ITN 25-059-CM Questions and Answers

Third Party Administration (TPA) Services for the Self-Funded Workers' Compensation and Liability Program

1. Q. Request for claims data – Loss Run: Dataset 1: Please provide a detailed claim listing containing all the open/pending inventory of claims, regardless of year, for which the new TPA will be responsible for.
1. A. All available data will be made available through this addendum. Please see attached reports.

2. Q. Dataset 2: Please provide a detailed loss run for the prior 3-5 years of all claims.
2. A. All available data will be made available through this addendum. Please see attached reports.

3. Q. For the loss run requests above, please ensure that the loss run includes at minimum, the following data, excluding any personal identifying information (PII):
   - Claim type (LT, MO, BI, PD, incident only)
   - Claim status (O/C)
   - Litigation status
   - Subrogation indicator
   - Date of loss
   - Date reported
   - Date opened
   - Date closed
   - Date reopened
   - Paid dollar amounts (broken out by indemnity, medical, expense)
   - Reserved/Outstanding dollar amounts (broken out by indemnity, medical, expense)
   - Total Incurred dollar amounts (broken out by indemnity, medical, expense)
   - Claim number

3. A. All available data will be made available through this addendum. Please see attached reports.

4. Q. Bill Review data: Please provide bill review data for the prior 3-5 years that contains, at minimum, the following:
   - Number of Bills
   - Provider charges
   - PPO Reductions
   - Bill type identification to minimally include provider, hospital in/outpatient, pharmacy, DME, and PT
   - Fee Schedule reductions

- Enhanced savings reductions
- Any other reductions
- Total Bill fees

4. A. All available data will be made available through this addendum. Please see attached reports.

5. Q. Does the dedicated program nurse handle UR and TCM? What other roles and responsibilities does the dedicated nurse carry out? Are there any UR services handled by designated staff on an ALAE basis if the claim is not opened to a nurse when requests are received?
5. A. The dedicated nurse is a consultant to the adjusting staff on medical issues and assists adjusters with scheduling and clarifying information from medical providers. She is not a TCM, does not perform UR and does not have a set file count.

6. Q. Is the future supplier expected to match the current staff on the program or are we permitted to recommend a model with different headcount based on the loss run figures requested?
6. A. Proposers are permitted to recommend a different model

7. Q. Are you open to alternative proposals with adjusted caseloads?
7. A. Yes

8. Q. Please describe the roles and responsibilities of currently titled staff supporting the program: Operations Support Staff, Network Provider Liaison
8. A. The Operations Support Staff is similar to an office manager, and supervises clerical staff, provides some reporting, and may cut emergency checks and process recovery checks. The Network Provider Liaison is responsible for building and creating the provider network, recruiting physicians to the program, and managing letters of agreement (medical contracts), including negotiating rates, and is the interface for all the ancillary vendors.

9. Q. Who are your current vendors for SIU, MSA, translation/transportation, and FCM? Do these vendors bill the County directly, or is that managed through current TPA? Can these services also be proposed by ITN respondents if service is available through the TPA?
9. A. The selection of ancillary vendors is a function of M-DCPS staff. Ancillary vendors are paid off the file, and case assignment and performance is the responsibility of the TPA. Medicare Set Aside, Transportation & Translation, Surveillance & Investigation, and Field Case Management is currently contracted directly with M-DCPS as a result of an RFP.

10. Q. Post contract termination, is new and takeover claim handling expected for 90 days, or 180 days? (90 days mentioned earlier in RFP, 180 days mentioned later)

10. A. As noted in section 3.2, Terms of Contract Agreement, the Board may exercise its option to extend the contract beyond the two-year renewal, for no more than 90 days. The 180 days noted in Section 8, Proposal Pricing, is not related to a contract period extension, but to the responsibility of managing the claim for a run-out period of 180 days post contract termination.

11. Q. Is the table on pg. 133 expected to be utilized for the additional fee to manage claims for this additional time? Or is this expected to be built into annual fees for other years?
11. A. All fees should be built into the price proposal

12. Q. How many total RMIS users are needed?
12. A. In addition to the users needed by the TPA, approximately 35 users will be required

13. Q. How many total data feeds are needed? What source application, type and frequency? Ie monthly, weekly, daily
13. A. M-DCPS produces a bi-weekly master HR data file to assist with the intake process.

14. Q. What is the current and desired intake method - Data feed, web reporting, telephonically, nurse triage, fax, email?
14. A. Telephonic. The intake team is also responsible for the escalated claims being reported to M-DCPS and ensuring that a nurse is assigned to an escalated file.

15. Q. The RFP mentions that the intake resource is expected to be local – are any of the current 37 FTEs managing intake?
15. A. Intake is managed locally and part of the 37 FTEs

16. Q. Is legal bill review expected to be built into the annual flat fee or charged as ALAE? - Data requested below will be needed if included in the annual flat rate.
16. A. Legal bill review can be a separate cost structure and can be subcontracted, and we are open to different models

17. Q. Is there any interest in rebadging current local staff?
17. A. All current staff would be welcome to a rebadging, if interested.

18. Q. Please clarify discrepancy in due date – Is the due date confirmed as Aug 20th (noted in Exhibit 16 and Demandstar) or Sept 8th (As noted on page 1 of ITN PDF - Invitation to Negotiate)
18. A. The deadline for this solicitation is September 8, 2026 at 1pm.

19. Q. Please clarify the scope and expectations for administering the wellness program, beyond the annual $300K investment – will your future TPA be responsible for coordinating activities and new program initiatives or essentially just funding the established wellness program with that coordination being managed by M-DCPS?

19. A. The Wellness Program is managed by the TPA using local vendors to coordinate program activities. The cost related to injured workers who are participating in the program is paid out of the file. The $300K program cost does not include the cost of the management position.

20. Q. Does the Wellness Coordinator resource dedicated to the program count towards the $300K investment, or is that resource in addition to funding $300K towards activities/initiatives?

20. A. The Wellness Coordinator is not part of the $300k program cost, and is the responsibility of the TPA.

21. Q. Can a diverse supplier be subcontracted for this function?

21. A. The function must be managed by the TPA. The current program manager has a master's degree in exercise physiology but the TPA has used nurses in the past to meet this requirement. We are open to diverse leadership.

22. Q. Please provide relevant program data to support identifying alternative, cost effective program models to propose (data template can be provided):
    - 3-year loss run for both workers' compensation and liability claims
    - 1-3 years of claim payment data for all medical, indemnity, and expense payments
    - 1-3 years of legal bill review data – claim volume, firm information, billed amount, paid amount, savings %
    - 1-3 years of subrogation data – volume of claims, success rate, recovery amount
    - 1-3 years of Managed Care service utilization data –
    - Bill review: bill level or line level data for all medical bills
        - Client-owned network contracts detail – frequency/% of total bills leveraging client-owned contracts instead of PPO discounts
    - 24/7 Nurse triage data – volume, disposition of care recommendations, if currently within program scope
    - Case management utilization data – telephonic and field case management, case volume, case durations, case closure reasons
    - Utilization Review data – UR volume, breakdown by service type, approval/denial decisions, hospital inpatient concurrent review volume, etc.
    - Return to Work data – if not within loss run, or if a return-to-work resource engages for charitable or alternative transitional work placement, provide service details
    - PBM transaction detail – including generic efficiency rate, prior authorization activity, and the avg. annual rebate amount paid to M-DCPS

22. A. All available data will be made available through this addendum. Please see attached reports.

23. Q. Please advise how long adjuster caseload caps of 125 have been in place within the current staffing model and the reason that this caseload cap was introduced. Is current claim staff keeping caseloads at 125 with a mix of MO/LT claims on each desk, and is the weight for the proportion of MO to LT files on each adjuster's desk 1:1?
23. A. Since the worldwide pandemic, we have seen a reduction in claims, and an increase in complexity, however, we feel that this caseload allows for optimal claims handling of highly complex claims.

24. Q. How often are adjusters coming onsite to investigate claims reported? Is this limited to GL claims, or are there any field investigations taking place on WC claims?
24. A. A local presence is required; however, all staff can work remotely. Some staff need to be available locally for investigations. On a rare occasion, Workers' Compensation adjusters may be required to appear live for a deposition or a hearing. On-site investigation performed by local adjusters is the norm for all GL claims.

25. Q. Can alternative pricing models be submitted along with the annual flat rate model, if there are options that may result in a more competitive pricing structure than the flat annual fee, as long as staffing will still be fully dedicated to M-DCPS? – ex. Per claim fee versus annual flat rate
25. A. M-DCPS will review all proposals submitted, however, we prefer a flat fee model

26. Q. Would M-DCPS consider a hybrid onsite/remote staffing model if there is a cost savings opportunity, and if so, how might that influence scoring methodology as outlined in the ITD?
26. A. Onsite staffing is not a requirement in this ITN. Yes, we are willing to consider any staffing model presented as part of your proposal.

27. Q. Does M-DCPS have a preferred external audit company/contact for semi-annual MBR audits or open to the TPA's selection of an external auditor?
27. A. No

28. Q. Please provide the referenced "Performance Guarantee Standards" exhibit and confirm how deviations or proposals for alternative PG metrics will be evaluated in the ITD scoring methodology.
28. A. The Performance Guarantee Standards exhibit will be included in this addendum

29. Q. What AI governance requirements does M-DCPS have that a supplier would need to comply with to engage available AI tools?
29. A. M-DCPS governs supplier use of artificial intelligence through the risk management principles of NIST AI 100-1, the AI Risk Management Framework (AI RMF), intended to help organizations better manage the risks that AI poses to individuals, organizations, and society, together with the district's existing body of School Board policy on data security, privacy, and confidentiality. Data processed by an AI tool receives the same protections as data in any other District system. Applicable policies include:

Policy 8350 (Confidentiality) applies to any confidential District data used to query, prompt, ground, or train an AI model. Employees and agents of the Board are prohibited from revealing or otherwise inappropriately disclosing confidential information to any unauthorized person.

Policy 8330 (Student Records) applies where an AI tool processes student data, alongside FERPA. The district controls the creation, maintenance, and dissemination of student records to protect student privacy.

Policy 7540.01 (Security of District Technology) establishes the CISO's authority over the protection and security of District technology resources and data against unauthorized use, disclosure, modification, or destruction. A supplier's AI tool constitutes a technology resource under this policy.

Policy 7540.02 (Digital Applications and Services) requires that all digital applications and services be approved by the Superintendent or designee prior to implementation. No AI tool may be introduced into the district environment outside this vetting process.

Within that framework, a supplier must satisfy the following specific requirements:

Data handling: Suppliers must provide a zero data retention (ZDR) guarantee: District inputs, prompts, uploads, and model outputs are processed transiently and not persisted after the response is returned. Where a provider retains data for abuse monitoring or trust-and-safety purposes, the retention window, storage location, access controls, and whether any human review occurs must be disclosed in writing and expressly approved by the district.

Prohibition on model training: District data including student and employee personally identifiable information, education records, and any content derived from them may not be used to train, fine-tune, evaluate, benchmark, or otherwise improve any model or service, whether by the supplier or by any downstream provider. Flow-down to sub-processors. These obligations extend to every third party the supplier engages, including underlying foundation-model providers, hosting providers, and any subcontractor with access to District data. Suppliers must disclose the full subprocessor chain, provide advance notice of changes, and contractually bind each sub-processor to terms no less restrictive than those the supplier accepts.

Data location: The District requires that District data be stored and processed within the continental United States, and that the supplier be able to attest to the processing region for both the application layer and any underlying model inference.

Statutory compliance: Suppliers must comply with FERPA (34 C.F.R. Part 99) and, where the tool is student-facing, COPPA and Florida's Student Online Personal Information Protection Act, § 1006.1494, F.S. Contract terms must satisfy Fla. Admin. Code Rule 6A-1.09550, which governs required privacy provisions in district third-party vendor agreements. Suppliers must also execute the affidavit required under § 287.138, F.S., certifying that the entity is not owned or controlled by, and does not have its principal place of business in, a foreign country of concern.

A supplier must demonstrate that its use of AI aligns with the risk management principles of NIST AI 100-1 and complies with all existing M-DCPS data confidentiality, privacy, and security policies. Approval under Policy 7540.02 is a precondition to deployment or implementation, not a formality that follows it.

30. Q. What needs to be prepared to support the open bids virtual meeting at 2:00PM on August 20th? Is this a group or individual responder event? What should proposers be prepared to cover?

30. A. The bid opening is a public meeting where proposers names will be read. Proposers will not be participants in this meeting.

31. Q. Would M-DCPS confirm that the proposal submission due date is September 8, 2026, as outlined on the cover page (Page 1)?

31. A. The deadline for this solicitation is September 8, 2026 at 1pm.

32. Q. Can M-DCPS clarify whether staffing supporting the account is required to be dedicated exclusively to M-DCPS, or whether designated staffing is acceptable? If designated staffing is acceptable, please clarify which coverages this would apply to.

32. A. Yes, adjusting and managerial staff supporting the daily functions are required to be dedicated to M-DCPS

33. Q. Please confirm the caseload cap of 125 only applies to Workers ' Compensation coverages and all other coverages quoted as standard?

33. A. Confirmed

34. Q. Can M-DCPS clarify whether the Miami-Dade County location requirement extends to all personnel supporting the account? If not, please clarify which specific roles are required to be Miami-Dade County-based and whether a hybrid model is available.

34. A. A hybrid model will be accepted, and it will be up to the TPA to manage which staff are required to be local.

35. Q. Please provide a detailed 5-year loss run in Excel format to include claim status (open, closed) and Claim type – ie. Indemity, Medical Only, Bodily Injury, Property Damage.

35. A. All available data will be made available through this addendum. Please see attached reports.

36. Q. Please provide a copy of the current contract in place with your TPA and any amendments.
36. A. This document will be included as part of this addendum.

37. Q. Can you specify the specific areas of program performance improvement sought by the District?
37. A. N/A

38. Q. Are there any service issues or concerns with the current TPA?
38. A. None

39. Q. Does the incumbent pursue subrogation for the District, and is there an associated cost?
39. A. Yes, at no additional cost

40. Q. How many open claims are there for all years broken down by type?
40. A. Please refer to section 4.2.2 – Historical Claim Activity in the ITN

41. Q. How many first responders are directly employed by the district?
41. A. Over 500 School Police Officers

42. Q. We are prepared to comply with the County's staffing requirements and anticipate establishing a dedicated team located within the Miami-Dade area. The RFP references 37 dedicated positions currently in place. Can the County please clarify whether proposers are expected to mirror the County's existing structure with all 37 dedicated positions, or if alternative staffing models utilizing dedicated Miami-Dade-based personnel and equivalent service capabilities will be considered acceptable?
42. A. Alternative staffing models will be considered

43. Q. Medical management and ancillary services. We assume the program includes bill review, pharmacy, utilization review, case management, and subrogation as standard components. Please provide:
    - Current vendors for each service
    - Annual volumes, spend, and fee structure for the past 3–5 years
    - Any contractual carve-outs, guarantees, or required vendor relationships
    - Historical subrogation recoveries and fee arrangements
43. A. All available data will be made available through this addendum. Please see attached reports.

44. Q. Medical Case Management: How many nurse case managers are currently assigned to the District, and are they exclusively dedicated?
44. A. M-DCPS contracts with Field Case Management Providers and they produce dedicated teams.

45. Q. How many claims per year were assigned to Nurse Case Managers from 1/1/21–1/1/2026?

45. A.

2021	318
2022	500
2023	616
2024	559
2025	300
2026	164

46. Q. Are all new claims triaged by a nurse?
46. A. No

47. Q. Is the assignment of Nurse Case Managers standard for all cases, or are there specific criteria for their assignment?
47. A. Specific criteria are used to determine if a case should go to Field

48. Q. Does the county use Field Case Managers for medical management purposes, and if so, what criteria are used for their assignments?
48. A. Field Case Managers may be used to address escalated claims; they may be used on task assignments, or they may be assigned to a file for a longer period of time depending on the need for clarity or advocacy.

49. Q. Bill Review: What is the number of billed charges, bill review allowance, negotiated bill fees, hospital review fees, PPO savings for the past 3 years, and current fee structure?
49. A. This is a new component of the Program.

50. Q. What network does the District use for Medical Bill Review services?
50. A. Genex Mitchell Enlyte

51. Q. Who is the District's current provider for Medical Bill Review Services?
51. A. Genex Mitchell Enlyte

52. Q. Who does the District currently work with for Pharmacy Benefit Management Services, and what is the number of prescriptions filled from 1/1/21–1/1/2026?
52. A. Cadence

53. Q. Does the District have an EDI with its PBM vendor for pharmacy bills, or is this handled manually?
53. A. No, the TPA maintains the EDI responsibility

54. Q. Utilization Review: In the District's workflow, do adjusters process their own prior authorizations?
54. A. Yes, based on the service instructions

55. Q. Can the District provide detailed utilization review statistics for the past five years, including the number of assignments, gross annual expense, gross savings, net savings, and percentage of savings?
55. A. All available data will be made available through this addendum. Please see attached reports.

56. Q. Page 1, it states the due date as **September 8, 2026**
56. A. The deadline for this solicitation is September 8, 2026 at 1pm.

57. Q. Page 12, it states deadline for receipt of proposals, **August 20, 2026, 1:00 PM ET**
57. A. The deadline for this solicitation is September 8, 2026 at 1pm.