

BOARD OF TRUSTEES AGENDA

<input type="checkbox"/>	Workshop	<input checked="" type="checkbox"/>	Regular
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- (A) **Report Only** **Recognition**

Presenter(s):

Briefly describe the subject of the report or recognition presentation.

- (B) **Action Item**

Presenter(s): **ISMAEL MIJARES, DEPUTY SUPERINTENDENT FOR BUSINESS & FINANCE**
LUIS VELEZ, DIRECTOR OF PURCHASING

Briefly describe the action required.

CONSIDER AND TAKE APPROPRIATE ACTION ON THE REQUEST TO APPROVE THE RENEWAL AND EXTENSION OF THE THIRD PARTY ADMINISTRATION SERVICES WITH COST CONTAINMENT SERVICES PORTION OF THE WORKER'S COMPENSATION INSURANCE FOR A FOUR (4) YEAR TERM STARTING 2017-2018.

- (C) **Funding source: Identify the source of funds if any are required.**


- (D) **Clarification: Explain any question or issues that might be raised regarding this item.**

SEE ATTACHED MEMORANDUM



MEMORANDUM

To: Mr. Ismael Mijares, Deputy Superintendent for Business and Finance

From: Luis A. Vélez, Director of Purchasing  Luis A. Vélez
2017.02.03
14:36:05 -06'00'

Date: Tuesday, January 31, 2017

**Subject: Third Party Administration Services with Cost Containment Services
Portion of the Worker's Compensation Insurance extension and
renewal.**

Attached is a copy of the proposed fee schedule from Tristar Risk Management to renew the district's **Third Party Administration Services with Cost Containment Services Portion of the Worker's Compensation Insurance.**

The proposed extension and renewal of this agreement is for a four (4) year option starting September 1, 2017 and ending August 31, 2021. The district's current agreement with Tristar Risk Management started on September 1, 2012 and will expire after August 31, 2017.

Please note that as per the agreement, the agreement shall renew automatically for a one year term, unless one of the Parties gives the other Party written notice of its desire not to renew the Agreement at least sixty (60) days prior to the expiration of the current term. The service agreement for this contract was reviewed by the district's attorney.

Please contact me should you need further information regarding this matter.



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Option III

Eagle Pass Independent School District
Effective September 1, 2017

Fee Schedule

Fixed Flat Annual Fee:

Year Current	\$ 34,500 * (2016-2017)
Year 1	\$ 34,500** (2017-2018)
Year 2	\$ 34,500** (2018-2019)
Year 3	\$ 35,535** (2019-2020)
Year 4	\$ 36,601** (2020-2021)

* Flat Annual Fee includes the handling of 90 (Ind. And MO) claims per service period. Claims received above this threshold will be billed at \$750 per Indemnity and \$125 per Medical Only.

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Miscellaneous Claims Administration Pricing (Year Current)

	Included? (Yes/No)	Fee Description	Total
DWC BRCs, CCHs, and SOAHs	No	At Cost	At cost
Medical Dispute Resolution (MDR)	No	At cost	At Cost
DWC Proposed Employer Violations	Yes		
DWC Representation	No	At Cost	At cost
Litigation Management	Yes		
DWC/CMS Electronic Reporting	No	Per claim-one time	\$7.85
Stop Loss Filing/Reporting	Yes		
All DWC Forms	Yes		
Subrogation Handling	Yes		
External Investigation	Yes		
Legal Fees (regulated by DWC)	No	At Cost	At cost
Index Fee	No	Per Index	\$7.25
Reports to Excess Carrier	Yes		
Location of Office – San Antonio			
Deviations from Specifications-None			
Loss Fund (Escrow requirement)		Already established	



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Cost Containment Services (Year Current)

	Included? (Yes/No)	Allocated to Claim? (Yes/No)	Unit Description	Unit Fee
Pre-authorization (RN)	No	Yes	Per Authorization	\$125
Pre-authorization (Physician)	No	Yes	Per Authorization	\$175
External Case Management	No	Yes	Per Hour	\$95
ECM Travel & Waiting Time	No	Yes	Hour & Mileage @ IRS Rate	
Bill Review	No	Yes	Per Bill	\$8.50
Peer Review by Physician	No	Yes	Per Hour	\$250

Other Services (Year Current)

	Included? (Yes/No)	Allocated to Claim? (Yes/No)	Unit Description	Unit Fee
Internal Investigation	Yes	No		- 0-
Photocopying/Fax	Yes	No		- 0-
Photographs	Yes	No		- 0-
Phone Charges	Yes	No		- 0-
Checking and Banking Fees (Check	Yes	No		- 0-
On-line Data access	Yes	No		- 0-
Claims Liaison and Quality Control	Yes	No		- 0-
Non-standard Customized Reports	Yes	No		- 0-



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Miscellaneous Claims Administration Pricing (Years 1 & 2)

	Included? (Yes/No)	Fee Description	Total
DWC BRCs, CCHs, and SOAHs	No	At Cost	At cost
Medical Dispute Resolution (MDR)	No	At cost	At Cost
DWC Proposed Employer Violations	Yes		
DWC Representation	No	At Cost	At cost
Litigation Management	Yes		
DWC/CMS Electronic Reporting	No	Per claim-one time	\$7.85
Stop Loss Filing/Reporting	Yes		
All DWC Forms	Yes		
Subrogation Handling	Yes		
External Investigation	Yes		
Legal Fees (regulated by DWC)	No	At Cost	At cost
Index Fee	No	Per Index	\$7.25
Reports to Excess Carrier	Yes		
Location of Office – San Antonio			
Deviations from Specifications-None			
Loss Fund (Escrow requirement)		Already established	

Cost Containment Services (Years 1 & 2)

	Included? (Yes/No)	Allocated to Claim? (Yes/No)	Unit Description	Unit Fee
Pre-authorization (RN)	No	Yes	Per Authorization	\$125
Pre-authorization (Physician)	No	Yes	Per Authorization	\$175
External Case Management	No	Yes	Per Hour	\$95
ECM Travel & Waiting Time	No	Yes	ur & Mileage @ IRS Rate	
Bill Review	No	Yes	Per Bill	\$8.50
Peer Review by Physician	No	Yes	Per Hour	\$250



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Other Services (Years 1 & 2)

	Included	Allocated to Claim?	Unit Description	Unit Fee
Internal Investigation	Yes	No		- 0-
Photocopying/Fax	Yes	No		- 0-
Photographs	Yes	No		- 0-
Phone Charges	Yes	No		- 0-
Checking and Banking Fees (Check	Yes	No		- 0-
On-line Data access	Yes	No		- 0-
Claims Liaison and Quality Control	Yes	No		- 0-
Non-standard Customized Reports	Yes	No		- 0-



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Miscellaneous Claims Administration Pricing (Years 3 & 4)

	Included? (Yes/No)	Fee Description	Total
DWC BRCs, CCHs, and SOAHs	No	At Cost	At cost
Medical Dispute Resolution (MDR)	No	At cost	At Cost
DWC Proposed Employer Violations	Yes		
DWC Representation	No	At Cost	At cost
Litigation Management	Yes		
DWC/CMS Electronic Reporting	No	Per claim-one time	\$8.20
Stop Loss Filing/Reporting	Yes		
All DWC Forms	Yes		
Subrogation Handling	Yes		
External Investigation	Yes		
Legal Fees (regulated by DWC)	No	At Cost	At cost
Index Fee	No	Per Index	\$8.95
Reports to Excess Carrier	Yes		
Location of Office – San Antonio			
Deviations from Specifications-None			
Loss Fund (Escrow requirement)		Already established	

Cost Containment Services (Years 3 & 4)

	Included? (Yes/No)	Allocated to Claim? (Yes/No)	Unit Description	Unit Fee
Pre-authorization (RN)	No	Yes	Per Authorization	\$140
Pre-authorization (Physician)	No	Yes	Per Authorization	\$175
External Case Management	No	Yes	Per Hour	\$105
ECM Travel & Waiting Time	No	Yes	Hour & Mileage @ IRS Rate	
Bill Review	No	Yes	Per Bill	\$8.75
Peer Review by Physician	No	Yes	Per Hour	\$250



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Other Services (Years 3 & 4)

	Included	Allocated to Claim?	Unit Description	Unit Fee
Internal Investigation	Yes	No		- 0-
Photocopying/Fax	Yes	No		- 0-
Photographs	Yes	No		- 0-
Phone Charges	Yes	No		- 0-
Checking and Banking Fees (Check	Yes	No		- 0-
On-line Data access	Yes	No		- 0-
Claims Liaison and Quality Control	Yes	No		- 0-
Non-standard Customized Reports	Yes	No		- 0-