool, it can deliver real savings by repricing medical bills to state mandated fee schedules, as well as usual and customary rates. It also ensures that negotiated provider discounts are applied, duplicate billings are caught, and dollars are not paid out for services that were not reasonable or necessary. Our full-service bill review platform using the power of flexible and impactful technology has set the standard for maximum net savings with low reconsideration rates. As our client, you will get access to high-quality services at more predictable costs, along with increased flexibility to meet changing regulatory requirements. The benefits of front-end bill processing pre-integrated with bill review are realized with an automated bill and data intake solution.

Physical and electronic technology accurately extracts data and securely delivers it to our medical bill review platform, giving PMAMC actionable insights into bill status and workflows. Our clinical bill review offering combines research, data analysis and medical expertise to uncover hidden savings through retrospective line-item audits of complex or specialty medical bills and their related medical records. During the bill audit process, we scrutinize for potential billing errors, charges not supported by documentation, charges not related to the workers compensation injury, charges that should not be unbundled, validation of the diagnosis-related group, implant verification/proof of service, correct use of CPT, diagnosis, procedure, HCPCS codes and modifiers, and unlisted or bill review code verification and/or re-pricing.

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Our negotiators will identify bills based on customized thresholds or those with limited fee schedule savings that are not eligible for PPO repricing. We leverage a highly reliable and defensible database as the basis for negotiating a fair cost to both parties. This consistent, systematic approach concludes with obtaining a signed agreement from the provider prior to payment.

- *Complex Bill Review.* PMAMC's Complex Bill Review (CBR) team includes coding specialists and Registered Nurses. These experts perform review of medical documentation to ensure appropriate billing based on clinical reports. Our CBR coding specialists review bills for compliance with complex state-mandated rules and regulations beyond fee schedule and UCR guidelines.

- *PPO Networks.* PMAMC offers access to a hierarchy of strategically aligned provider networks designed to make available the highest quality providers while achieving industry-leading savings for the client. This includes a series of specialty networks with focused expertise in multiple ancillary services, including physical medicine, DME, diagnostics, Home Health and Dental.

- *Out-of-Network Program (OON).* Our OON services provide savings below traditional state fee schedule or usual and customary charges for medical services provided outside of PMA's preferred provider network

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

We believe that every employee deserves the highest-quality care services immediately following an injury, should experience seamless access to appropriate care during recovery, and, when needed, be afforded coaching to navigate the path back to productive function at work.

PMAcare+ clinical best practices mandate a holistic view of each injured worker, evaluating all physical, co-morbid, psychosocial, and emotional factors that may impact recovery. This holistic approach improves an injured worker's overall health and helps to prevent prolonged treatment and recovery following injury.

Our strategic approach to managing costs ensures that care is provided within a standardized delivery of products and programs. The PMAcare+ cost strategy model leverages industry partners, best practices, and networks of credentialed and high-quality providers for all necessary medical, pharmacy, and ancillary care.

Injury Triage Program – PMAcare24

This optional 24/7/365 telephonic first notice of loss and clinical assessment by a Registered Nurse (RN) of an employee's condition occurs immediately at the point of injury. The RN serves as a patient advocate in determining the most appropriate level of care and triaging the new loss. The RN provides treatment recommendations and/or refers the injured employee to a provider within the PMAMC Preferred Network. This interaction becomes the sole point of claim reporting to PMAMC and helps mitigate costs and utilization.

Customers that elect to participate in this offering are provided with a unique 1-800 number that they can offer to their employees for claim reporting purposes. At the time of injury, employee or their supervisor

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(based on the client's internal set-up) utilizes this number to call-in a claim. They will reach a telephonic nurse who will complete a triage of the injury and medical history and provide an assessment of future medical needs for the injured employee. Our PMAcare24 product is specific to PMAMC and provides a number of great benefits to our clients, including early access to clinical care, impact on OSHA recordables by avoiding unnecessary treatment, reduction in Emergency Room spend, access to after-hour care when panel providers are not available, reduction in lag times for reporting claims, and improved network and panel penetration.

Risk Modeling

PMAcare+ risk modeling tools and clinical best practices enable our Claims Professionals and nurses to collaboratively manage those claims at greatest risk to ensure optimal outcomes. Our integrated model is designed to promote clinical intervention only when risk is evident and to apply the most appropriate level of clinical intervention at that time. Our risk model scores claim acuity based upon an injured worker's clinical, behavioral, and claim attributes for new and maturing claims. Unlike many competitive programs, our risk modeling doesn't stop with early claim indicators; we leverage data from our bill review, network, and pharmacy programs to flag risk at any point in claim maturity.

Claim Triage

When a claim is identified by the automated risk model, it immediately appears on the PMACare+ dashboard for nurse triage. The nurse reviews the risk acuity score in context of all available data in Claim Center (including compensability) to make a recommendation for management to the PMAMC Claims Professional. If case management is agreed upon, the triage nurse would transfer the case for immediate management (telephonic or field based) to avoid any gaps in care.

Telephonic Case Management (TCM)

Guided by our risk and triage model, the PMACare+ TCM nurses can engage injured workers at any point following their injury, throughout their recovery and return-to-work (RTW) process. Our nurses coordinate all care from medication management, surgical coordination, post-op recovery to outpatient care. Return to work planning begins on day one and is integrated into the overall treatment plan focusing on functionality versus disability. Using both nationally recognized and proprietary guidelines for medical necessity review and disability duration, PMACare+ case managers proactively accelerate and facilitate care requirements, as well as set clear expectations with the injured worker for returning to work.

PMACare+ best practices mandate a holistic view of each injured worker, evaluating all physical, co-morbid, psychosocial, and emotional factors that may impact recovery. This holistic approach improves an injured worker's overall health and helps to prevent prolonged treatment and recovery following injury.

PMAcare Signature Field-based Case Management (FCM)

Although PMAMC strongly believes that we have designed a truly differentiated approach to Field Case Management (FCM) that delivers unique benefits to our clients through our approved case management partners, we also recognize that some clients want to maintain their historical vendor relationships.

The PMAcare+ Signature Program offers a best-in-class approach to Field Case Management (FCM). Powered by a secure, state-of-the-art case management system and a national network of more than 1,300 FCMs, including nearly 250 who are bilingual, the program is designed to improve injured workers' experiences, ensure their access to appropriate care, and expedite their safe and productive return to the workplace.

- Quality control for case management performance and outcomes
- Multi-level data security protocols protect our customers and their injured workers' data
- Robust single-system data management for complete and consistent program analysis
- Seamless ability for our preferred FCMs to channel to appropriate care via preferred primary and ancillary PMAMC provider networks

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Industry leading impact for PMAMC and its customers:

RTW/MMI: 89.7%

Business Days Saved: 57.3*

* Based upon ODG standardized benchmark

However, if a customer chooses to maintain their legacy Case Management supplier relationship while also considering our mutual need for data security, PMAMC can accommodate by enabling My Favorite Nurses Case Managers to enter their notes and reports into the Signature secure case management system. This system communicates directly into the PMAMC claim system via secured electronic transmission.

As detailed above in the proposal, to meet your security requirements, PMAMC has a comprehensive Information Security Management program in place to protect the data assets of the organization and our customers. PMAMC undergoes an annual security audit each fall and mandates a strict security audit for all data trading partners.

Leveraging our secure Signature case management platform means your injured workers' information is protected throughout the case management process. This approach also provides a current view of all case management activity which is transmitted twice daily, making it visible to our Claims Professionals and to our customers through our RMIS system.

Catastrophic Case Management (CAT)

PMAMC implemented a strategic catastrophic case management partnership model that leverages internal clinical management resources along with expert vendor delivery. Through defined claim and clinical criteria, PMAMC partners with Paradigm Corporation who specializes in the management of catastrophic injuries such as head trauma, severe burns, major limb amputations, and spinal cord injuries resulting in paralysis. Combined with PMAMC's applied internal clinical and claim management expertise, Paradigm's specialized expertise and network of catastrophic medical providers enables PMAMC to manage these claims to a better outcome at a lower cost.

At the recommendation of PMAMC's Managed Care Liaison and/or Claims Professional, cases are referred to Paradigm which then develops an Outcome Plan for review and approval. The Managed Care Liaison completes a comprehensive contract value analysis and presents/discusses with the applicable claims team for contract decision making purposes. PMAMC actively manages all Paradigm cases and does not accept all Outcome Plans. PMAMC and Paradigm provide a comprehensively evaluated & collaborative approach on such cases. Each complex or catastrophic case is managed by PMAMC specialized resources and proactively reviewed with Paradigm monthly to help drive the best possible clinical and claim approach and to provide the best treatment plan appropriate for the injured worker at a reduced cost.

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Utilization Review (UR)

Our UR Services integrate with case management, bill review, and pharmacy benefit management to promote greater control over care for injured workers and medical spend across the continuum of care. PMAcare UR offers rigorous clinical reviews, consistently applying guidelines to all claims. This reduces unnecessary medications, surgeries, diagnostics, and physical therapy.

PMAcare UR helps employers meet workers' compensation utilization review regulatory requirements while reducing administrative costs, ensuring recommendations are defensible, and streamlining the decision-making process resulting in outcomes with turnaround times that accelerate the delivery of approved, appropriate medical care.

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:

Preferred Provider Networks (PPO)

PMAMC utilizes strategic partnerships throughout its marketing territories to offer clients access to a comprehensive provider network for workers' compensation claims. We strive to optimize network penetration and savings by actively managing a matrix of preferred network options within and across states. A team approach is employed by PMAMC's Managed Care, Claim and Account Management staff to educate clients on the benefits of using network providers and encourage injured workers to seek treatment from high quality providers for more efficient and effective injury management.

Out of Network Program

When use of network providers is not possible, PMAMC offers an out-of-network negotiation and cost base pricing model program which provides savings below traditional state fee schedule or usual and customary charges for certain medical services. This often provides savings opportunities with providers who choose not to participate in PPO networks. This program also allows us to capitalize on savings for prompt payment with large bills that fall outside of jurisdictional rules for exceptional facility services such as critical access hospitals, traumatic injuries, or significantly high levels of care.

Ancillary Services

PMAMC offers a fully integrated ancillary suite of products and services in addition to our broad-based national and regional PPP networks. PMAMC has developed close partnerships and customized programs with leading industry service providers to offer injured workers fast access to high-quality physical therapy, diagnostics, durable medical equipment, home health, transportation, etc. to help restore function and reduce claim and indemnity duration and costs. PMAMC utilizes an ancillary referral tool that enables claims staff to make referrals quickly and easily via a secure data hub to our preferred service providers. Managed Care closely monitors performance and strategically promotes or demotes service providers based on results, location, and client needs. PMAMC and our preferred ancillary service providers engage in a process of continuous improvement to optimize the experience for the injured worker.

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Complex Bill Review

PMAMC's complex bill review solution includes coding specialists and registered nurses who perform a technical audit and clinical review of medical bills to ensure coding accurately reflects the services billed. Our average national customer savings off billed charges in 2024 was 63%, PPO penetration is 72%. The team members possess a thorough understanding of the rule base from the American Medical Association, American Association of Orthopedic Surgeons, Centers for Medicare and Medicaid, and states' workers' compensation regulations. If errors are detected by this team the bill is adjusted and/or sent back to the medical provider for an explanation.

Pharmacy Benefits Management Program (PBM)

PMAMC offers a comprehensive pharmacy solution including a retail pharmacy network and home delivery services. The model offers full adjudication of physician-dispensed and third-party invoices for pharmaceutical products. These programs provide a comprehensive pharmacy profile on a claim which helps to manage the rising costs of prescription drugs through drug utilization review and negotiated rates.

Clinical Pharmacy Intervention Program (Rx+)

PMAMC has a robust Pharmacy Intervention Program in place which utilizes multiple resources, including a team of Registered Nurses who are fully integrated within the PMAMC claim process. The PMAcare Rx+ team receives all non-formulary medications for assessment, intervention, and application of decision. The assessment includes the history of the claim, comparison of treatment to evidence-based guidelines, and jurisdictional regulations. The team uses various intervention strategies, including outreach to prescribers and pharmacists, Claims Professionals, assigned nurse case managers, drug testing and monitoring, peer-to-peer reviews, or utilization review to address prescription drug conflicts. The model is designed to improve injured worker safety by applying a clinical assessment on any non-formulary prescription, which includes opioids, muscle relaxants, topicals, compounds, and physician dispensing.

PMAMC partners with a Pharmacy Benefit Manager (PBM) that applies PMAMC's customized injury-specific formulary or state-mandated formularies. The PBM coordinates the pharmacy networks, facilitates the dispensing and payment of prescriptions, and initiates various clinical interventions to drive safety and cost-effective strategies, like home delivery. The PBM provides data analytics and risk score capability to further enhance the assessment capability of PMAcareRx+.

PMAMC also offers a fully integrated, programmatic drug screening program to provide an additional layer of patient safety as well as reduce fraud, waste, and abuse.

Cost Analysis Products

PMAMC Managed Care provides two medical cost analysis services that support Claims with appropriate future medical cost evaluation based on past and current medical trends specific to each claim. PMAMC's Medical Cost Projection service aids Claims Professionals in establishing appropriate and comprehensive future medical reserve considerations which can become a key component for settlement negotiations as well as critical medical exposure definition. PMAMC's Medical Cost Analysis service provides a clinical assessment and validation of projected medical reserves aligned with projected cost of treatment which supports the Claims Professionals with potential needed medical reserve increases. Both services are implemented and managed by internal PMAMC clinical experts with comprehensive understanding of Claims medical cost strategies and dependencies.

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Attachment C

Risk Management Information Systems

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.

PMA CINCH® allows our clients to generate loss reports based on information that is updated monthly. Standard Reports available through PMA CINCH® include Detailed Loss Runs for all lines of business, Loss Summaries, Repeater Reports identifying claimants or employees with multiple files, Serious Loss Reports, and Reporting Lag Time Reports. Many of these can be sorted by location, by policy, or by status (open / closed). There is no charge for these reports. During the account set-up process, the PMAMC Client Account Manager will work with Beaufort County Schools to determine desired reports.

PMAMC can accommodate 10-digit alpha-numeric location codes and can accommodate multiple layers of coding. PMAMC will endeavor to make corrections to location codes, occupation, denial/acceptance, subrogation and other codes within 24 hours of notification.

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.

PMAMC provides a smooth transition and installation process, aiming to deliver an exceptionally positive and seamless experience. Upon award of a new contract, the PMAMC implementation team will develop a customized transition pathway to ensure your unique needs are met with no disruption. In addition to coordinating each step of the transition process from your incumbent TPA, we provide resources to support an internal communication plan to limit disruptions for everyone involved.

We will meticulously guide you through every step, offering precise location structure recommendations and hands-on oversight and consultation throughout the process. Our dedicated implementation team and vast internal support resources provide a turn-key solution to this process. Your transition team will remain fully engaged, facilitating smooth claim file transfer, seamless data conversion, and comprehensive RMIS training. Trust us to navigate funding mechanisms and expertly assist with any

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transition challenges. We have developed detailed custom plans for the efficient transition of new accounts that will eliminate interruptions in the claims process and create a positive experience for your injured workers, your claimants, and your broader organization.

PMAMC will provide an array of training and education programs relative to the specialized systems and services offered. These include, but are not limited to, training of our RMIS system PMA CINCH®, orientation kits to key members that include how to report a claim, information about our service team, our provider network, our pharmacy benefit management program, and in-house educational seminars. PMAMC's Websource provides PMAMC's client web portal provides access to a wealth of resources, including safety news, programs, and training materials. You can register for our regular Web Events, all at one location. The site also includes a "Here to Help" feature where your inquiry is routed to a PMA Risk Control specialist for fast response. These services are included at no additional cost.

PMAMC. is available 24 hours per day, 7 days per week, 365 days per year to respond to the Client's needs and to provide around-the-clock emergency service. A Claim Professional is available at all times via a toll-free number to answer questions and provide direction.

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 workday reports
- OSHA reporting
- E-mail alerts
- Ability to create loss triangles
- Ability to upload/consolidate historical data from other sources

PMAMC provides clients with PMA Cinch®, a Risk Management Information System with easy access to live claim information, status updates, and the ability to run reports and dashboards. The robust capabilities and flexibility of Cinch® allow your end users to pinpoint the information that can significantly impact your bottom line. By analyzing trends and taking quick corrective action, you can enhance your operating performance, lower costs, and improve your financial results. On a day-to-day basis, Cinch® will give you timely and convenient access to information about claims. The tool features an "Executive Dashboard" for a high-level view of activity. It also enables users to drill down, analyze, and develop reports and graphs about a wide range of information, including:

PMA Cinch internet-based system has been in operation since 2001, with enhancements performed to the system each year to better serve our clients. As mentioned above, PMA Cinch is directly linked to PMA's claim system. This allows for routine updates and back-up processes. PMAMC is passionate about helping the School District take a smart, more strategic approach to risk management that drives business value. Timely, comprehensive, and meaningful claims and loss information is crucial in understanding risk exposures.

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PMA Cinch enables your risk management and other professionals to manage their claims information—everything from the big picture to details of your loss information. It offers busy executives a quick snapshot of your risk management situation, and the robust capabilities and flexibility of Cinch allow your daily taskers to pinpoint the information that can significantly impact your bottom line. By analyzing trends and taking quick corrective action, you can enhance your operating performance, lower costs, and improve your financial results.

On a day-to-day basis, Cinch will give you timely and convenient access to information about claims. The tool features an "Executive Dashboard" for a high-level view of activity. It also enables users to drill down, analyze, and develop reports and graphs about a wide range of information, including:

- Executive Summary Tool
  Utilize an interactive tool to organize and view both aggregate and individual claims information.
- More Flexibility & Data Analytics
  View claims information per your parameters—location, type, status, and accident date range.
- Full-Color Charts & Visuals
  Data appears in easy-to-view graphs, charts, and tables, allowing you to grasp information quickly.
- Comprehensive Data
  Display elements are based upon detailed data in your existing loss reports.
- Ease of Use
  The Dashboard is highly intuitive and requires no training.

The Beaufort County School District will have comprehensive access to their claim files from the PMA Cinch program – including the adjuster's notes. The log notes are conveniently organized by category (investigation, reserves, litigation, etc.,) to allow the Beaufort County School District to review the notes of most interest. This data is available in – "real-time."

PMAMC has the ability to provide custom and ad-hoc reports, giving you access to any loss information you need, whether it be on a frequent basis or a one-time review. These reports are generated by using the numerous data fields captured in our claims system.

Sample Data Fields Captured in PMA Claims System

PMA Account Number * Mandatory	Claimant Hire Date
PMA Policy Number * Mandatory	Claimant Occupation
Claimant Name (First/Last) * Last Name Mandatory	Claimant Disability State Date
Claimant Address	Employer Know Date
Claimant Social Security * Mandatory	Last Day Paid
Claimant City	Jurisdiction State * Mandatory
Claimant State	Compensability Date
Claimant Zip Code	Claimant Compensation Rate
Claimant Phone Number	Average Weekly Wage
Accident Date * Mandatory	Return to Work Wage
Claim Entry Date	Claimant Returns to Full Duty Date
Accident State	Claimant Returns to Light Duty Date
Accident Location	Light Duty Offered Date
Class Code	Light Duty Accepted
Class State	Claimant Max Improvement Date
Claims Status (Open/Closed)	Claimant Disability Percent
Claim Type (Lost time, Medical only, Record only)	Date of First Medical Service

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Accident Report Date	Summary of Payments by Medical, Indemnity& Expense
PMA Accident Type * translated from NCCI codes	Detail of Medical Payments
Accident Description * field is up to 7 lines of 78 characters each	Detail of Indemnity Payments
Claimant Gender	Detail of Expense Payments
Marital Status	Claimant Hire Date
Claimant Age	Claimant Occupation
Claimant Age at time of Accident	Claimant Disability State Date
Claimant Date of Birth	Employer Know Date
Claimant Number of Dependents	Last Day Paid
Claimant Employee Status	Jurisdiction State * Mandatory

All of the claims data captured in the PMA Cinch program can be arranged in a variety of ad-hoc reports. Many of our clients request various formats of their data and a report is created to accommodate these requests. These reports can then be accessed by the School District from PMA Cinch.

PMAMC has the ability to create loss triangles. While this is not a standard report in Cinch, we do have the capability (and have done so for a few clients in the past) to create these loss triangles on a custom basis for the School District.

The PMA Cinch analysis tool allows you to generate custom charts to assist you in analyzing your loss data. These charts can be created based upon the parameters you select, giving you the ability to customize your own visualization of the loss information.

With PMA Cinch, you have the ability to e-mail the adjuster assigned to a file while you are reviewing the claim. This allows you to request details about the loss while it is fresh in your mind.

PMA Cinch can assist you in tracking losses for OSHA reporting. With PMA Cinch, you can add data to your claims or remove claims from the log which are not reportable.

PMA Cinch allows users to follow specified claims using an automated diary system including an automated reserve increase notification feature. In addition, Cinch users can keep their own personal notes on these claims separate from the actual claim file notes. This allows our clients to closely monitor the developments of high profile cases.

With regards to the ability to upload/consolidate historical data from other sources, any data loads that we do (either receiving or sending) are done outside of Cinch/RMIS through separate computer processes. PMAMC is able to import and export data for the Beaufort County School District, at the time of onboarding as a new client. We have also imported payroll information from clients. If the upload involves data types that we have not imported in the past we find out what the nature of the data is and how the client is expecting to use it; such as an expectation for us to build new reports, to be able to somehow create data visualizations of the data that we do not already have built, etc.

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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.

PMAMC can comply with this request.

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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?

Here are several key differentiators of PMAMC that you should consider.

- Claims and Risk Management since 1915
- Return on Investment (ROI) service model resulting in lower cost of risk for clients
- Motivated, experienced and professional employees
- Powerful Claim Management Information System for improved data capture and reporting
- State-of-the-art PMA CINCH® Risk Management Information System, with Executive Dashboard and Data Analytics capabilities
- SSAE 18 (SOC2) Type II Certified – formerly SAS 70 – Level II Certification
- Senior Management Team with an average of 20+ years with PMAMC
- 17% annual average business growth for the past decade
- 95% annual average client retention for the past 8 years
- Proven Quality Assurance Program
- Top – 10 provider of TPA services in US
- National RIMS and PRIMA award-winning clients
- Carrier partners include Discover Re, Starr, XL, Arch, Safety National, Zurich, etc.
- Special Investigative Unit
- Comprehensive Claim Handling Standards
- Litigation Management Program – inclusive of PMAMC Defense Counsel Guidelines
- Rigorous Quality Assurance program to ensure file quality
- Subrogation and Risk Transfer Experts
- Extensive Public Entity WC claims experience and expertise, with over 150 Public Entity clients
- Focus on reducing the total cost of risk for our clients
- A holistic approach to help reduce total cost of risk, involving pre-loss, loss and post-loss services
- In-house Risk Control Professionals
- Proven integrated Workers' Compensation/Managed Care claims model
- 96% Client Satisfaction from recent Client Surveys

- How many clients do you have?

PMAMC is one of the 10th largest regional Third-Party administrators in the United States. PMAMC's annual revenues exceed 50 million dollars. PMAMC has over 650 clients. These clients consist of individual self-insureds, Groups and Captive Insurance arrangements. When self-insureds groups are broken down, our client list exceeds 2,000 individual entities. Thirty Five percent (35%) of the clients are public entity clients, many of which are counties, municipalities and school systems. PMAMC and the PMA Companies also has a vast array of higher education clients including many of the prominent Universities in the Eastern, Southern and Mid-Western areas of the United States. Education is a target class of business for the PMAMC and the PMA Companies

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- Describe your firm's Business Continuity Plans?

Claims data is securely stored in various servers both locally and in our corporate offices along with a series of contingency programs to secure the data.

- Please describe your firm's Disaster Recovery Plans?

PMAMC has a formal disaster recovery plan that is tested annually. For security reasons we do not make the details of our Disaster Recovery Plan available external to the company but are willing to meet with a customer and review the plan with them.

At the heart of PMAMC's Disaster Recovery Plan is the real-time hot site backups we maintain for our systems. A duplicate system environment is kept at a third-party hosting location for our corporate data center which has our core transactional systems. Data is streamed in real time from the primary systems in our corporate data center to this third-party location. We also have a mainframe that is hosted by a different third party. The vendor hosting our mainframe also provides real time data transfer to a hot site backup of the mainframe environment. As mentioned, we test the switchover to the backup environments annually.

Backup configurations are also maintained for our telecom/network environment. We completed the conversion of all desktops to a virtual desktop (VDI) setup in Q1, 2020 which will provide flexibility for moving staff in the event a given office location is no longer able to be used for a period of time.

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

PMAMC has a comprehensive Information Security Management program in place to protect the assets of the organization, as well as those of our clients. Information security is managed by the company's CISO and 4-person security analyst staff, the network and desktop teams and security are built into business applications. PMAMC has several protections built into the environment to protect customer's data. These include data encryption at rest, data encryption when in transit externally, firewalls, IDS/IPS, anti-virus and malware protection, use of secure FTP for file transfers, multi-factor authentication for employees logging into the PMAMC network externally, and extensive security logging and monitoring. We conduct quarterly security awareness training for all employees and periodically perform email phishing tests. The CISO and the CIO meet twice a month with General Counsel and his staff to review regulatory compliance on security related items and other security activities. PMAMC is also SOC 2 certified with the enhanced Five Trust Principles certification.

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

PMAMC has corporate Quality Assurance Specialists whose primary function is to ensure that every claim is handled according to the highest possible standards. These individuals conduct annual internal file audits, and assist in the review of claims for all new PMAMC employees. In addition, these specialists help to coordinate independent audits as requested by our clients, their brokers and excess carriers. They also provide specialized training to our claims team. These are internal audits for PMAMC purposes only.

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

Upon award of the contract, PMAMC will schedule a comprehensive Service Orientation Meeting to discuss the specific claim and servicing guidelines that will work the best for you. We will work with you to ensure that specific personnel and/or departments will be informed of the key facets of the transition. PMAMC will also be engaging our entire service team to begin the implementation of Claim file transfer, data conversion, funding mechanisms, PMA CINCH® installation, and other initiatives.

PMAMC has successfully transitioned numerous accounts from other TPA's. Over the years, we have developed custom detailed plans for the smooth transition of new accounts that will provide for uninterrupted benefits to your employees. The successful transition involves coordination from all PMAMC departments, including Claims, Legal, Financial, and Information Technologies.

The following outline is the detailed action items PMAMC will employ to effectively transition the program:

Complete within 7 days of the Contract signing deadline:
- Perform Claims Orientation Meeting with the Client and PMAMC Service Team
- Collect copies of open run-off claim files from the Incumbent TPA to begin the imaging process
- Provide Claim Contact Information to the Client
- Engage IS Team onto Data Conversion Process
- Begin installation process for PMA CINCH®
- Establish banking arrangement for claims funding
- Establish Location Codes into the PMAMC System

Complete within 15 Days of the Contract signing deadline:
- Finalize Claim Handling Guidelines and educate local service team
- Coordinate imaging process for the open claims
- Finalize the billing process
- Identify providers and submit notification of change in TPA
- Connect with key vendor partners for PMAMC Orientation
- Check on status Data Conversion Process
- Coordinate installation of PMA CINCH® program
- Coordinate services with Managed Care vendor

Complete within 30 Days of the Contract signing deadline:
- Claims Professional evaluation of run-off claims
- Develop Action Plans for open claims
- Establish reserves for open claims
- Claims Professional /Supervisor Diary system established for each claim
- Completion of Data Conversion Process
- Provide in-person training for PMA CINCH® by our IS Specialist
- Identify preferences for Loss Run / Special Reporting
- Defense Counsel Guidelines
- Perform Initial Account
- Performance Consultation Report that outlines the status of the project

We believe that timely, convenient and ongoing communication is critical to the successful outcome of every claim.

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

Our predictive modeling evaluates claim acuity pursuant to the injured worker's clinical and claim attributes for all new and maturing claims. We leverage data from claims, bill review, our networks, and medication programs to identify risk throughout the life cycle of the claim. Claims that meet the criteria for review are triaged, and the nurse provides a recommendation for the most appropriate level of clinical intervention (telephonic or field case management) and collaborates with the Claims Professional for an agreed upon medical strategy.

Currently PMAMC leverages 2 predictive models to support our claim handling strategies and work flows:

FNOL Model - The First Notice of Loss Model is designed to provide each supervisor with advanced, comprehensive insight into multiple claim indicators that would identify a claim as being potentially a severe claim, or a fast-track claim. Every non-record only claim is immediately run through the FNOL model and returns to our claim system with a score, priority, and specific details regarding the claim attributes that contributed to the scoring/priority. Supervisors utilize this information to ensure that claims are appropriately assigned to handlers with the required skill set needed to effectively handle each loss and ultimately control costs and claim durations.

30 Day Model – The 30-Day Model is intended to provide handlers (and other key PMAMC personnel) with valuable insight into the potential overall severity of each open claim. Like the FNOL Model, every non-record only claim is run through the 30-day model, but not until 30 days from the receipt date of the claim. This allows the claim file to slightly mature and for key data values to continue to build on the claim for a 30-day period. On the 30th day, the claim runs through the model and provides a score that represents the overall severity of the claim based on key claim attributes that are identified in our model. The model also provides the handler with an estimated reserve level that can be used to more accurately establish the ultimate exposure on the given claim file.

Both of PMAMC's predictive models were established using PMAMC's own historical data. This ensures that our models are specifically developed based on data that is reflective of our own handling processes and procedures, which leads to more accurate model results.

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

With a robust collection of workers' compensation claims data in an enterprise-wide data warehouse, we are able to benchmark your results against organizations in our database and often against other entities within your industry. We can drill down to benchmark the performance of each location, providing valuable insights into relative strengths and opportunities for improvement. Additionally, we are able to quantify the potential financial impact of loss trends and continually monitor performance improvements over time. All of this information is presented to you using leading edge data visualization tools from Qlik.

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

PMAMC offers Business Metrics and Analytics services that assist with interpreting your historical business data using iterative methodologies, statistical and predictive models to transform your data into business insights that can be leveraged to make business decisions, improve productivity and reduce expenses. These solutions help our clients develop trend analysis and provide them with recommendations for actionable items that can help improve their outcomes.

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PMAMC post-loss services include peer, industry and jurisdictional benchmarking. PMAMC offers sophisticated business analytics model that includes extensive data aggregation via our state-of-the-art claims system, data mining by our team of highly specialized business analysts, predictive analytics focused on directing the right claim to the right resource at the right time, and a suite of data visualization tools.

PMAMC can compare the results of Beaufort County School both to our own book of business (other PMA insured and self-insured clients) and through the use of NCCI Comp Compare data.

- 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?

Electronic reporting, either through PMA's web site or PMA CINCH®, is available 24 hours a day, 7 days a week. The PMAMC Call Center provides 24/7/365 claim intake capability – 1-888-4PMANOW. PMAMC can bring a variety of resources to the table to assist in managing catastrophic losses, including catastrophic clinical case management and crisis response resources. Our Customer Service Center and Claim Professionals and Client Account Managers are also available directly in the event of an afterhours emergency.

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

PMAMC has the ability to customize claim intake scripts for clients. For example, we can create custom drop down fields to address various patient handling causes, needle sticks, safety, etc.

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

PMAMC's annual retention rate for claim representatives is 92% to 94%

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

PMAMC's policy is to respond to all telephone calls and written correspondence before the close of business on the day they are received. PMAMC completes 3-point contacts on all lost time claims with the client, employee, and medical provider within 24 hours from assignment to the Claims Professional.

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

PMAMC conducts frequent one-on-one training sessions between supervisors and Claims Professional based upon the results of their CIR audits. Claims Professionals regularly receive formal and informal training through internal and external resources addressing all disciplines of the claims process, including legal management and strategic resolutions, managed care partnerships, and risk control. We also frequently use focused training sessions between Supervisors, Mentors and Claims Professionals to concentrate on specific topics such as new policies and procedures, case law developments, and changes in rules and regulations.

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

While PMAMC Supervisors do not carry a direct caseload, they are responsible for supervision and oversight of 750-850 files on average. Supervisors are responsible for reviewing and documenting all files assigned to Workers' Compensation indemnity Claims Professionals and Casualty Claims Professionals at a minimum of every 90 days.

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

PMAMC's compensation philosophy is based on the concept of "Total Compensation". The objective of this philosophy is to identify and utilize resources, including a mix of pay, and benefits, to effectively recognize and reward employees for their performance. Recruiting, rewarding and retaining passionate employees is critical to PMAMC's success. Our ability to meet this goal depends on providing fair compensation to employees. PMAMC's Total Compensation Program is designed to support these efforts.

Total Compensation Program Components

1. Base Pay
2. Health and Welfare Benefits
3. Retirement Benefits
4. Time-Off Benefits

PMAMC's execution relies on our ability to link individual performance to our business strategy and goals. Measuring individual employee performance as well as team and organizational outcomes, is critical to aligning performance management with our organizational goals. Annually, performance appraisals are completed and provide employees with accurate and constructive feedback regarding specific and measurable job performance, including the key result areas of their respective positions as well as leadership attributes (if applicable) and the organization's core values which are essential to performing successfully in one's role.

Our performance management system has a four-category rating scale with the following levels:

1. Distinguished Performance
2. Fully Successful/Effective Performance
3. Partially Successful Performance/Further Development Needed
4. Unsuccessful/Unacceptable Performance.

Merit increases are awarded to eligible employees in early May of each year to recognize and award performance related to the prior calendar year.

In addition to the annual review, structured and formal performance discussion updates occur with employees in June and October with the expectation that employees are provided with on-going performance feedback throughout the year, through other means of informal communication.

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

Upon award of the contract, we will develop mutually agreed upon special claim handling instructions. Special Handling Guidelines are the blueprint of communications between the **Beaufort County School** and PMAMC. All communications such as compensability decisions, reserve notifications, settlement, subrogation, authority levels, contacts for both parties, preferred vendors, and terms of ongoing communication in the claims management process. etc., will be outlined in accordance to the Client's preferences. This will ensure a solid communication process will be established and maintained to ensure better outcomes for the claims.

- Has your TPA firm been fined by any regulatory body in the last 3 years? Explain.

Yes, fines by the South Carolina WC Commission were incurred and while unfortunate, it hasn't prevented PMAMC from discharging its obligations to our clients.

- Please provide number and amount of fines.

3 year average $8,334

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

PMAMC has not been a part of any bad faith actions relative to its provision of Workers' Compensation related services in the past 5 years.

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

PMAMC sets reserves for the realistic value of the claim based on the most current information available at the time of review. Reserves are set within three days of claim assignment during the investigation phase of the claim handling process, and changes are considered as the facts and circumstances of the loss develop. Reserves are reviewed each and every time the claim professional works a file, and all claims are reviewed for reserve adequacy by the claim supervisor.

PMAMC will consult with the School District on all reserve changes in excess of an agreed upon threshold. In addition, we will provide written notice of all major losses through the use of a large loss report form. Rationale for all reserves will be documented in claim file log notes, and will be detailed when reserve changes are requested.

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

Please see our key differentiators outlined above.

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- 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?

PMAMC's Customer Service Center is a center of excellence in providing exceptional quality of data integrity and capture at claim intake. Our Customer Service representatives are measured by their ability to capture and display the most accurate information in the claim files, including employee demographics, location coding data, and items required by state EDI. PMAMC has maintained annual client retention rates in excess of 95% for the past eight year and has a 96% Client Satisfaction Rate from recent Client Surveys.

- What managed services do you allow clients to unbundle?

Our pricing and program is based on the utilization of our full-service managed care program.

- Who is your Pharmacy Benefit Manager (PBM)?

PMAMC partners with a Pharmacy Benefit Manager (PBM) that applies PMA's customized injury-specific formulary or state mandated formularies. The PBM coordinates the pharmacy networks, facilitates the dispensing and payment of prescriptions, and initiates various clinical interventions to drive safety and cost-effective strategies, like home delivery. The PBM provides data analytics and risk score capability to further enhance the assessment capability of PMAcareRx+.

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

PMAMC has a robust Pharmacy Intervention Program in place which utilizes multiple resources, including a team of Registered Nurses who are fully integrated within the PMAMC claim process. The PMAcare Rx+ team receives all non-formulary medications for assessment, intervention, and application of decision. The assessment includes the history of the claim, comparison of treatment to evidence-based guidelines, and jurisdictional regulations. The team uses various intervention strategies, including outreach to prescribers and pharmacists, Claims Professional, assigned nurse case managers, drug testing and monitoring, peer-to-peer reviews, or utilization review to address prescription drug conflicts. The model is designed to improve injured worker safety by applying a clinical assessment on any non-formulary prescription, which includes opioids, muscle relaxants, topicals, compounds, and physician dispensing.

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Attachment E

Pricing and comments

1.) COST OF SERVICES

[redacted]

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2. ***Provide your definition of WC "medical only" versus WC "indemnity" claims, as applies to a flat rate pricing classification. To the extent that additional pricing classifications apply to WC claim handling, provide definition(s) and corresponding pricing. Also indicate whether you have an additional pricing category for "managed medical only claims" or "complex medical only claims" and indicate pricing.***

"Medical Only Claim" shall mean any reported workers' compensation claim meeting all of the following criteria: (1) there is no (a) subrogation activity, (b) litigation activity and the claim is not otherwise contested, (c) indemnity paid, salary in lieu of indemnity paid or time lost from work beyond the state prescribed waiting period, (d) investigation or review regarding compensability, or (e) carrier report, excess reporting requirement, client meeting (other than a routine meeting where the claim is noted) or settlement authority approval; (2) the claim is open for less than 12 months from the date of injury or accident; and (3) total paid amount does not exceed $3,500.

"Indemnity Claim" shall mean any reported workers' compensation claim that is not a Medical Only Claim or Record Only Claim.

3. ***Provide definition and explanation of services associated with "Incident Only" or "Record Only" claims. Is there a charge to report Incident Only / Record Only claims, and if so, what is the charge?***

"Record Only Claim" shall mean any incident reported for statistical purposes only and specifically identified as a Record Only Claim at the time of the initial report, with no (1) reserve, (2) involvement of PMAMC personnel for follow up, outreach or any other activity other than recording the incident in PMAMC's system, (3) subrogation activity, (4) litigation activity and the claim is not otherwise contested, (5) payment of any type required or time lost from work, (6) investigation or review regarding compensability or liability assessment, or (7) carrier report, excess reporting requirement, client meeting or settlement authority approval.

Please see the Cost Proposal submitted as a separate document.

4. ***Do you charge to receive new loss assignments, whether by phone, fax, e-mail or via the Internet? If so, clearly outline any charges involved.***

There is no additional charge for reporting claims to PMA.

5. ***Do you charge separately for Index Bureau Filings? If so, outline pricing and indicate whether these filings are considered as an allocated expense.***

Lost Time Workers' Compensation claims and Casualty bodily injury claims are indexed. The fee schedule is outlined in the Exhibit A.

Please see the Cost Proposal submitted as a separate document.

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6. ***Do you handle pursuit of subrogation and/or Second Injury Fund recovery internally or outsource to a vendor? Clearly outline any charges that are not included in your flat rate fees.***

PMAMC offers specialized fee-based services for claims with subrogation and recovery opportunities throughout the United States. These services provide an enhanced level of focus, expertise, and specialization. Our subrogation specialists are highly trained in jurisdictional nuances and have developed state-specific strategies to maximize recoveries for our customers

PMAMC also specializes in maximizing excess recoveries for Beaufort County School District through our fee-based recovery services. PMAMC will identify claims for excess reporting based on the requirements on the specific carrier and send the initial excess notification to the excess carrier in a timely manner as well as provide a copy for your records. Following the carrier notification, PMAMC will aggressively pursue all possibilities of excess insurance reimbursement and document their efforts in the claim log notes. This approach will apply for all potential recoveries including, but not limited to, third party liens, contribution, special/second injury fund, and others.

7. ***Provide explanation for any applicable administrative or account management fees, including services contemplated in any such fee.***

Please see the Cost Proposal submitted as a separate document.

8. ***Alternative pricing in addition to Life of Claim/Life of Contract may be proposed***.

Please see the Cost Proposal submitted as a separate document.

B. Pricing/Quotation – Medical Cost Containment

BEAUFORT COUNTY SCHOOL DISTRICT does not view utilizing “percentage of savings” as a credible mechanism to determine fees for services relating to medical bill re-pricing for statutory fee schedules or usual and customary review.

1. ***Provide either per line or per bill provider bill audit pricing.***

Medical Cost Containment Fees:
Medical Bill Review Fees:
Out of Network pricing fee
Specialty Network fee
Physical therapy network access fee
Durable medical equipment network fee
Diagnostic Testing network fee
Duplicate bill fee
Duplicate charge fee
Per bill cap for medical bill review network savings

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Pharmacy Network Fees:
Fill fee Brand/Generic Retail
% below AWP Brand/Generic Retail

Please see the Cost Proposal submitted as a separate document.

2. Outline PPO pricing.

Please see the Cost Proposal submitted as a separate document.

C. Pricing/Quotation– Loss Data Reporting and RMIS

1. BEAUFORT COUNTY SCHOOL DISTRICT requires access to TPA's RMIS product for one (1) individual client and broker users. Outline whether any User ID's are included in your pricing, and outline the cost for any additional User ID's.

Please see the Cost Proposal submitted as a separate document.

2. To the extent that the providing of hard copy loss runs is not standard in your basic fee structure, provide separate quotation with available options for hard copy loss runs, including pricing/options in the event of expiration or cancellation of service contract (i.e., "run-off").

Please see the Cost Proposal submitted as a separate document.

3. Outline pricing/options in the event of expiration or cancellation of service contract (i.e., "run-off").

Please see the Cost Proposal submitted as a separate document.

4. To the extent that loss data transfer to BEAUFORT COUNTY SCHOOL DISTRICT excess insurer(s) is not standard in your basic fee structure, provide cost of such loss data transfer, including any change in costs due to expiration or cancellation of service contract (i.e., "run-off").

Please see the Cost Proposal submitted as a separate document.

2) PAYMENT TERMS AND LOSS FUNDING

Claim handling service fees will be billed quarterly based on the actual number of claims reported/handled by TPA during the billing period.

Provide options for payment terms with respect to loss funding, including calculation method recognized for maintaining an escrow deposit and your ability to establish a "zero balance" or "sweep" account.

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Explain payment terms for all other services such as RMIS, loss data reporting, etc.

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PMAMC Attachments

- Certificates of Insurance
- ORI Annual Financial Report
- Sample Claim Status Report
- Sample Account Consultation Report
- PMAMC Cinch Brochure
- PMAMC Spotlight on Success

PMA COMPANIES

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