



Loudoun County, Virginia

REQUEST FOR PROPOSAL

CLAIMS ADMINISTRATION SERVICES FOR WORKERS' COMPENSATION

ACCEPTANCE DATE: Prior to 4:00 p.m., January 6, 2020 "Atomic" Time

RFP NUMBER: RFQ 137782

ACCEPTANCE PLACE: Department of Finance and Budget
Division of Procurement
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Leesburg, Virginia 20175

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This document can be downloaded from our web site:

www.loudoun.gov/procurement

Issue Date: November 21, 2019

IF YOU NEED ANY REASONABLE ACCOMMODATION FOR ANY TYPE OF DISABILITY IN ORDER TO PARTICIPATE IN THIS PROCUREMENT, PLEASE CONTACT THIS DIVISION AS SOON AS POSSIBLE .

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Prepared By: Diane C. Smith, CPPB Date: November 21, 2019
Assistant Purchasing Agent

CLAIMS ADMINISTRATION SERVICES FOR WORKERS' COMPENSATION

1.0 PURPOSE

The intent of this Request for Proposal (RFP) is for the County of Loudoun, Virginia (County) to obtain proposals to establish a contract or contracts through competitive negotiation from qualified organizations specializing in third party administration of self-insured workers' compensation claims.

2.0 COMPETITION INTENDED

It is the County's intent that this Request for Proposal (RFP) permits competition. It shall be the offeror's responsibility to advise the Purchasing Agent in writing if any language, requirement, specification, etc., or any combination thereof, inadvertently restricts or limits the requirements stated in this RFP to a single source. Such notification must be received by the Purchasing Agent not later than fifteen (15) days prior to the date set for acceptance of proposals.

3.0 BACKGROUND INFORMATION

- 3.1 Loudoun County Department of Human Resources (DHR) manages the County's Insurance and Self-Insurance Program, for all Loudoun County Government agencies and employees, including approximately 1,200 Fire and Rescue volunteers. There are approximately 5,400 full, part-time, and limited term employees in Loudoun County Government. Loudoun County Public Schools is not included in this program.
- 3.2 The County has self-insured its Workers' Compensation risks since January 1, 1989. The County maintains Excess Workers' Compensation insurance with a Self-Insured Retention (SIR) of \$900,000.
- 3.3 Active claims (as of 9/30/19) and historical loss run data is contained in Attachment 1.
- 3.4 The County's Fiscal Year is from July 1 through June 30 of the following year.

4.0 OFFEROR'S MINIMUM QUALIFICATIONS

Offerors must demonstrate that they have the resources and capability to provide the materials and services as described herein. All offerors must submit the documentation indicated below with their proposal. Failure to provide any of the required documentation shall be cause for proposal to be deemed non-responsible and rejected.

The following criteria shall be met in order to be eligible for this Contract:

- 4.1 Contractor will perform all duties required of the employer under the Virginia Workers' Compensation Act, Title 65.2 of the Code of the Commonwealth of Virginia.

- 4.2 Contractor shall provide a description of their organization and business experience managing third party workers' compensation programs and shall provide a minimum of three (3) public entity references, including at least one (1) Virginia entity, that demonstrate experience during all stages of the client relationship.
- 4.3 The Contractor shall guarantee that there is adequate staffing to support all claims processing and support services required by the County. The staffing plan must be approved by the County. It is expected that the selected Contractor will assure that caseloads will be consistent with industry standards. Maximum caseloads will be agreed upon by the Contractor and County prior to inception of the Contract.
- 4.4 Contractor shall provide the County a fully supported, web-based Claims Management Information system that will process workers' compensation claims, maintain all documents file imaged, and provide industry standard real-time risk management reporting capabilities to users.

5.0 SCOPE OF SERVICES

All proposals must be made on the basis of, and either meet or exceed, the requirements contained herein. All offerors must be able to provide:

5.1 Workers' Compensation Claims Administration

A. Staffing

1. Contractor shall assign a designated Account Manager with responsibility and authority to take all necessary steps to ensure that County expectations are met, and to solve all Contract disputes, professional performance, invoicing, and other conflicts that may arise.
2. Contractor shall assign a dedicated Claims Manager who must have a minimum of ten (10) years of dedicated workers' compensation experience, including a minimum of five (5) years of workers' compensation claims supervisory experience.
3. Contractor shall assign dedicated adjusters and a claims supervisor to the County account with caseloads consistent with industry standards. Maximum caseloads will be agreed upon by the Contractor and County prior to inception of the Contract.
4. Adjusters assigned to handle County claims shall have a minimum of three (3) years of workers' compensation claim adjudication experience. Claims Supervisors shall have a minimum of five (5) years of workers' compensation claims adjudication experience.
5. Prior to changing any of the specified key personnel (Account Manager, Claims Manager, Claims Supervisors, and Adjusters) for any reason, the Contractor shall notify County Risk

Management as soon as is practicable, but at least five (5) business days in advance. Contractor shall submit justification for the change (including resumes for proposed substitutions) in sufficient detail to permit evaluation of the impact upon the Contract. Proposed substitutions of personnel shall be subject to prior review and approval by the County.

6. Contractor shall describe internal and external training programs for new employees and ongoing staff development. Contractor shall describe how changes based on case law and new legislation shall be communicated to employees.

B. First Report of Injury

1. The County currently accepts employee claims through electronic mail, but is exploring telephonic and/or web-based intake processes, and will be reviewing modifications to their internal process. Contractor shall provide a secure e-mail address to receive the first report of injury and employee's injury report. In addition, the Contractor shall establish and maintain a 24/7 toll free telephone number and optional web-based intake form for the reporting of workers' compensation injuries.
2. Claim numbers must be created by the Contractor. Location code number will be provided by the County.
3. The claims supervisor reviews all County first reports of injury and assigns the claim to the appropriate claims adjuster. County Risk Management is provided with the name of the assigned claims adjuster.
4. The claims adjuster shall verify the accuracy of data entry information as well as verification of the agency location, nature, and cause codes.
5. Contractor shall forward an acknowledgement letter via electronic and/or U.S. Mail to all injured employees, which includes the claim file number, adjuster's name, and contact information within five (5) business days of receipt of the first report of injury.

C. Initial Contact

1. The Contractor must complete initial contact within forty-eight (48) hours of assignment. 3-Point contact is required on all claims with the exception of report only, and fully documented in claim notes as to the facts of loss provided by all parties. This contact requirement includes:
 - a. **Employee-** to verify description of accident, medical/disability status with names of medical provider, and prior medical and claim history.

- b. **Employer/Supervisor-** to verify description of accident, job title, description of duties, history of employment, injury disability status, return to work possibilities and any other pertinent information; and
 - c. **Healthcare Provider-** to establish history of injury, diagnosis, prognosis, and to confirm that work status is addressed so that employee can return to work as quickly as medically possible.
- 2. Voice to voice contact is required with the employee. Three (3) attempts must be made and efforts must be clearly documented in the file notes.
 - 3. If the Contractor is unable to contact the employee by telephone after three (3) attempts, a follow-up letter via electronic and certified U.S. Mail should be sent within fourteen (14) calendar days of the date of the first report of injury.

D. Recorded Statements

- 1. Contractor must obtain recorded verbal statements from the injured worker, and if applicable, any witnesses on all claims where compensability is questionable or if the claim was reported more than three (3) business days post-incident.
- 2. If a recorded statement is not obtained on a claim, the file notes will clearly document the reasons for not obtaining a recorded statement.

E. Index Bureau Inquiry

- 1. Contractor must report all claims to the Claims Index Bureau (ISO) upon receipt of the first report of injury for lost time and medical only claims.
- 2. An Index will be requested should a report only claim become a lost time or medical only claim.
- 3. All results shall be documented in the claim notes.
- 4. Any additional reporting must be approved by County Risk Management.

F. Determination of Compensability

- 1. Contractor is required to fully investigate and adjust each claim occurring within the Contract period in accordance with the applicable laws governing Virginia Workers' Compensation claims.
- 2. Compensability determinations must be made as soon as possible.

3. Contractor will provide written communication by electronic or U.S. Mail to the injured worker advising of the status of claim within fourteen (14) calendar days of receipt (i.e., letters of acceptance, pending, incident, or denial), with a copy to County Risk Management. Every thirty (30) calendar days thereafter, the Contractor will provide written communication advising the claimant of the claim compensability status until a final decision has been made. A copy of the status letters will be included in the scanned claim documents.

G. Claim Denial

1. When a determination has been made to deny a claim, Contractor must seek County Risk Management approval prior to communicating the denial to the employee. The written recommendation for denial via electronic mail shall include the legal basis for denial, transcript of recorded statement (if applicable), a copy of the draft denial letter, and any additional information supporting the recommendation.
2. After County Risk Management provides written agreement of the recommendation to deny a claim, Contractor must communicate denial to employee verbally (voice to voice) and in writing (electronic or U.S. Mail) per section 5.1(F)(3).
3. The County will remit payment for the first date of medical services for an injury by accident that results in a claim denial, provided the injury was not sustained through a willful violation of known safety rules.

H. Claim Audits

1. Open claims must be reviewed by a supervisor at least every thirty (30) calendar days. Documentation of the review must include comments in the electronic activity notes on reserve adequacy, verification of financial activity, and recommendations for future handling of the claim. This requirement does not apply to workers' compensation claims opened for medical benefits only if they are automatically closed.
2. Contractor must conduct continuous audits of claim files by adjuster and supervisor for benchmark milestones such as prompt contact, investigation, and compensability/liability decisions, prompt payments, proper statutory filings with the Virginia Workers' Compensation Act (VWCC), and other criteria to be determined. Similar audits must be conducted on nurse case management activity. All audit results, to include specific identified remedies and their implementation plans, must be

provided to the County on a quarterly basis in a format to be determined.

3. At time of closure, claims must be reviewed by a supervisor. Documentation of the review must include comments in the electronic activity notes to confirm the validity of closure and claim coding, proper statutory filings with the VWCC, and to reconcile financial activity to ensure appropriateness of payments. This requirement does not apply to workers' compensation claims opened for medical benefits only, if they are automatically closed.

I. Performance Measurements

1. The County will conduct monthly reviews to ensure that employees are receiving the benefits owed them, and that the claim handling is cost effective and managed in a proficient and proactive manner. The audit results will be shared with the Contractor. In the event of severe deficiencies, the Account Manager must prepare a corrective action plan with associated dates for completion.
2. Contractor is responsible for any fines, penalties, interest charges, or duplicate claim payments incurred by the County as a result of the Contractor's failure and/or negligence. Should a claim overpayment occur or is discovered by the Contractor, the County, or any other party, the Contractor must immediately correct such error and make the County whole. The Contractor may thereafter seek to recover its own funds for such overpayments from the parties to whom the payments were made in error. Further, should a statute of limitations toll or a procedural rule be violated due to an error or oversight on the part of its staff, any resultant penalty, fee or monetary loss must be borne by the Contractor.

J. Average Weekly Wage

1. Average weekly wage shall be calculated for claims with lost time exceeding seven (7) calendar days, litigated claims, denied claims, and upon request of the County.
2. Wage verification should be requested directly by the Contractor from Payroll.

K. Injury Leave

1. Injury leave is a benefit provided and administered directly by the County to benefit-eligible employees who sustain compensable injuries or occupational illnesses. Injury leave allows for the continuation of full salary, while employees receive the tax benefits entitlement of Workers' Compensation.

2. Eligibility for injury leave begins the date of the injury or the first day of lost time and expires after twenty-six (26) weeks. The twenty-six (26) weeks of available injury leave is available for use within the first year of injury. This maximum term applies to each compensable occurrence and any reoccurrences resulting from the same injury.

L. Indemnity Payments and Reporting

1. Indemnity payments shall be made bi-weekly corresponding with the County's pay cycle.
2. Contractor will provide County Risk Management with a bi-weekly indemnity list five (5) business days prior to each County payday, corresponding with the County's pay cycle. This report shall include, period the check covers, date of accident, claims adjuster, employee's name, agency, weekly compensation rate, the amount of the check, type of payment, number of weeks paid to date, comments and the date benefits are due to cease. Should changes occur to this list during the five (5) business days, notification of the changes must be given as soon as they are known.
3. The County currently pays temporary total disability benefits through Payroll and is reimbursed from the self-insurance fund through payments disbursed via paper checks from the Contractor; however, the County is exploring modifications to their internal process. Contractor shall offer the option to directly send temporary total disability benefits for current employees, who have exhausted injury leave benefits, directly to the employee's mailing address.
4. All indemnity benefits not identified in 5.1.L.3 shall be paid directly to the employee's mailing address.
5. Ninety (90) calendar days prior to expiration of indemnity benefits, the Contractor will verify with the VWCC that the expiration date is correct and document the file accordingly.

M. Reserving

1. Reserves must be calculated using standards acceptable in the industry.
2. Initial opening reserve shall be established on each claim within fourteen (14) calendar days of first receipt of the claim.
3. All reserves shall be reviewed and adjusted, as necessary, within sixty (60) calendar days of the opening date of the claim.
4. All open claims shall have reserves formally reviewed at least every ninety (90) calendar days.

5. County Risk Management requires a formal narrative status report on claims with an incurred value of \$50,000 or more. These reports will be communicated to the County at ninety (90) calendar day intervals.

N. Medical Bill Payments

1. Medical bills, prescriptions and expenses shall be processed for payment within fourteen (14) calendar days of receipt of the supporting medical documentation.
2. Review and re-pricing of all medical bills is required to ensure compliance with the Virginia Fee Schedule and/or to ensure preferred provider network discounts.
3. Contractor shall perform hospital bill audits on all inpatient care expenses when an employee's inpatient care expenses exceed \$5,000.

O. Return to Work

1. Contractor shall notify County Risk Management when an employee is released to modified or full duty. This notification shall be made the same day as notice of the release.
2. Each County department is expected to accommodate its employees who suffer job-related injury/illness by providing modified-duty assignments. County Risk Management facilitates the transition to modified duty when necessary.
3. When the physician releases the employee to return to work in a transitional capacity, the employee will return as instructed by the medical status report. County Risk Management will coordinate with the department on an as needed basis if questions arise with regard to the modified duty assignment.

P. IMEs, Medical Management, and Vocational Rehabilitation

1. Only vendors approved by County Risk Management may be used for medical case management or vocational rehabilitation. The claims adjuster will notify County Risk Management of all case management and vocational placement referrals.
2. Within one week of assigning a claim for medical case management or vocational rehabilitation, the rehabilitation Contractor will meet with the employee and the treating physician and develop a rehabilitation plan. An initial report including this plan shall be submitted to the Contractor and County Risk Management within thirty (30) calendar days. Telephone, e-mail or fax updates will be provided to the claims adjuster as needed.

3. Monthly written reports detailing all significant activity on the case shall be submitted by the Contractor to the claims adjuster with a copy to County Risk Management. These reports shall include the current medical status, details concerning further treatment plans, and the return to work plan with projected dates for return to modified and regular duty, if appropriate.
4. The Contractor will provide notice to County Risk Management before scheduling an Independent Medical Examination (IME). The claims adjuster will notify County Risk Management if the IME will be arranged by the Contractor IME unit, the claim specialist, or the case manager.
5. Prior to scheduling an IME, Contractor will advise County Risk Management which physician that will perform the evaluation.
6. Notification of the scheduled IME appointment must be given to the employee both verbally and by certified mail outlining the consequences for failure to keep the appointment. A copy of the notification letter shall be saved to the electronic claim file.
7. All IME, medical management, and vocational rehabilitation expenses must be billed directly to the claim file.

Q. Surveillance

1. Contractor shall have surveillance vendors available.
2. Contractor must determine when surveillance or outside investigation is necessary, recommend a surveillance plan, and seek written approval from County Risk Management prior to assignment.
3. Contractor must provide the investigator with a description of the employee, the reason for the request, the number of hours permitted to work on the file, and any other pertinent information to increase the potential for findings.
4. Contractor must document all surveillance assignments clearly in the file and notify County Risk Management of the results of all surveillance and activity checks.

R. Permanent Partial Disability (PPD)

1. If a claim has PPD exposure over \$25,000, the claims adjuster will notify County Risk Management, and make a recommendation regarding whether or not an Independent Medical Examination is necessary.
2. The Contractor is not permitted to arrange physician evaluations that are exclusively for the purpose of establishing a PPD rating unless the employee has already submitted their own medical evaluation with a permanent impairment rating.

The scheduling and payment for establishing a PPD rating is the responsibility of the injured employee.

S. Litigation Procedures

1. All litigation on workers' compensation claims will be handled by County Risk Management's preferred outside defense counsel.
2. County Risk Management shall be notified immediately when the claims adjuster is aware of pending litigation.
3. Upon receipt of the Virginia Workers' Compensation Commission (VWCC) notice of referral to the hearing docket, the claims adjuster shall prepare a litigation report and submit the report to County Risk Management and outside defense counsel within five (5) business days. The litigation report shall include:
 - a. Date of litigation event, time, and location
 - b. Employee name
 - c. Date of accident
 - d. VWCC JCN
 - e. Employee attorney (if applicable)
 - f. Synopsis of claim
 - g. Medical treatment history
 - h. Disability status
 - i. Average Weekly Wage
 - j. A list of indemnity benefits paid to date
 - k. Issues in dispute
 - l. Defenses to issues in dispute, including applicable statute
 - m. Suggested pre-hearing recommendations
4. The claim file with supporting medical records and notes shall accompany the litigation report when it is sent to outside defense counsel.
5. The claims adjuster will provide notice to County Risk Management by electronic mail before filing an employer's application for hearing.
6. All recommendations regarding appeals of hearing decisions or court verdicts shall be approved in writing by County Risk Management.

7. All settlements require the County's written authorization.
8. Contractor's staff must have availability to attend evidentiary hearings upon request by outside defense counsel.
9. Contractor agrees to meet, at minimum, monthly with the County and outside defense counsel to discuss ongoing claims, and general management and program matters. This meeting will be held via phone conference.

T. Notice of Lien and Subrogation

1. A notice of lien must be sent within five (5) business days upon knowledge of potential subrogation, with a copy sent to County Risk Management.
2. If a claim with a value under \$1,000 has been open for six months and all efforts to locate the adverse party have been exhausted, the file may be closed by the Contractor. The claims adjuster will notify County Risk Management of the closing via electronic mail. If the claim value is over \$1,000, the claims adjuster will provide County Risk Management with recommendations for further handling.
3. If the adverse third party is uninsured or incarcerated with no assets and/or anticipation of recovering the lien, the claims adjuster will notify County Risk Management in writing with recommendations for further handling.
4. Prior to requesting reimbursement from the appropriate party, a quality review check of the calculations must be completed by the claims adjusters and forwarded to County Risk Management for approval. The request must include the total lien request, the total amount paid and a printout of all payments. County Risk Management will review and reconcile the amount in the claim payment system for accuracy.
5. Prior written authorization is required before accepting a compromise less than full recovery of the County's lien. The claims adjuster will include the recommendation and reasoning for the recommendation in the request for authorization. Notification of final recoveries shall be directed to the County.
6. Recovery checks will be directed to the County Risk Management for deposit.
7. Contractor must seek approval from County Risk Management prior to retaining counsel to represent the County on a subrogation matter.

U. Statutory Filings with the VWCC

1. The claims adjuster will file all required forms. Completed forms must be submitted to the VWCC via WebFile, facsimile, or certified mail with requested return receipts monitored closely.
2. When required, the claims adjuster shall prepare the appropriate Workers' Compensation Agreement Forms and forward them via electronic or U.S. mail to the employee with correspondence requesting the proper execution of the documents.
3. If Agreement Forms are not returned within twenty-one (21) calendar days, a second letter with the forms enclosed will be sent to the employee, with a copy to the department Human Resources Liaison, requesting immediate action.
4. Contractor will accomplish all state mandated Electronic Data Interchange (EDI) reporting.

V. Customer Service

1. Provide courteous and prompt service while treating all County employees fairly and equitably. Provide all applicable benefits for which they are entitled and written notices as required by the VWCC.
2. Contractor must respond within one (1) business day, or sooner if specifically required, to any written inquiry, complaint or request from the employee, County Risk Management, or other interested party.
3. Contractor shall meet with County Risk Management on a semi-annual basis to review program accomplishments.
4. Claims adjusters will initiate ongoing verbal contact, at least once every fourteen (14) calendar days, with employees with active claims. This subsection section does not apply to employees who are represented by counsel.
5. Contractor shall provide employees with a Customer Experience Survey, at no charge to the County, as a way to gauge the level of service provided by the Contractor, Physicians' Provider, and County Risk Management. Contractor agrees to review survey results and comments and develop and implement plans for corrective action where required by the County. Survey results will be reviewed with County Risk Management at the semi-annual claims review meeting.

W. Loss Prevention and In-House Training

1. Provide a minimum of four (4) educational trainings for County departments per year regarding the state workers' compensation process and pertinent legislative updates.

2. Identify loss run trends and provide information and resource materials to assist with risk mitigation.
3. Contractor shall provide County Risk Management with case law and legislation updates on a quarterly basis.

X. Previous Claims

Contractor must assume the responsibility for the handling of all workers' compensation claims under this Contract from the inception date of the Self-Insurance Program – January 1, 1989.

5.2 Claims Information System

- A. Contractor must maintain a comprehensive claims management information system, and must conduct continuous audits of claim file data to assure accuracy and completeness. Audit results, to include specific identified remedies and their implementation plans, must be provided to the County on a quarterly basis in a format to be determined.
- B. The County shall be provided with ad hoc report writing capability from the Contractor's automated claim and risk management information system, with the flexibility to sort on any and all data elements. The report information should be capable of being converted to a graphics format and have a print option.
- C. The Contractor must use its own system while providing the County with online or web access to the Contractor's system. The Contractor must provide the County with reliable, secure access to its system. The system must be available for access twenty (24) hours a day, seven (7) days a week and include remote access capabilities. The Contractor must provide Help Desk resources during normal business hours, and provide resolution to inquiries within one (1) business day. The system must include automated check writing.
- D. Claims activity must be paperless documentation, by use of electronic note screens. The system must be available to the County for real time file access, using available County personal computers and remote access. County Risk Management must have the capability to establish diaries. It is anticipated that a maximum of five (5) users will require online or web access to the Contractor's system. Training in system and/or application operation of County Risk Management personnel will be the responsibility of the Contractor, at no additional cost to the County.
- E. Computerized loss/experience reports must be available for County Risk Management. The Contractor must submit to the County the fiscal year-end report as soon as possible after June 30th, but no later than August 15th, for each year that the Contract is in place. The reports

must cover all years since the inception of the self-insurance program. Data in the loss reports must include at least the following:

1. Separate reports for each department of the Self-Insurance Program, and by each location level
 2. Separate reports for each Contract year, with summary reports for all years and year to date information
 3. Summary reports for prior years' experience
 4. Claim date
 5. Name of Injured Worker/Claimant
 6. Description of loss
 7. Description of injury - if applicable
 8. Amount paid to date (Indemnity & Medical)
 9. Amount of outstanding reserve
 10. Total Incurred
 11. Date of last reserve change
 12. Summary sheets for each department
 13. Loss ratio – where applicable
- F. Separate computerized loss control reports must be provided for online review at least quarterly. Loss control reports must consist of information that will allow comparisons of accident frequency and severity by department/participating agency.
- G. Contractor must provide other statistical data within two (2) business days as requested by the County Risk Management, such as ad hoc reports on accidents or payment information, for no additional charge.

5.3 Excess Carrier Reporting

Contractor shall report all losses meeting reporting criteria to the appropriate excess carrier. The County will provide the Contractor annual renewal updates including carrier contact information, policy period, self-insured retention limit and policy limits.

5.4 Compliance

- A. Contractor agrees to provide Medicare Agent Services for mandatory quarterly electronic reporting requirements issued by the Centers for Medicare/Medicaid Services (CMS) regarding certain injured employees who are Medicare Beneficiaries.
- B. Contractor must provide the County a copy of their System and Organization Controls Report on an annual basis, no later than September 15th of each Contract year.

- C. The County requires that the Contractor produce any claims statistical data required by the State Insurance Department.

5.5 Funding, Invoicing, and Payments

- A. An escrow account of \$225,000 will be established from which the Contractor will make payments on valid claims. Escrow fund adequacy will be evaluated on an annual basis.
- B. The County requires imprest funding on a biweekly basis.
- C. For individual claim payments in excess of \$25,000 for valid claims, the Contractor shall notify County Risk Management by phone or e-mail prior to payment. The County will wire funds to the Contractor for such payments within seven (7) calendar days of receipt of the invoice.
- D. Each invoice must be accompanied by sufficient back-up documentation to support all invoiced charges and calculations.
- E. The County retains the right to audit the books and records of the Contractor to validate any and all charges, fees and expenses.
- F. All invoices related to any of the accounts are to be sent to the assigned County Contract Administrator.

5.6 Transition of Services upon Termination of Contract

- A. Upon termination of the Contract, the Contractor shall provide transition of all electronic claim files to the vendor designated by the County, or to the County, or both, no later than fifteen (15) business days after the termination date of the Contract.
- B. Contractor shall provide any additional claim material such as recorded statements and video surveillance tapes to County Risk Management within fifteen (15) business days of the termination date of the Contract. The claim material shall be clearly marked with the claim number and a description of content.

5.7 Confidentiality Regulations including Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR

- A. Sign and adhere to the Loudoun County Business Associates Agreement (BAA) (Attachment 2).
- B. Maintain confidentiality on all data collected in administration of this Contract. Data shall not be released without the prior written permission of the County.

5.8 Post-award Kickoff Meeting

Upon the award of this Contract, the Contractor shall participate in a Kickoff Meeting hosted by the County Contract Administrator to discuss Contract requirements and the transition process.

6.0 TERMS AND CONDITIONS

The Agreement for Service ("Contract" or "Agreement") with the successful offeror will contain the following Terms and Conditions. Offerors taking exception to these terms and conditions or intending to propose additional or alternative language must (a) identify with specificity the County Terms and Conditions to which they take exception or seek to amend or replace; and (b) include any additional or different language with their proposal. Failure to both identify with specificity those terms and conditions offeror takes exception to or seeks to amend or replace as well as to provide offeror's additional or alternate Contract terms may result in rejection of the proposal. **While the County may accept additional or different language if so provided with the proposal, the Terms and Conditions marked with an asterisk (*) are mandatory and non-negotiable.**

6.1 Procedures

The extent and character of the services to be performed by the Contractor shall be subject to the general control and approval of Contract Administrator or his/her authorized representative(s). The Contractor shall not comply with requests and/or orders issued by other than the Contract Administrator or his/her authorized representative(s) acting within their authority for the County. Any change to the Contract must be approved in writing by the Division of Procurement and the Contractor.

6.2 Term

The Contract shall cover the period from July 1, 2020 through June 30, 2025, or an equivalent period depending upon date of Contract award.

This Contract may be renewed at the expiration of the initial term at the request of the County. The renewal may be for up to three (3) additional one (1) year periods. Any renewal shall be based on the same terms and conditions as the initial term with the exception of the price or rates. Initial prices or rates and subsequent renewal prices or rates are guaranteed for a minimum of twelve (12) months. Any increases after the initial period should be mutually agreed to by the parties, however, in no instance will the Contract price adjustment for a renewal period exceed three (3%) percent.

6.3 Delays and Delivery Failures

Time is of the essence. The Contractor must keep the County advised at all times of status of parties' agreement. If delay is foreseen, the Contractor shall give immediate written notice to the Division of Procurement. Should the Contractor fail to deliver the proper item(s)/service(s) at the time and place(s) contracted for, or within a reasonable period of time thereafter as agreed to in writing by the Division of Procurement, or should the Contractor fail to make a timely replacement of rejected items/services when so required, the County may purchase items/services of comparable quality and quantity in the open market to replace the undelivered or rejected items/services. The Contractor shall reimburse the County for all costs in excess of the Agreement price when purchases are made in the open market; or, in the event that there is a balance

the County owes to the Contractor from prior transactions, an amount equal to the additional expense incurred by the County as a result of the Contractor's nonperformance shall be deducted from the balance as payment.

6.4 Material Safety Data Sheets

By law, the County of Loudoun will not receive any materials, products, or chemicals which may be hazardous to an employee's health unless accompanied by a Material Safety Data Sheet (MSDS) when received. This MSDS will be reviewed by the County, and if approved, the materials, product or chemical can be used. If the MSDS is rejected, the Contractor must identify a substitute that will meet the County's criteria for approval.

6.5 Business, Professional, and Occupational License Requirement

All firms or individuals located or doing business in Loudoun County are required to be licensed in accordance with the County's "Business, Professional, and Occupational Licensing (BPOL) Tax" Ordinance during the initial term of the Contract or any renewal period.

Wholesale and retail merchants without a business location in Loudoun County are exempt from this requirement. Questions concerning the BPOL Tax should be directed to the Office of Commissioner of Revenue, telephone (703) 777-0260.

6.6 Payment of Taxes

All Contractors located or owning property in Loudoun County shall assure that all real and personal property taxes are paid.

The County will verify payment of all real and personal property taxes by the Contractor prior to the award of any Contract or Contract renewal.

6.7 Insurance

A. The Contractor shall be responsible for its work and every part thereof, and for all materials, tools, equipment, appliances, and property of any and all description used in connection therewith. The Contractor assumes all risk of direct and indirect damage or injury to the property or persons used or employed on or in connection with the work contracted for, and of all damage or injury to any person or property wherever located, resulting from any action, omission, commission or operation under the Contract.

B. The Contractor and all subcontractors shall, during the continuance of all work under the Contract provide the following:

1. Workers' compensation and Employer's Liability to protect the Contractor from any liability or damages for any injuries (including death and disability) to any and all of its employees, including any and all liability or damage which may arise by virtue of any statute or law in force within the Commonwealth of Virginia.

2. Comprehensive General Liability insurance to protect the Contractor, and the interest of the County, its officers, employees, and agents against any and all injuries to third parties, including bodily injury and personal injury, wherever located, resulting from any action or operation under the Contract or in connection with the contracted work. The General Liability insurance shall also include the Broad Form Property Damage endorsement, in addition to coverage for explosion, collapse, and underground hazards, where required.
 3. Automobile Liability insurance, covering all owned, non-owned, borrowed, leased, or rented vehicles operated by the Contractor.
- C. The Contractor agrees to provide the above referenced policies with the following limits. Liability insurance limits may be arranged by General Liability and Automobile policies for the full limits required, or by a combination of underlying policies for lesser limits with the remaining limits provided by an Excess or Umbrella Liability policy.
1. Workers' Compensation:

Coverage A:	Statutory
Coverage B:	\$100,000
 2. General Liability:

Per Occurrence:	\$1,000,000
Personal/Advertising Injury:	\$1,000,000
General Aggregate:	\$2,000,000
Products/Completed Operations:	\$2,000,000
aggregate	
Fire Damage Legal Liability:	\$100,000

GL Coverage, excluding Products and Completed Operations, should be on a Per Project Basis
 3. Automobile Liability:

Combined Single Limit:	\$1,000,000
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- D. The following provisions shall be agreed to by the Contractor:
1. No change, cancellation, or non-renewal shall be made in any insurance coverage without a forty-five (45) day written notice to the County. The Contractor shall furnish a new certificate prior to any change or cancellation date. The failure of the Contractor to deliver a new and valid certificate will result in suspension of all payments until the new certificate is furnished.
 2. Liability Insurance "Claims Made" basis:

If the liability insurance purchased by the Contractor has been issued on a "claims made" basis, the Contractor must comply with the following additional conditions. The limits of liability and the extensions to be included as described previously in these provisions, remain the same. The Contractor must either:

- a. Agree to provide certificates of insurance evidencing the above coverage for a period of two (2) years after final payment for the Contract for General Liability policies. This certificate shall evidence a "retroactive date" no later than the beginning of the Contractor's work under this Contract, or
 - b. Purchase the extended reporting period endorsement for the policy or policies in force during the term of this Contract and evidence the purchase of this extended reporting period endorsement by means of a certificate of insurance or a copy of the endorsement itself.
3. The Contractor must disclose the amount of deductible/self-insured retention applicable to the General Liability and Automobile Liability. The County reserves the right to request additional information to determine if the Contractor has the financial capacity to meet its obligations under a deductible/self-insured plan. If this provision is utilized, the Contractor will be permitted to provide evidence of its ability to fund the deductible/self-insured retention.
4.
 - a. The Contractor agrees to provide insurance issued by companies admitted within the Commonwealth of Virginia, with the Best's Key Rating of at least A:VII.
 - b. European markets including those based in London, and the domestic surplus lines market that operate on a non-admitted basis are exempt from this requirement provided that the Contractor's broker can provide financial data to establish that a market's policyholder surpluses are equal to or exceed the surpluses that correspond to Best's A:VII Rating.
5.
 - a. The Contractor will provide an original signed Certificate of Insurance and such endorsements as prescribed herein.
 - b. The Contractor will provide on request certified copies of all insurance coverage related to the Contract within ten (10) business days of request by the County. These certified copies will be sent to the County from the Contractor's insurance agent or representative.

Any request made under this provision will be deemed confidential and proprietary.

- c. Any certificates provided shall indicate the Contract name and number.
- 6. The County, its officers and employees shall be Endorsed to the Contractor's Automobile and General Liability policies as an "additional insured" with the provision that this coverage "is primary to all other coverage the County may possess." (Use "loss payee" where there is an insurable interest). A Certificate of Insurance evidencing the additional insured status must be presented to the County along with a copy of the Endorsement.
- 7. Compliance by the Contractor with the foregoing requirements as to carrying insurance shall not relieve the Contractor of their liabilities provisions of the Contract.
- E. Precaution shall be exercised at all times for the protection of persons (including employees) and property.
- F. The Contractor is to comply with the Occupational Safety and Health Act of 1970, Public Law 91-956, as it may apply to this Contract.
- G. If an "ACORD" Insurance Certificate form is used by the Contractor's insurance agent, the words "endeavor to" and ". . . but failure to mail such notice shall impose no obligation or liability of any kind upon the company" in the "Cancellation" paragraph of the form shall be deleted.
- H. The Contractor agrees to waive all rights of subrogation against the County, its officers, employees, and agents.

6.8 Hold Harmless

The Contractor shall, indemnify, defend, and hold harmless the County from loss from all suits, actions, or claims of any kind brought as a consequence of any act or omission by the Contractor. The Contractor agrees that this clause shall include claims involving infringement of patent or copyright. For purposes of this paragraph, "County" and "Contractor" includes their employees, officials, agents, and representatives. "Contractor" also includes subcontractors and suppliers to the Contractor. The word "defend" means to provide legal counsel for the County or to reimburse the County for its attorneys' fees and costs related to the claim. This section shall survive the Contract. The County is prohibited from indemnifying Contractor and/or any other third parties.

6.9 Safety

All Contractors and subcontractors performing services for the County are required to and shall comply with all Occupational Safety and Health Administration (OSHA), State and County Safety and Occupational Health

Standards and any other applicable rules and regulations. Also, all Contractors and subcontractors shall be held responsible for the safety of their employees and any unsafe acts or conditions that may cause injury or damage to any persons or property within and around the work site area under this Contract.

6.10 Permits

It shall be the responsibility of the Contractor to comply with County ordinances by securing any necessary permits. The County will waive any fees involved in securing County permits.

6.11 Notice of Required Disability Legislation Compliance *

The County is required to comply with state and federal disability legislation: The Rehabilitation Act of 1973 Section 504, The Americans with Disabilities Act (ADA) for 1990 Title II and The Virginians with Disabilities Act of 1990.

Specifically, Loudoun County, may not, through its contractual and/or financial arrangements, directly or indirectly avoid compliance with Title II of the Americans with Disabilities Act, Public Law 101-336, which prohibits discrimination by public entities on the basis of disability. Subtitle A protects qualified individuals with disability from discrimination on the basis of disability in the services, programs, or activities of all State and local governments. It extends the prohibition of discrimination in federally assisted programs established by the Rehabilitation Act of 1973 Section 504 to all activities of state and local governments, including those that do not receive federal financial assistance, and incorporates specific prohibitions of discrimination on the basis of disability in Titles I, III, and V of the Americans with Disabilities Act. The Virginians with Disabilities Act of 1990 follows the Rehabilitation Act of 1973 Section 504.

6.12 Ethics in Public Contracting *

The provisions contained in §§ 2.2-4367 through 2.2-4377 of the Virginia Public Procurement Act as set forth in the 1950 Code of Virginia, as amended, shall be applicable to all Contracts solicited or entered into by the County. A copy of these provisions may be obtained from the Purchasing Agent upon request.

The above-stated provisions supplement, but do not supersede, other provisions of law including, but not limited to, the Virginia State and Local Government Conflict of Interests Act (§ 2.2-3100 et seq.), the Virginia Governmental Frauds Act (§ 18.2-498.1 et seq.) and Articles 2 and 3 of Chapter 10 of Title 18.2. The provisions apply notwithstanding the fact that the conduct described may not constitute a violation of the Virginia State and Local Government Conflict of Interests Act.

6.13 Employment Discrimination by Contractors Prohibited *

Every Contract of over \$10,000 shall include the following provisions:

- A. During the performance of this Contract, the Contractor agrees as follows:
 - 1. The Contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, disability, status as a service disabled veteran, or any other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the Contractor. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
 - 2. The Contractor, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, shall state that such Contractor is an equal opportunity employer.
 - 3. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient to meet this requirement.
- B. The Contractor will include the provisions of the foregoing paragraphs, 1, 2, and 3 in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

6.14 Drug-free Workplace *

Every Contract over \$10,000 shall include the following provision:

During the performance of this Contract, the Contractor agrees to (i) provide a drug-free workplace for the Contractor's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or behalf of the Contractor that the Contractor maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

For the purposes of this section, "drug-free workplace" means a site for the performance of work done in connection with a specific Contract awarded to a Contractor in accordance with this chapter, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution,

dispensation, possession, or use of a controlled substance or marijuana during the performance of the Contract.

6.15 Faith-Based Organizations *

The County does not discriminate against faith-based organizations.

6.16 Immigration Reform and Control Act of 1986 *

By entering this Contract, the Contractor certifies that it does not and will not during the performance of this Contract violate the provisions of the Federal Immigration Reform and Control Act of 1986, which prohibits employment of illegal aliens.

6.17 Substitutions

NO substitutions, additions or cancellations, including those of key personnel, are permitted after Contract award without written approval by the Division of Procurement. Where specific employees are proposed by the Contractor for the work, those employees shall perform the work as long as those employees work for the Contractor, either as employees or subcontractors, unless the County agrees to a substitution. Requests for substitutions will be reviewed by the County and approval may be given by the County at its sole discretion.

6.18 Workmanship and Inspection

All work under this Contract shall be performed in a skillful and workmanlike manner. The Contractor and its employees shall be professional and courteous at all times. The County reserves the right to require immediate removal of any Contractor employee from County service it deems unfit for service for any reason, not contrary to law. This right is non-negotiable and the Contractor agrees to this condition by accepting this Agreement. Further, the County may, from time to time, make inspections of the work performed under the Agreement. Any inspection by the County does not relieve the Contractor of any responsibility in meeting the Agreement requirements.

The Contractor will have all employees working at County sites wear a photo identification (frontal face). This identification must be prominently displayed at all times. No one with a felony conviction may be employed under this Agreement. The Contractor MUST remove any employee from County service who is convicted of a felony during his or her employment.

6.19 Exemption from Taxes *

Pursuant to Va. Code § 58.1-609.1, the County is exempt from Virginia State Sales or Use Taxes and Federal Excise Tax, therefore the Contractor shall not charge the County for Virginia State Sales or Use Taxes or Federal Excise Tax on the finished goods or products provided under the Contract. However, this exemption does not apply to the Contractor, and the Contractor shall be responsible for the payment of any sales, use, or excise tax it incurs in providing the goods required by the Contract,

including, but not limited to, taxes on materials purchased by a Contractor for incorporation in or use on a construction project. Nothing in this section shall prohibit the Contractor from including its own sales tax expense in connection with the Contract in its Contract price.

6.20 Ordering, Invoicing and Payment

All work requested under this Contract shall be placed on a County issued Purchase Order. The Contractor shall not accept credit card orders or payments.

Contractor shall submit invoices in duplicate at the end of each calendar month, such statement to include a detailed breakdown of all charges and shall be based on completion of tasks or deliverables and shall include progress reports.

Invoices shall be submitted to:

County of Loudoun, Virginia
ATTN: Department of Human Resources (Workers Compensation)
PO Box 7000
Leesburg, VA 20177

Upon receipt of invoice and final inspection and acceptance of the equipment and/or service, the County will render payment within forty-five (45) days unless any items thereon are questioned, in which event payment will be withheld pending verification of the amount claimed and the validity of the claim. The Contractor shall provide complete cooperation during any such investigation. Unless invoice items are questioned, the interest shall accrue at the rate of one percent (1%) per month for any late payments.

Individual Contractors shall provide their social security numbers, and proprietorships, partnerships, and corporations shall provide their federal employer identification number on the pricing form.

6.21 Payments to Subcontractors *

Within seven (7) days after receipt of amounts paid by the County for work performed by a subcontractor under this Contract, the Contractor shall either:

- A. Pay the subcontractor for the proportionate share of the total payment received from the County attributable to the work performed by the subcontractor under this Contract; or
- B. Notify the County and subcontractor, in writing, of his intention to withhold all or a part of the subcontractor's payment and the reason for non-payment.

The Contractor shall pay interest to the subcontractor on all amounts owed that remain unpaid beyond the seven (7) day period except for amounts withheld as allowed in item B. above.

Unless otherwise provided under the terms of this Contract, interest shall accrue at the rate of one percent (1%) per month.

The Contractor shall include in each of its subcontracts a provision requiring each subcontractor to include or otherwise be subject to the same payment and interest requirements as set forth above with respect to each lower-tier subcontractor.

The Contractor's obligation to pay an interest charge to a subcontractor pursuant to this provision may not be construed to be an obligation of the County.

6.22 Assignment *

The Agreement may not be assigned in whole or in part without the prior written consent of the Division of Procurement. The rights and obligations of the Contractor are personal and may be performed only by the Contractor. Any purported assignment that does not comply with this provision is void. This Agreement is binding upon and inures to the benefit of the parties and their respective permitted successors and assigns.

6.23 Termination

Subject to the provisions below, the Contract may be terminated by the County upon thirty (30) days advance written notice to the Contractor; but if any work or service hereunder is in progress, but not completed as of the date of termination, then the Contract may be extended upon written approval of the County until said work or services are completed and accepted.

A. Termination for Convenience

The County may terminate this Contract for convenience at any time in which the case the parties shall negotiate reasonable termination costs.

B. Termination for Cause

In the event of Termination for Cause, the thirty (30) days advance notice is waived and the Contractor shall not be entitled to termination costs.

C. Termination Due to Unavailability of Funds in Succeeding Fiscal Years

If funds are not appropriated or otherwise made available to support continuation of the performance of this Contract in a subsequent fiscal year, then the Contract shall be canceled and, to the extent permitted by law, the Contractor shall be reimbursed for the reasonable value of any non-recurring costs incurred but not amortized in the price of the supplies or services delivered under the Contract.

6.24 Contractual Disputes *

The Contractor shall give written notice to the Purchasing Agent of intent to file a claim for money or other relief within ten (10) calendar days of the occurrence giving rise to the claim or at the beginning of the work upon which the claim is to be based, whichever is earlier.

The Contractor shall submit its invoice for final payment within thirty (30) days after completion or delivery.

The claim, with supporting documentation, shall be submitted to the Purchasing Agent by US Mail, courier, or overnight delivery service, no later than sixty (60) days after final payment. If the claim is not disposed of by agreement, the Purchasing Agent shall reduce his/her decision to writing and mail or otherwise forward a copy thereof to the Contractor within thirty (30) days of the County's receipt of the claim.

The Purchasing Agent's decision shall be final unless the Contractor appeals within thirty (30) days by submitting a written letter of appeal to the County Administrator, or his designee. The County Administrator shall render a decision within sixty (60) days of receipt of the appeal.

No Contractor shall institute any legal action until all statutory requirements have been met. Each party shall bear its own costs and expenses resulting from any litigation, including attorney's fees.

6.25 Severability *

In the event that any provision shall be adjudged or decreed to be invalid, by a court of competent jurisdiction, such ruling shall not invalidate the entire Agreement but shall pertain only to the provision in question and the remaining provisions shall continue to be valid, binding and in full force and effect.

6.26 Governing Law/Forum *

This Agreement shall be governed and construed in all respects by its terms and by the laws of the Commonwealth of Virginia, without giving effect to its conflicts of laws provisions. Any judicial action shall be filed in the Commonwealth of Virginia, County of Loudoun. Contractor expressly waives any objection to venue or jurisdiction of the Loudoun County Circuit Court, Loudoun County, Virginia. Contractor expressly consents to waiver of service of process in an action pending in the Loudoun County Circuit Court pursuant to Virginia Code Section 8.01-286.1.

6.27 Notices

All notices and other communications hereunder shall be deemed to have been given when made in writing and either (a) delivered in person, (b) delivered to an agent, such as an overnight or similar delivery service, or (c) deposited in the United States mail, postage prepaid, certified or registered, addressed as follows:

TO CONTRACTOR

TO COUNTY ((a) and (b)):

County of Loudoun, Virginia
Division of Procurement
1 Harrison Street, S.E., 4th Floor
Leesburg, VA 20177
Attn: Diane C. Smith

TO COUNTY (c) :

County of Loudoun, Virginia
Division of Procurement
P.O. Box 7000
Leesburg, VA 20175
Attn: Diane C. Smith

With copy to:

County of Loudoun, Virginia
Department of Human Resources (W/C)
P.O. Box 7000
Leesburg, VA 20175
Attn: Core Services

Notice is deemed to have been received: (i) on the date of delivery if delivered in person; (ii) on the first business day after the date of delivery if sent by same day or overnight courier service; or (iii) on the third business day after the date of mailing, if sent by certified or registered United States Mail, return receipt requested, postage and charges prepaid.

6.28 Licensure

To the extent required by the Commonwealth of Virginia (see e.g. 54.1-1100 *et seq.* of the Code of Virginia) or the County, the Contractor shall be duly licensed to perform the services required to be delivered pursuant to this Contract.

6.29 Authority to Transact Business in Virginia *

A Contractor organized as a stock or nonstock corporation, limited liability company, business trust, or limited partnership or registered as a registered limited liability partnership shall be authorized to transact business in the Commonwealth as a domestic or foreign business entity if so required by Title 13.1 or Title 50 of the Code of Virginia or as otherwise required by law. Any business entity described herein that enters into a Contract with the County pursuant to the Virginia Public Procurement Act 2.2-4300 *et seq.* shall not allow its existence to lapse or its certificate of authority or registration to transact business in the Commonwealth, if so required under Title 13.1 or Title 50 of the Code of Virginia, to be revoked or cancelled at any time during the term of the Contract. The County may void any Contract with a business entity if the business entity fails to remain in compliance with the provisions of this section.

6.30 Background Checks

Background checks of Contractor's employees and/or subcontractors may be conducted at the discretion of the County after the Contractor identifies those persons who will be working under the Agreement. When this occurs, the Contractor shall not send any workers to the job site whose information has not been provided for the County's background check. The background checks will be paid for by the County. If it is determined in the County's sole judgment, that an individual is not suitable due to the results of a background check, the County has right of refusal for that individual. If the Contractor needs to have materials delivered to the job site, deliveries from outside vendors must be approved in advance by the County Contract Administrator.

The Contractor should have enough qualified people with current background checks so as to be able to provide a replacement within twenty-four (24) hours. It is recommended that the Contractor keep on file with the Contract Administrator a list of persons who may work at County properties so that replacements can be quickly made. Should a replacement take longer than twenty-four (24) hours, this may be cause for termination of the Agreement. Should the Contractor assign someone who has not had a background check, that person will be immediately ordered off of County property and the Contractor may not bill the County for any hours worked. No one with a felony conviction may be employed under this Agreement. The Contractor MUST remove any employee from County service who is convicted of a felony during his or her employment. After initial background checks have been made, they must be done annually for any person working at County sites after one (1) year. Failure to obtain background checks as specified can result in termination of the Agreement.

6.31 Confidentiality

A. Contractor Confidentiality

The Contractor acknowledges and understands that its employees may have access to proprietary, business information, or other confidential information belonging to the County of Loudoun. Therefore, except as required by law, the Contractor agrees that its employees will not:

1. Access or attempt to access data that is unrelated to their job duties or authorizations as related to this Contract.
2. Access or attempt to access information beyond their stated authorization.
3. Disclose to any other person or allow any other person access to any information related to the County or any of its facilities or any other user of this Contract that is proprietary or confidential. Disclosure of information

includes, but is not limited to, verbal discussions, FAX transmissions, electronic mail messages, voice mail communication, written documentation, "loaning" computer access codes and/or another transmission or sharing of data.

The Contractor understands that the County, or others may suffer irreparable harm by disclosure of proprietary or confidential information and that the County may seek legal remedies available to it should such disclosure occur. Further, the Contractor understands that violations of this provision may result in Contract termination.

The Contractor further understands that information and data obtained during the performance of this agreement shall be considered confidential, during and following the term of this Contract, and will not be divulged without the Purchasing Agent's written consent and then only in strict accordance with prevailing laws. The Contractor shall hold all information provided by the County as proprietary and confidential, and shall make no unauthorized reproduction or distribution of such material.

B. County Confidentiality

The County understands that certain information provided by the Contractor during the performance of this Agreement may also contain confidential or proprietary information. Contractor acknowledges that this Contract and public records (as defined by §2.2-3701 of the Virginia Freedom of Information Act) provided pursuant to this Contract are subject to the Virginia Freedom of Information Act §§2.2-3700 et seq. and the Virginia Public Procurement Act §2.2-4342 of the Code of Virginia.

6.32 Counterparts

This Contract and any amendments or renewals hereto may be executed in a number of counterparts, and each counterpart signature, when taken with the other counterpart signatures, is treated as if executed upon one original of this Contract or any amendment or renewal. A signature by any party to this Contract provided by facsimile or electronic mail is binding upon that party as if it were the original.

6.33 Force Majeure

A party is not liable for failure to perform the party's obligations if such failure is as a result of Acts of God (including fire, flood, earthquake, storm, hurricane or other natural disaster), war, invasion, act of foreign enemies, hostilities (regardless of whether war is declared), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation, terrorist activities, nationalization, government sanction, blockage, embargo, strikes at national level or industrial disputes at a national level, or strike or

industrial disputes by labor not employed by the affected party, its subcontractors or its suppliers and which affect an essential portion of the contracted for works but excluding any industrial dispute which is specific to the performance of the works or this contract, interruption or failure of electricity or telephone service.

If a party asserts Force Majeure as an excuse for failure to perform the party's obligation, that party must immediately notify the other party giving full particulars of the event of force majeure and the reasons for the event of force majeure preventing that party from, or delaying that party in performing its obligations under this contract and that party must use its reasonable efforts to mitigate the effect of the event of force majeure upon its or their performance of the contract and to fulfill its or their obligations under the contract.

An event of force majeure does not relieve a party from liability for an obligation which arose before the occurrence of that event, nor does that event affect the obligation to pay money in a timely manner which matured prior to the occurrence of that event.

The Contractor has no entitlement and County has no liability for: (1) any costs, losses, expenses, damages or the payment of any part of the contract price during an event of force majeure; and (2) any delay costs in any way incurred by the Contractor due to an event of force majeure.

6.34 Survival of Terms

Upon discharge of this Agreement, Sections (Notice, Hold Harmless, Warranties, Governing Law/Forum, Contractual Disputes) of these Terms and Conditions continue and survive in full force and effect.

6.35 Non-Waiver

No waiver of any provision of this Agreement shall constitute a waiver of any other provision nor shall any waiver of this Agreement constitute a continuing waiver unless otherwise expressly provided.

6.36 HIPAA

The Contractor hereby certifies that it is in compliance with the Health Insurance Portability and Accountability Act of 1996 [HIPAA] (Public Law 104-191) Privacy Rule and agrees to sign the Business Associate Agreement, Attachment 2. The Contractor agrees that upon termination of this Agreement, it will return or destroy all protected health information (PHI) received from County. If return or destruction is not possible, Contractor will extend the protection of the Agreement to the information and limit further uses and disclosures that make the return or destruction impossible. The Contractor also agrees to use reasonable administrative, technical and physical safeguards to ensure the integrity and confidentiality of all PHI that it receives or possesses from the County and that it will protect the health information against reasonable anticipated threats or hazards to the

security or integrity of the information and unauthorized uses or disclosures of the information. The Contractor shall be obligated by this Agreement to advise the County within forty-eight (48) hours of occurrence of any HIPAA Privacy Rule violations.

In the event the County becomes aware of a HIPAA violation, the County will take reasonable steps up to and including termination of this Agreement to ensure that the Contractor ends the violation. Failure to end the violation will result in County notification of the federal, state and local authorities.

7.0 EVALUATION OF PROPOSALS: SELECTION FACTORS

The criteria set forth below will be used in the receipt of proposals and selection of the successful offeror.

The County Proposal Analysis Group (PAG) will review and evaluate each proposal and selection will be made on the basis of the criteria listed below. The offerors submitting proposals shall include with that proposal statements on the following:

- 7.1 Credentials, qualifications, and subject matter expertise of firm and key personnel, particularly in providing similar services to comparable government agencies in Virginia (20 points)
- 7.2 Adequacy and availability of a Claims Information System, including a demonstration for firms selected to interview (20 points)
- 7.3 Overall approach to claims administration and financial management (25 points)
- 7.4 Compliance with Terms and Conditions (10 points)
- 7.5 Overall quality and completeness of proposal (and interview, if applicable) (5 points)
- 7.6 Cost of services (20 points)

The PAG will collectively develop a composite rating which indicates the group's collective ranking of the highest rated proposals in a descending order. The PAG may then conduct interviews with only the top ranked offerors, usually the top two (2) or three (3) depending upon the number of proposals received. Negotiations shall be conducted with offerors so selected. The PAG may request a Best and Final Offer(s) (BAFO) and/or make a recommendation for the Contract award.

8.0 PROPOSAL SUBMISSION FORMAT

Offerors are to make written proposals that present the offeror's qualifications and understanding of the work to be performed. Offerors shall address each of the specific evaluation criteria listed below, in the following order. Failure to include any of the requested information may be cause for the proposal to be considered nonresponsive and rejected.

- 8.1 Firm Credentials, Qualifications, and Experience

- A. Provide an overview of your immediate organization, its ownership structure, mission/vision/values, and number of employees. If applicable, please provide this information separately for your wholly owned subsidiary if you are part of a “parent” company and for the “parent” company in total.
- B. How long has your firm provided workers’ compensation claims administration services?
- C. Please identify the office (including geographical location) that will serve as the primary point of contact for the County and describe all relevant services and resources provided by this office.
- D. Contact information for Account Manager (i.e., the person responsible for client satisfaction)

Company Name	
Contact Name	
Contact Title	
Company Address	
City	
State	
Zip	
Phone Number	
E-Mail Address	
Fax Number	
Years of Experience	
Years with Your Company	

- E. Describe the team of individuals who would be assigned to the County. Explain each team member’s role. Include specific client team members and other potential ad hoc team members. Provide biographical information on each team member and their level of experience with governmental entities. Explain your commitment to maintain the team for the period of the contract and the circumstances that would prompt a change in personnel.
- F. Describe the current workload of the individuals named in Section 8.1.E. For claims adjusters, include the number of new claims per month and number of open claims, including the type (i.e. lost time, medical only, or report only).
- G. Describe the experience levels of loss control consultants available to develop, initiate and monitor service needs of a government entity.
- H. What is the longest relationship your firm has had with a client? Is this a current client? If not, what is the longest relationship your firm currently maintains with a client?

- I. Describe your client service philosophy.
- J. Describe your procedures for monitoring client satisfaction.
- K. Describe your level of investment made in new technology over the past twenty-four (24) months for client-based resources.
- L. Describe the technological support your firm provides to clients.

8.2 Subject Matter Expertise

- A. Please describe your firm's qualifications and experience in the following areas:
 - 1. Virginia Workers' Compensation Act, including presumptions applicable to public safety personnel
 - 2. Public safety injuries and claim management, including volunteer firefighters
 - 3. Medical cost containment, including preferred provider discounts and the state fee schedule
 - 4. Loss prevention analysis and consultation
 - 5. Compliance with state and federal law reporting requirements

8.3 Claims Information System

- A. Firms selected for interview will be required to provide a demonstration of their system.
- B. Provide a detailed overview of your firm's claims information system and include the following capabilities:
 - 1. Web-enabled access to claims data for up to five (5) users, including notes and documents, and the ability to create, print, or download reports seven (7) days a week, twenty-four (24) hours per day.
 - 2. Capability for custom reporting and ad hoc reporting. Reports should either be provided or easily accessed electronically in a format deemed appropriate by the County.
 - 3. Ability to store and manage portfolio of claims, including all existing claims, and those that occur during the contract period.
 - 4. Systematic management of payments to ensure timely and accurate transactions.
 - 5. Scanning, storage, and retrieval of all imaged documents pertaining to a claim.
 - 6. Appropriate quality control features to ensure data integrity and employee confidentiality.

7. Industry standard security features including, but not limited to, security audits, intrusion prevention and detection, protection of employee's personal health information.
8. Comprehensive disaster recovery and contingency plan.
9. Daily back-up of information stored in the system.
10. Technical support and guidance available by telephone through a help desk for County staff during normal office hours.
11. Ability to effectively manage the transfer of all electronic claim files.

8.4 Claims Administration

- A. Describe your claim intake and reporting, investigation, file documentation, and benefit administration processes.
- B. Present your process for quality assurance throughout the life of a claim and describe your methodology for disclosing these activities to the County.
- C. Describe your approach for managing medical components of a claim file, and highlight how the County may achieve cost savings and additional benefits from your services and approach.
- D. Describe how you would measure overall performance of the County's self-insurance program and regularly monitor key performance indicators.
- E. Explain your firm's fraud detection process, including your approach and services for combating fraud and malingering in workers' compensation claims.
- F. Present performance guarantee options, measures, and structure(s), including, but not limited to, fees at risk metrics.
- G. Describe your implementation plan to assure a seamless transition process for the County.

8.5 Financial Management

- A. Describe your firm's approach in determining workers' compensation loss reserves.
- B. Explain how your firm will help the County evaluate its options to mitigate the risk of high claim exposure.
- C. Provide a description and detailed pricing of medical management services, to include:
 1. Diagnostic procedure discounts
 2. Hospital and medical bill audits
 3. Repricing of bills to reflect the state fee schedule and below

4. Other medical fee services reviews
5. Dental review
6. Durable medical equipment
7. Medical case management
- D. Define your firm's medical bill review program and provide various options for bill repricing. Include examples of the fee repricing structure and net savings for each option identified.
- E. Describe your firm's recommended approach and processes for managing all program accounting functions.

8.6 Compliance with Terms and Conditions

- A. State your firm's compliance with the Terms and Conditions as stated in Section 6.0 above. Specifically list any deviations and provide justification.
- B. Provide information on the circumstances and status of any disciplinary action taken or pending against the firm during the past three (3) years by state regulatory bodies and/or professional organizations.

8.7 Cost of services:

Provide a flat monthly administrative fee for all claims services. This fee shall all be inclusive regardless of the type and/or number of claims.

9.0 INSTRUCTIONS FOR SUBMITTING PROPOSALS

9.1 Preparation and Submission of Proposals

- A. Before submitting a proposal, read the **ENTIRE** solicitation including the Terms and Conditions. Failure to read any part of this solicitation will not relieve an offeror of the Contractual obligations.
- B. Pricing must be submitted on RFP pricing form only. Include other information, as requested or required.
- C. All proposals must be submitted to the Division of Procurement in a sealed container. The face of the sealed container shall indicate the RFP number, time and date of opening and the title of the RFP.
- D. All proposals shall be signed in ink by the individual or authorized principals of the firm.
- E. All attachments to the RFP requiring execution by the offeror are to be returned with the proposal.
- F. Proposals must be received by the Division of Procurement prior to 4:00 p.m., local Atomic time on January 6, 2020. An atomic clock is located in the Division of Procurement and can also be verified by visiting <http://www.time.gov/timezone.cgi?Eastern/d/-5/java>. Requests for extensions of this time and date will not be granted, unless deemed

to be in the County's best interest. Offerors mailing their proposals shall allow for sufficient mail time to ensure receipt of their proposals by the Division of Procurement by the time and date fixed for acceptance of the proposals. Proposals or unsolicited amendments to proposals received by the County after the acceptance date and time will not be considered. Proposals will be publicly accepted and logged in at the time and date specified above.

- G. Proposals may be submitted via US Mail to the County of Loudoun, Division of Procurement, P.O. Box 7000, Leesburg, Virginia 20177-7000; or hand delivered or private carrier (UPS/FedEx) to County of Loudoun, Division of Procurement, 1 Harrison Street, S.E., 4th Floor, Leesburg, Virginia 20175. Faxed and e-mailed proposals will not be accepted. (Please note: Offerors choosing to submit proposals via US Mail should allow *at least* an additional twenty-four (24) hours in the delivery process for internal County mailroom distribution).
- H. Each offeror shall submit one (1) original and six (6) copies along with a USB drive of their complete proposal to the County's Division of Procurement as indicated on the cover sheet of this RFP.

9.2 Questions and Inquiries

Questions and inquiries, both oral and written, will be accepted from any and all offerors. However, when requested, complex oral questions shall be submitted in writing. The Division of Procurement is the sole point of contact for this solicitation unless otherwise instructed herein. Unauthorized contact with other Loudoun County staff regarding the RFP may result in the disqualification of the offeror. Inquiries pertaining to the RFP must give the RFP number, time and date of opening and the title of the RFP. Material questions will be answered in writing with an Addendum provided, however, all questions must be received *by 12:00 p.m. December 12, 2019*. It is the responsibility of all offerors to ensure that they have received all Addendums and to include signed copies with their proposal. Addendums can be downloaded from www.loudoun.gov/procurement.

9.3 Firm Pricing for County Acceptance

Proposal pricing must be firm for County acceptance for a minimum of ninety (90) days from proposal receipt date. "Discount from list" proposals are not acceptable unless requested.

9.4 Proprietary Information

Trade secrets or proprietary information submitted by an offeror in connection with this solicitation shall not be subject to disclosure under the Virginia Freedom of Information Act; however, **pursuant to § 2.2-4342 of the Code of Virginia, the offeror must invoke the protections of this section prior to or upon submission of the data or other materials, and must clearly identify the data or other materials to be protected and state the reasons why protection is necessary. Failure to abide by this**

procedure may result in disclosure of the offeror's information. Offerors shall not mark sections of their proposal as proprietary if they are to be part of the award of the contract and are of a "Material" nature.

9.5 Authority to Bind Firm in Contract

Proposals MUST give full firm name and address of offeror. Failure to manually sign proposal may disqualify it. Person signing proposal will show TITLE or AUTHORITY TO BIND THE FIRM IN A CONTRACT. Firm name and authorized signature must appear on proposal in the space provided on the pricing page. Those authorized to sign are as follows:

If a sole proprietorship, the owner may sign.

If a general partnership, any general partner may sign.

If a limited partnership, a general partner must sign.

If a limited liability company, a "member" may sign or "manager" must sign if so specified by the articles or organization.

If a regular corporation, the CEO, President or Vice-President must sign.

Others may be granted authority to sign but the County requires that a corporate document authorizing him/her to sign be submitted with proposal.

9.6 Withdrawal of Proposals

- A. All proposals submitted shall be valid for a minimum period of ninety (90) calendar days following the date established for acceptance.
- B. Proposals may be withdrawn on written request from the offeror at the address shown in the solicitation prior to the time of acceptance.
- C. Negligence on the part of the offeror in preparing the proposal confers no right of withdrawal after the time fixed for the acceptance of the proposals.

9.7 County Furnished Support/Items

The estimated level of support required from County personnel for the completion of each task shall be itemized by position and man days.

The offeror shall indicate the necessary telephones, office space and materials the offeror requires. The County may furnish these facilities if the County considers them reasonable, necessary, and available for the Contractor to complete his task.

9.8 Subcontractors

Offerors shall include a list of all subcontractors with their proposal. Proposals shall also include a statement of the subcontractors' qualifications. The County reserves the right to reject the successful offeror's selection of subcontractors for good cause. If a subcontractor is rejected the offeror may replace that subcontractor with another subcontractor subject to the approval of the County. Any such replacement shall be at no additional expense to the County nor shall it result in an extension of time without the County's approval.

9.9 References

All offerors shall include with their proposals, a list of at least three (3) current references for whom comparable work has been performed. This list shall include company name, person to contact, address, telephone number, fax number, e-mail address, and the nature of the work performed. Failure to include references shall be cause for rejection of proposal as non-responsible. Offeror hereby releases listed references from all claims and liability for damages that result from the information provided by the reference.

9.10 Use of Brand Names

Unless otherwise provided in a Request for Proposal, the name of a certain brand, make or manufacturer does not restrict offerors to the specific brand, make or manufacturer named; it conveys the general style, type, character, and quality of the article desired, and any article which the County, in its sole discretion, determines to be the equal of that specified, considering quality, workmanship, economy of operation, and suitability for the purpose intended, shall be accepted. Any catalog, brand name or manufacturer's reference used in the RFP is descriptive -- NOT restrictive -- it is to indicate type and quality desired. Proposals on brands of like nature and quality will be considered. If offering on other than reference or specifications, proposal must show manufacturer, brand or trade name, catalog number, etc., of article offered. If other than brand(s) specified is offered, illustrations and complete description must be submitted with proposal. Samples may be required. If offeror makes no other offer and takes no exception to specifications or reference data, he will be required to furnish brand names, numbers, etc., as specified. Offerors must certify that item(s) offered meet and/or exceed specifications.

9.11 Samples

Samples, if required, must be furnished free of expense to County on or before the date specified; if not destroyed in examination, they will be returned to offeror, if requested, at offeror's expense. Each sample must be marked with offeror's name and address, RFP number, and opening date. DO NOT ENCLOSE SAMPLE IN OR ATTACH SAMPLE TO PROPOSAL.

9.12 Late Proposals

LATE proposals will be returned to offeror UNOPENED, if RFP number, acceptance date and offeror's return address is shown on the container.

9.13 Rights of County

The County reserves the right to accept or reject all or any part of any proposal, waive informalities, and award the contract to best serve the interest of the County. Informality shall mean a minor defect or variation of a proposal from the exact requirements of the Request for Proposal which does not affect the price, quality, quantity, or delivery schedule for the goods, services or construction being procured.

9.14 Prohibition as Subcontractors

No offeror who is permitted to withdraw a proposal shall, for compensation, supply any material or labor to or perform any subcontract or other work agreement for the person or firm to whom the contract is awarded or otherwise benefit, directly or indirectly, from the performance of the project for which the withdrawn proposal was submitted.

9.15 Proposed Changes to Scope of Services

If there is any deviation from that prescribed in the Scope of Services, the appropriate line in the scope of services shall be ruled out and the substitution clearly indicated. The County reserves the right to accept or reject any proposed change to the scope.

9.16 Miscellaneous Requirements

- A. The County will not be responsible for any expenses incurred by an offeror in preparing and submitting a proposal. All proposals shall provide a straight-forward, concise delineation of the offeror's capabilities to satisfy the requirements of this request. Emphasis should be on completeness and clarity of content.
- B. Offerors who submit a proposal in response to this RFP may be required to make an oral presentation of their proposal. The Division of Procurement will schedule the time and location for this presentation.
- C. Selected contents of the proposal submitted by the successful offeror and this RFP will become part of any contract awarded as a result of the Scope of Services contained herein. The successful offeror will be expected to sign a contract with the County.
- D. The County reserves the right to reject any and all proposals received by reason of this request, or to negotiate separately in any manner necessary to serve the best interests of the County. Offerors whose proposals are not accepted will be notified in writing.

9.17 Notice of Award

A Notice of Award will be posted on the County's web site (www.loudoun.gov) and on the bulletin board located in the Division of Procurement, 4th floor, One Harrison St, SE, Leesburg, Virginia 20175.

9.18 Protest

Offerors may refer to §§ 2.2-4357 through 2.2-4364 of the Code of Virginia to determine their remedies concerning this competitive process. Protests shall be submitted to the Director, Finance and Budget.

9.19 Debarment

By submitting a proposal, the offeror is certifying that offeror is not currently debarred by the County, or in a procurement involving federal funds, by the

Federal Government. A copy of the County's debarment procedure in accordance with § 2.2-4321 of the Code of Virginia is available upon request.

9.20 Proof of Authority to Transact Business in Virginia

An offeror organized or authorized to transact business in the Commonwealth pursuant to Title 13.1 or Title 50 of the Code of Virginia shall include in its bid or proposal the identification number issued to it by the State Corporation Commission. Any offeror that is not required to be authorized to transact business in the Commonwealth as a foreign business entity under Title 13.1 or Title 50 of the Code of Virginia or as otherwise required by law shall include in its bid or proposal a statement describing why the offeror is not required to be so authorized. Any offeror described herein that fails to provide the required information shall not receive an award unless a waiver of this requirement and the administrative policies and procedures established to implement this section is granted by the Purchasing Agent or his designee. The SCC may be reached at (804) 371-9733 or at <http://www.scc.virginia.gov/default.aspx>.

9.21 Cooperative Procurement

As authorized in § 2.2-4304 of the Code of Virginia, this procurement is being conducted on behalf of and may be used by public bodies, agencies, institutions and localities of the several states, territories of the United States, and the District of Columbia with the consent of the contractor.

9.22 W-9 Form Required

Each offeror shall submit a completed W-9 form with their proposal. In the event of contract award, this information is required in order to issue purchase orders and payments to your firm. A copy of this form can be downloaded from <http://www.irs.gov/pub/irs-pdf/fw9.pdf>.

9.23 Insurance Coverage

Offerors shall include with their proposal a copy of their current Certificate of Insurance that illustrates the current level of coverage the offeror carries. The Certificate can be a current file copy and does not need to include any "additional insured" language for the County.

9.24 Legal Action

No offeror or potential offeror shall institute any legal action until all statutory requirements have been met.

9.25 Certification by Contractor as to Felony Convictions

No one with a felony conviction may be employed under this Contract and by the signature of its authorized official on the response to this Solicitation, the Contractor certifies that neither the contracting official nor any of the Contractor's employees, agents or subcontractors who will work under this Agreement have been convicted of a felony.



RFQ 137782

Loudoun County, Virginia

Division of Procurement
P.O. Box 7000, Leesburg, VA 20177
Physical Address: 1 Harrison Street, 4th Floor, Leesburg, Virginia 20175

**10.0 CLAIMS ADMINISTRATION SERVICES FOR WORKERS'
COMPENSATION
PROPOSAL SUBMISSION FORMS**

THE FIRM OF: _____

Address: _____

FEIN _____

Hereby agree to provide the requested services as defined in Request for Proposal No. RFQ 137782 for the price as stated in the price proposal.

Monthly Administrative Fee for all Claims Services:

\$ _____.*

***This fee shall all be inclusive regardless of the type and/or number of claims.**

- A. Return the following with your proposal. If offeror fails to provide with their proposal, items shall be provided within twenty-four (24) hours of proposal opening.

ITEM:	INCLUDED: (X)
1. W-9 Form:	_____
2. Certificate of Insurance:	_____
3. Addenda, if any (Informality):	_____

- B. Failure to provide the following items with your proposal shall be cause for rejection of proposal as non-responsive and/or non-responsible. It is the responsibility of the offeror to ensure that it has received all addenda and to include signed copies with their proposal (9.2).

ITEM:	INCLUDED: (X)
1. Addenda, if any:	_____
2. Payment Terms:	_____ net 30 or _____ Other

3. Proof of Authority to Transact Business
in Virginia Form: _____
4. Minimum Qualification Documentation: _____
5. References (on County form): _____
6. Responses to Section 8.0 _____

Person to contact regarding this proposal: _____

Title: _____ Phone: _____ Fax: _____

E-mail: _____

Name of person authorized to bind the Firm (9.5): _____

Signature: _____ Date: _____

By signing and submitting a proposal, your firm acknowledges and agrees that it has read and understands the RFP documents.



Loudoun County, Virginia

Division of Procurement
P.O. Box 7000, Leesburg, VA 20177
Physical Address: 1 Harrison Street, 4th Floor, Leesburg, Virginia 20175

PROOF OF AUTHORITY TO TRANSACT BUSINESS IN VIRGINIA

THIS FORM MUST BE SUBMITTED WITH YOUR BID/PROPOSAL. FAILURE TO INCLUDE THIS FORM SHALL RESULT IN REJECTION OF YOUR BID/PROPOSAL

Pursuant to Virginia Code §2.2-4311.2, a bidder/offeror organized or authorized to transact business in the Commonwealth pursuant to Title 13.1 or Title 50 of the Code of Virginia shall include in its bid/ proposal the identification number issued to it by the State Corporation Commission ("SCC"). Any bidder/offeror that is not required to be authorized to transact business in the Commonwealth as a foreign business entity under Title 13.1 or Title 50 of the Code of Virginia or as otherwise required by law shall include in its bid or proposal a statement describing why the offeror is not required to be so authorized. Any bidder/offeror described herein that fails to provide the required information shall not receive an award unless a waiver of this requirement and the administrative policies and procedures established to implement this section is granted by the Purchasing Agent or his designee.

If this bid/proposal for goods or services is accepted by the County of Loudoun, Virginia, the undersigned agrees that the requirements of the Code of Virginia Section 2.2-4311.2 have been met.

Please complete the following by checking the appropriate line that applies and providing the requested information. **PLEASE NOTE: The SCC number is NOT your federal ID number or business license number.**

A. _____ Bidder/offeror is a Virginia business entity organized and authorized to transact business in Virginia by the SCC and such bidder's/offeror's Identification Number issued to it by the SCC is _____.

B. _____ Bidder/offeror is an out-of-state (foreign) business entity that is authorized to transact business in Virginia by the SCC and such bidder's/offeror's Identification Number issued to it by the SCC is _____.

C. _____ Bidder/offeror does not have an Identification Number issued to it by the SCC and such bidder/offeror is not required to be authorized to transact business in Virginia by the SCC for the following reason(s):

Please attach additional sheets of paper if you need to explain why such bidder/offeror is not required to be authorized to transact business in Virginia.

Legal Name of Company (as listed on W-9)

Legal Name of Bidder/Offeror

Date

Authorized Signature

Print or Type Name and Title

References for: RFQ 135782

Offerors shall provide references on this form.

1. Firm Name _____
Contact _____
Title _____ E-mail _____
Mailing Address _____
Phone _____ Fax _____
Type of Services Provided: _____
2. Firm Name _____
Contact _____
Title _____ E-mail _____
Mailing Address _____
Phone _____ Fax _____
Type of Services Provided: _____
3. Firm Name _____
Contact _____
Title _____ E-mail _____
Mailing Address _____
Phone _____ Fax _____
Type of Services Provided: _____

HOW DID YOU HEAR ABOUT THIS REQUEST FOR PROPOSAL?

RFQ 137782

Please take the time to mark the appropriate line and return with your proposal.

<input type="checkbox"/> Associated Builders & contractors	<input type="checkbox"/> Loudoun Times Mirror
<input type="checkbox"/> Bid Net	<input type="checkbox"/> Our Web Site
<input type="checkbox"/> Builder's Exchange of Virginia	<input type="checkbox"/> NIGP
<input type="checkbox"/> Email notification from Loudoun County	<input type="checkbox"/> The Plan Room
<input type="checkbox"/> Dodge Reports	<input type="checkbox"/> Reed Construction Data
<input type="checkbox"/>	<input type="checkbox"/> Tempos Del Mundo
<input type="checkbox"/> India This Week	<input type="checkbox"/> Valley Construction News
<input type="checkbox"/> LS Caldwell & Associates	<input type="checkbox"/> Virginia Business Opportunities
<input type="checkbox"/> Loudoun Co Small Business Development Center	<input type="checkbox"/> VA Dept. of Minority Business Enterprises
<input type="checkbox"/> Loudoun Co Chamber of Commerce	<input type="checkbox"/> RAPID

☐ Other _____

SERVICE RESPONSE CARD

RFQ 137782

Date of Service: _____

How did we do?

Please let us know how we did in serving you. We'd like to know if we are serving you at an acceptable level.

How would you rate the way your request for this document was handled?

Excellent ☐ Good ☐ Average ☐ Fair ☐ Poor ☐

Did you have contact with Procurement staff? ☐

How would you rate the manner in which you were treated by the Procurement staff?

Excellent ☐ Good ☐ Average ☐ Fair ☐ Poor ☐

How would you rate the overall response to your request?

Excellent ☐ Good ☐ Average ☐ Fair ☐ Poor ☐

COMMENTS: _____

Thank you for your response!

We can better assess our service to *you* through feedback from *you*.

Your Name: _____

Address: _____

Phone: _____ (day) _____ evening

**Please return completed form to: Patty Cogle • Procurement •
PO Box 7000 • Leesburg, VA 20177**



Cooperative Rider Clause

The Mid-Atlantic Purchasing Team (MAPT) is the agreement between the Metropolitan Washington Council of Governments ("MWCOCG") and the Baltimore Metropolitan Council ("BMC") to aggregate the public entity and non-profit purchasing volumes in the Maryland, Virginia and Washington, D.C. region ("region").

Format

A lead agency format is used to accomplish this work. The Lead Agency in this procurement has included this MAPT Cooperative Rider Clause in this solicitation indicating its willingness to allow other public entities to participate pursuant to the following Terms and Conditions:

1. Terms

- 1.1 Participating entities, through their use of the Cooperative Rider Clause, agree to the terms and conditions of the resulting contract to the extent that they can be reasonably applied to the participating entity.
- 1.2 Participating entities may also negotiate additional terms and conditions specific to their local requirements upon mutual agreement between the parties.

2. Other Conditions - Contract and Reporting

- 2.1 The contract resulting from this solicitation shall be governed by and "construed in accordance with the laws of the State/jurisdiction in which the participating entity officially is located;
- 2.2 To provide to MWCOCG and/or BMC contract usage reporting information, including but not limited to quantity, unit pricing and total volume of sales by entity, as well reporting other participating entities added on the contract, on demand and without further approval of contract participants;
- 2.3 Contract obligations rest solely with the participating entities only;
- 2.4 Significant changes in total contract value may result in further negotiations of contract pricing with the lead agency and participating entities.

In pricing and other conditions, vendors are urged to consider the broad reach and appeal of MAPT with public and non-profit entities in this region.

A list of the participating members of the Mid-Atlantic Purchasing Team can be found at the following web links www.mwcog.org/purchasing-and-bids/cooperative-purchasing/member-links/ and <http://www.baltometro.org/our-work/cooperative-purchasing/brcpc-representatives>

ATTACHMENT 1

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT 1

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

Parent LOU LOUDOUN COUNTY, VIRGINIA								
Client WLOU LOUDOUN COUNTY, VIRGINIA								
			Current Paid	YTD Paid	Total Paid	Reserves	Total Incurred	Total Recovery
	PN-L (Left) KNEE Strain	Perm:	\$0.00	\$0.00	\$16,016.70	\$0.00	\$16,016.70	\$0.00
	Cause:OVEREXERTION	Temp:	\$0.00	\$0.00	\$11,985.22	\$0.00	\$11,985.22	\$0.00
DOI:10/21/2014	DOR:10/23/2014	Medical:	\$0.00	\$984.00	\$64,491.78	\$98,831.70	\$163,323.48	\$0.00
	RTW:	LitN	Expense:	\$0.00	\$148.69	\$7,670.13	\$15,063.39	\$22,733.52
Permanent Partial	Open		Total:	0	\$1,132.69	\$100,163.83	\$113,895.09	\$214,058.92
	PN-L (Left) FOOT Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:DIFF LEVEL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/14/2019	DOR:8/16/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open		Total:	0	\$0.00	\$0.00	\$0.00	\$0.00
	PN-O (NotApplicable) FACEToxic	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:ContactHuman Fluid	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/19/2019	DOR:8/26/2019	Medical:	\$590.05	\$590.05	\$590.05	\$1,909.95	\$2,500.00	\$0.00
	RTW:8/19/2019 12:00:00 AM	Lit	Expense:	\$5.25	\$5.25	\$369.75	\$375.00	\$0.00
No Lost Time	Open		Total:	595.3	\$595.30	\$595.30	\$2,279.70	\$2,875.00
	PN-R (Right) ELBOW Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:COLLISION MV	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:12/10/2018	DOR:12/14/2018	Medical:	\$0.00	\$3,718.87	\$3,718.87	\$1,431.08	\$5,149.95	\$3,718.87
	RTW:12/12/2018 12:00:00 AM	Lit	Expense:	\$0.00	\$142.45	\$382.55	\$525.00	\$0.00
Lost Time Less Than	Open		Total:	0	\$3,861.32	\$3,861.32	\$1,813.63	\$5,674.95
	PN-O (NotApplicable) NECK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:COLLISION MV	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:10/18/2016	DOR:10/26/2016	Medical:	\$0.00	\$0.00	\$3,905.87	\$0.00	\$3,905.87	\$0.00
	RTW:	LitY	Expense:	\$0.00	\$176.00	\$1,809.13	\$3,262.00	\$5,071.13
No Lost Time	Reopened		Total:	0	\$176.00	\$5,715.00	\$3,262.00	\$8,977.00
	PN-B (Both) MULTIPLE PARTS Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:11/25/2018	DOR:11/26/2018	Medical:	\$0.00	\$7,112.35	\$7,112.35	\$0.00	\$7,112.35	\$0.00
	RTW:11/28/2018 12:00:00 AM	Lit	Expense:	\$0.00	\$482.95	\$482.95	\$0.00	\$482.95
Lost Time Less Than	Closed Last Month		Total:	0	\$7,595.30	\$7,595.30	\$0.00	\$7,595.30
	PN-L (Left) ELBOW Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:Attempted ArrestofSuspect	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/14/2019	DOR:7/17/2019	Medical:	\$0.00	\$331.20	\$331.20	\$1,669.32	\$2,000.52	\$0.00
	RTW:7/14/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$30.09	\$269.91	\$300.00	\$0.00
No Lost Time	Open		Total:	0	\$361.29	\$361.29	\$1,939.23	\$2,300.52
	PN-B (Both) LUNGS Inhalation	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:INHALATION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

DOI:8/28/2019	DOR:8/30/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/28/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-R (Right) ARM Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/4/2019	DOR:5/7/2019	Medical:	\$26.22	\$1,339.34	\$1,339.34	\$0.00	\$1,339.34	\$0.00
	RTW:5/4/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$83.10	\$83.10	\$0.00	\$83.10
No Lost Time	Closed Last Month	Total:	26.22	\$1,422.44	\$1,422.44	\$0.00	\$1,422.44	\$0.00

	PN-L (Left) KNEE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$7,268.98	\$7,268.98	\$0.00
	Cause:STRUCK BY	Temp:	\$0.00	\$0.00	\$12,461.10	\$0.00	\$12,461.10	\$0.00
DOI:3/26/2017	DOR:3/27/2017	Medical:	\$0.00	\$0.00	\$51,466.66	\$5,868.12	\$57,334.78	\$0.00
	RTW:7/10/2017 12:00:00 AM	Lit:	Expense:	\$0.00	\$3,572.35	\$3,677.47	\$7,249.82	\$0.00
Temporary Total	Open	Total:	0	\$0.00	\$67,500.11	\$16,814.57	\$84,314.68	\$0.00

	PN-O (Not Applicable) HEAD Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRIKE/STEP	Temp:	\$0.00	\$0.00	\$0.00	\$42,997.68	\$42,997.68	\$0.00
DOI:11/17/2017	DOR:11/22/2017	Medical:	\$50.00	\$2,477.39	\$17,602.80	\$26,402.77	\$44,005.57	\$0.00
	RTW:	Lit:	Expense:	\$1,893.95	\$14,598.67	\$42,555.70	\$7,045.14	\$49,600.84
Temporary Total	Open	Total:	1943.95	\$17,076.06	\$60,158.50	\$76,445.59	\$136,604.09	\$0.00

	PN-R (Right) SHOULDER Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:6/17/2019	DOR:6/24/2019	Medical:	\$0.00	\$186.65	\$186.65	\$0.00	\$186.65	\$0.00
	RTW:6/19/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$7.37	\$7.37	\$0.00	\$7.37
No Lost Time	Closed Last Month	Total:	0	\$194.02	\$194.02	\$0.00	\$194.02	\$0.00

	PN-L (Left) ARM Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$19,476.00	\$19,476.00	\$0.00
	Cause:BITE/STINGS	Temp:	\$0.00	\$12,056.51	\$12,056.51	\$0.00	\$12,056.51	\$0.00
DOI:7/14/2018	DOR:7/16/2018	Medical:	\$0.00	\$8,072.16	\$22,555.20	\$16,393.06	\$38,948.26	\$0.00
	RTW:10/1/2018 12:00:00 AM	Lit:	Expense:	\$0.00	\$4,708.96	\$5,076.17	\$4,098.07	\$9,174.24
Temporary Total	Open	Total:	0	\$24,837.63	\$39,687.88	\$39,967.13	\$79,655.01	\$0.00

	PN-O (Not Applicable) Internal Heat Exhaustion	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:ENVIR STRESS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/19/2019	DOR:8/22/2019	Medical:	\$0.00	\$0.00	\$0.00	\$2,500.84	\$2,500.84	\$0.00
	RTW:8/20/2019 12:00:00 AM	Lit:	Expense:	\$5.25	\$5.25	\$5.25	\$369.75	\$375.00
No Lost Time	Open	Total:	5.25	\$5.25	\$5.25	\$2,870.59	\$2,875.84	\$0.00

	PN-L (Left) FOOT Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:4/24/2019	DOR:4/26/2019	Medical:	\$0.00	\$1,179.35	\$1,179.35	\$0.00	\$1,179.35	\$0.00
	RTW:5/2/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$227.22	\$227.22	\$0.00	\$227.22
No Lost Time	Closed Last Month	Total:	0	\$1,406.57	\$1,406.57	\$0.00	\$1,406.57	\$0.00

	PN-O (Not Applicable) HEART OD	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OD	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/19/1999	DOR:1/1/2005	Medical:	\$726.47	\$6,256.50	\$110,737.34	\$41,030.44	\$151,767.78	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	RTW:	Lit	Expense:	\$0.00	\$5.25	\$1,659.54	\$1,704.62	\$3,364.16	\$0.00
No Lost Time	Stay Open - Will NOT Re Closed		Total:	726.47	\$6,261.75	\$112,396.88	\$42,735.06	\$155,131.94	\$0.00

	PN:O (NotApplicable) HEART OD	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OD	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:6/8/2005	DOR:7/1/2005	Medical:	\$230.49	\$1,771.40	\$25,029.31	\$59,789.47	\$84,818.78		\$0.00
	RTW:	Lit	Expense:	\$0.00	\$0.00	\$231.41	\$8,168.59	\$8,400.00	\$0.00
No Lost Time	Stay Open - Will NOT Re Closed		Total:	230.49	\$1,771.40	\$25,260.72	\$67,958.06	\$93,218.78	\$0.00

	PN:LO (Lower) LOW BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:LIFTING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:12/28/2018	DOR:4/26/2019	Medical:	\$689.53	\$689.53	\$689.53	\$1,310.47	\$2,000.00		\$0.00
	RTW:	Lit	Expense:	\$168.10	\$168.10	\$168.10	\$131.90	\$300.00	\$0.00
No Lost Time	Reopened		Total:	857.63	\$857.63	\$857.63	\$1,442.37	\$2,300.00	\$0.00

	PN:R (Right) ANKLE Fracture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:PHYS TRAINING	Temp:	\$5,020.22	\$5,020.22	\$5,020.22	\$0.00	\$5,020.22		\$0.00
DOI:4/25/2019	DOR:4/26/2019	Medical:	\$410.06	\$2,301.00	\$2,301.00	\$2,653.00	\$4,954.00		\$0.00
	RTW:	Lit	Expense:	\$14.99	\$233.95	\$233.95	\$509.05	\$743.00	\$0.00
Temporary Total	Open		Total:	5445.27	\$7,555.17	\$7,555.17	\$3,162.05	\$10,717.22	\$0.00

	PN:O (NotApplicable) FACE Infectious Disease	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:Exposure bodily Fluids Splash	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/19/2019	DOR:8/22/2019	Medical:	\$590.05	\$590.05	\$590.05	\$1,909.95	\$2,500.00		\$0.00
	RTW:8/19/2019 12:00:00 AM	Lit	Expense:	\$5.25	\$5.25	\$5.25	\$369.75	\$375.00	\$0.00
No Lost Time	Open		Total:	595.3	\$595.30	\$595.30	\$2,279.70	\$2,875.00	\$0.00

	PN:LO (Lower) BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:LIFTING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/1/2019	DOR:7/8/2019	Medical:	\$78.72	\$3,810.91	\$3,810.91	\$4,427.97	\$8,238.88		\$0.00
	RTW:7/2/2019 12:00:00 AM	Lit	Expense:	\$7.86	\$296.00	\$296.00	\$939.00	\$1,235.00	\$0.00
No Lost Time	Open		Total:	86.58	\$4,106.91	\$4,106.91	\$5,366.97	\$9,473.88	\$0.00

	PN:R (Right) FINGER Dislocation	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:TOOL/UTENSIL	Temp:	\$0.00	\$0.00	\$1,744.84	\$0.00	\$1,744.84		\$0.00
DOI:6/5/2018	DOR:6/6/2018	Medical:	\$0.00	\$1,651.93	\$28,388.54	\$0.00	\$28,388.54		\$0.00
	RTW:	Lit	Expense:	\$0.00	\$97.26	\$824.13	\$0.00	\$824.13	\$0.00
Temporary Total	Closed Last Month		Total:	0	\$1,749.19	\$30,957.51	\$0.00	\$30,957.51	\$0.00

	PN:R (Right) FOOT Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
SSN:XXX-XX-9109	Cause:STRAIN	Temp:	\$0.00	\$3,778.32	\$3,778.32	\$0.00	\$3,778.32		\$0.00
	DOR:7/8/2019	Medical:	\$86.00	\$923.74	\$923.74	\$0.00	\$923.74		\$0.00
	RTW:	Lit	Expense:	\$5.25	\$224.47	\$224.47	\$0.00	\$224.47	\$0.00
Temporary Total	Open		Total:	91.25	\$4,926.53	\$4,926.53	\$0.00	\$4,926.53	\$0.00

	PN:O (NotApplicable) HEART Heart	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:UNDETERMINED	Temp:	\$0.00	\$0.00	\$13,215.71	\$0.00	\$13,215.71		\$0.00
DOI:7/15/2008	DOR:10/3/2008	Medical:	\$0.00	\$0.00	\$17,660.73	\$48,716.89	\$66,377.62		\$0.00
	RTW:11/17/2008 12:00:00 AM	LitN	Expense:	\$0.00	\$0.00	\$5,962.97	\$4,456.37	\$10,419.34	\$0.00
Temporary Total	Open		Total:	0	\$0.00	\$36,839.41	\$53,173.26	\$90,012.67	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	PN:R (Right) TOE Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FLYING OBJ	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/14/2019	DOR:8/16/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/14/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN:L (Left) KNEE Strain	Perm:	\$0.00	\$0.00	\$2,693.25	\$0.00	\$2,693.25	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$0.00	\$23,291.97	\$0.00	\$23,291.97	\$0.00
DOI:7/23/1997	DOR:1/1/2005	Medical:	\$652.15	\$896.59	\$105,554.41	\$17,298.16	\$122,852.57	\$0.00
	RTW:	Lit:N	Expense:	\$133.91	\$264.39	\$14,366.67	\$3,976.50	\$18,343.17
Permanent Partial	Reopened	Total:	786.06	\$1,160.98	\$145,906.30	\$21,274.66	\$167,180.96	\$0.00

	PN:O (NotApplicable) MOUTH Toxic	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:CHEMPOISON	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/23/2019	DOR:7/30/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:7/23/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Closed Last Month	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN:O (NotApplicable) MULTIPLE PARTS Multiple	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BODY ASSAULT	Temp:	\$0.00	\$4,328.00	\$4,328.00	\$0.00	\$4,328.00	\$0.00
DOI:9/25/2018	DOR:9/25/2018	Medical:	\$4,126.07	\$5,443.53	\$11,214.15	\$21,024.89	\$32,239.04	\$0.00
	RTW:	Lit:	Expense:	\$146.06	\$190.31	\$650.12	\$7,353.94	\$8,004.06
Temporary Total	Reopened	Total:	4272.13	\$9,961.84	\$16,192.27	\$28,378.83	\$44,571.10	\$0.00

	PN:R (Right) FINGER Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OBJ HANDLED	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/16/2019	DOR:8/23/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/16/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN:CANCER NOSE Toxic	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:CONTAGION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:11/14/2018	DOR:2/11/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$7,500.00	\$7,500.00
No Lost Time	Reopened	Total:	0	\$0.00	\$0.00	\$7,500.00	\$7,500.00	\$0.00

	PN:UR (Upper Right) ARM Burns	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BURN-HOT OBJ	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/17/2019	DOR:8/19/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/17/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN:LO (Lower) LOW BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:LIFTING	Temp:	\$0.00	\$0.00	\$860.76	\$0.00	\$860.76	\$0.00
DOI:5/8/2018	DOR:5/10/2018	Medical:	\$0.00	\$0.00	\$1,627.86	\$0.00	\$1,627.86	\$0.00
	RTW:5/23/2018 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$65.56	\$0.00	\$65.56
Temporary Total	Open	Total:	0	\$0.00	\$2,554.18	\$0.00	\$2,554.18	\$0.00

	PN:R (Right) ANKLE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	Cause:OVEREXERTION	Temp:	\$0.00	\$0.00	\$1,025.08	\$0.00	\$1,025.08	\$0.00
DOI:3/24/2013	DOR:3/26/2013	Medical:	\$0.00	\$0.00	\$4,666.14	\$0.00	\$4,666.14	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$0.00	\$157.15	\$0.00	\$157.15
Temporary Total	Closed Last Month		Total:	0	\$0.00	\$5,848.37	\$0.00	\$5,848.37

	PN-L (Left) ANKLE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL/SLIP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/24/2019	DOR:7/25/2019	Medical:	\$709.03	\$1,038.64	\$1,038.64	\$6,358.64	\$7,397.28	\$0.00
	RTW:	Lit:	Expense:	\$102.08	\$149.49	\$149.49	\$959.51	\$1,109.00
Lost Time Less Than	Open		Total:	\$11.11	\$1,188.13	\$1,188.13	\$7,318.15	\$8,506.28

	PN-L (Left) ANKLE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:DIFF LEVEL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/8/2019	DOR:8/15/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/8/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open		Total:	0	\$0.00	\$0.00	\$0.00	\$0.00

	PN-R (Right) HAND Toxic	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:CONTAGION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/13/2019	DOR:7/19/2019	Medical:	\$0.00	\$98.95	\$98.95	\$2,401.05	\$2,500.00	\$0.00
	RTW:7/14/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$47.24	\$47.24	\$327.76	\$375.00
No Lost Time	Open		Total:	0	\$146.19	\$146.19	\$2,728.81	\$2,875.00

	PN-L (Left) FINGER Dislocation	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STATNARY OBJ	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:6/16/2019	DOR:6/17/2019	Medical:	\$0.00	\$416.23	\$416.23	\$13,635.54	\$14,051.77	\$0.00
	RTW:6/16/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$25.29	\$25.29	\$1,457.08	\$1,482.37
No Lost Time	Open		Total:	0	\$441.52	\$441.52	\$15,092.62	\$15,534.14

	PN-UL (Upper Left) LEG Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:EMPLOYEE	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:4/14/2019	DOR:4/19/2019	Medical:	\$78.72	\$78.72	\$78.72	\$921.28	\$1,000.00	\$0.00
	RTW:4/15/2019 12:00:00 AM	Lit:	Expense:	\$87.84	\$87.84	\$87.84	\$62.16	\$150.00
No Lost Time	Reopened		Total:	166.56	\$166.56	\$166.56	\$983.44	\$1,150.00

	PN-R (Right) KNEE Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BODY POSITN	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/10/2019	DOR:7/15/2019	Medical:	\$0.00	\$0.00	\$0.00	\$1,196.16	\$1,196.16	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open		Total:	0	\$0.00	\$0.00	\$1,196.16	\$1,196.16

	PN-O (Not Applicable) Digestive System Illness	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:ENVIR STRESS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:12/24/2018	DOR:12/26/2018	Medical:	\$0.00	\$2,257.31	\$2,257.31	\$0.00	\$2,257.31	\$0.00
	RTW:12/27/2018 12:00:00 AM	Lit:	Expense:	\$0.00	\$5.25	\$5.25	\$0.00	\$5.25
No Lost Time	Closed Last Month		Total:	0	\$2,262.56	\$2,262.56	\$0.00	\$2,262.56

	PN-O (Not Applicable) Throat Sore/Hurt/Pain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRUCK-MISC	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/24/2019	DOR:7/25/2019	Medical:	\$0.00	\$181.82	\$181.82	\$2,328.86	\$2,510.68	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	RTW:7/24/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$14.32	\$14.32	\$360.68	\$375.00	\$0.00
No Lost Time	Open		Total:	0	\$196.14	\$196.14	\$2,689.54	\$2,885.68	\$0.00

	PN-L (Left) KNEE Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BODY POSITN	Temp:	\$0.00	\$0.00	\$441.06	\$0.00	\$441.06	\$0.00	\$0.00
DOI:10/25/2018	DOR:10/26/2018	Medical:	\$0.00	\$709.95	\$1,108.70	\$0.00	\$1,108.70	\$0.00	\$0.00
	RTW:11/5/2018 12:00:00 AM	Lit	Expense:	\$0.00	\$43.62	\$78.70	\$0.00	\$78.70	\$0.00
Temporary Total	Reopened	Total:	0	\$753.57	\$1,628.46	\$0.00	\$1,628.46	\$0.00	\$0.00

	PN-O (Not Applicable) MULTIPLE PARTS Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:COLLISION FX	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:6/1/2016	DOR:6/20/2016	Medical:	\$0.00	\$0.00	\$7,007.78	\$0.00	\$7,007.78	\$0.00	\$0.00
	RTW:6/1/2016 12:00:00 AM	LitN	Expense:	\$0.00	\$4,305.61	\$7,406.48	\$0.00	\$7,406.48	\$0.00
No Lost Time	Closed Last Month	Total:	0	\$4,305.61	\$14,414.26	\$0.00	\$14,414.26	\$0.00	\$0.00

	PN-R (Right) HIP Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:JUMP/CLIMB	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:6/8/2019	DOR:6/11/2019	Medical:	\$0.00	\$307.02	\$307.02	\$7,878.54	\$8,185.56	\$0.00	\$0.00
	RTW:6/8/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$58.29	\$58.29	\$1,168.71	\$1,227.00	\$0.00
No Lost Time	Open	Total:	0	\$365.31	\$365.31	\$9,047.25	\$9,412.56	\$0.00	\$0.00

	PN-O (Not Applicable) MULTIPLE PARTS NOC	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:MISC	Temp:	\$0.00	\$0.00	\$6,065.39	\$0.00	\$6,065.39	\$0.00	\$0.00
DOI:9/6/2000	DOR:1/1/1900	Medical:	\$0.00	\$0.00	\$5,017.04	\$0.00	\$5,017.04	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$2,500.00	\$2,500.00	\$0.00
Temporary Total	Reopened	Total:	0	\$0.00	\$11,082.43	\$2,500.00	\$13,582.43	\$0.00	\$0.00

	PN-L (Left) KNEE Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BITES/STINGS	Temp:	\$0.00	\$0.00	\$1,515.43	\$0.00	\$1,515.43	\$0.00	\$0.00
DOI:5/27/2008	DOR:7/3/2008	Medical:	\$0.00	\$0.00	\$11,170.65	\$0.00	\$11,170.65	\$0.00	\$0.00
	RTW:10/14/2008 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$3,208.26	\$5,000.00	\$8,208.26	\$0.00
Unawarded Partial	Reopened	Total:	0	\$0.00	\$15,894.34	\$5,000.00	\$20,894.34	\$0.00	\$0.00

	PN-O (Not Applicable) Internal Sting/Bite/Rash	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BITES/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/2/2019	DOR:7/26/2019	Medical:	\$0.00	\$0.00	\$0.00	\$12,550.00	\$12,550.00	\$0.00	\$0.00
	RTW:5/2/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$1,882.00	\$1,882.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$14,432.00	\$14,432.00	\$0.00	\$0.00

	PN-R (Right) ANKLE Fracture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:DIFF LEVEL	Temp:	\$0.00	\$5,255.43	\$5,255.43	\$0.00	\$5,255.43	\$0.00	\$0.00
DOI:9/28/2018	DOR:10/3/2018	Medical:	\$0.00	\$1,369.92	\$4,448.55	\$0.00	\$4,448.55	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$24.98	\$445.74	\$0.00	\$445.74	\$0.00
Temporary Total	Reopened	Total:	0	\$6,650.33	\$10,149.72	\$0.00	\$10,149.72	\$0.00	\$0.00

	PN-L (Left) FOOT Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:JUMP/CLIMB	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/27/2019	DOR:8/28/2019	Medical:	\$0.00	\$0.00	\$0.00	\$3,328.00	\$3,328.00	\$0.00	\$0.00
	RTW:8/28/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$499.00	\$499.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$3,827.00	\$3,827.00	\$0.00	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	PN:L (Left) SHOULDER Strain	Perm:	\$0.00	\$0.00	\$21,450.00	\$0.00	\$21,450.00	\$0.00
	Cause:PHYS TRAINING	Temp:	\$0.00	\$0.00	\$10,585.67	\$0.00	\$10,585.67	\$0.00
DOI:6/2/2016	DOR:10/4/2016	Medical:	\$0.00	\$0.00	\$45,541.07	\$0.00	\$45,541.07	\$0.00
	RTW:11/8/2016 12:00:00 AM	LitN	Expense:	\$0.00	\$0.00	\$4,729.27	\$0.00	\$4,729.27
Permanent Partial	Reopened	Total:	0	\$0.00	\$82,306.01	\$0.00	\$82,306.01	\$0.00

	PN:R (Right) KNEE Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$2,045.31	\$2,045.31	\$0.00
	Cause:FLYING OBJ	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:12/17/2012	DOR:1/29/2013	Medical:	\$0.00	\$515.70	\$23,638.65	\$47,537.99	\$71,176.64	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$0.00	\$5,725.58	\$10,074.53	\$15,800.11
No Lost Time	Stay Open - Will NOT Be Closed	Total:	0	\$515.70	\$29,364.23	\$59,657.83	\$89,022.06	\$0.00

	PN:L (Left) NECK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL/LIQ-GRS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/21/2018	DOR:8/23/2018	Medical:	\$0.00	\$6,220.15	\$14,598.64	\$2,326.36	\$16,925.00	\$0.00
	RTW:8/22/2018 12:00:00 AM	Lit	Expense:	\$65.00	\$3,092.99	\$4,262.41	\$325.59	\$4,588.00
No Lost Time	Open	Total:	65	\$9,313.14	\$18,861.05	\$2,651.95	\$21,513.00	\$0.00

	PN:L (Left) KNEE Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:DIFF LEVEL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/23/2019	DOR:9/11/2019	Medical:	\$0.00	\$0.00	\$0.00	\$1,195.79	\$1,195.79	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$179.36	\$179.36
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$1,375.15	\$1,375.15	\$0.00

	PN:L (Left) EYE Foreign Body eye or ear	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRAIN	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/18/2019	DOR:9/18/2019	Medical:	\$0.00	\$0.00	\$0.00	\$6,111.12	\$6,111.12	\$0.00
	RTW:9/18/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$916.67	\$916.67
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$7,027.79	\$7,027.79	\$0.00

	PN:R (Right) LEG Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRUCK BY	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/4/2019	DOR:9/6/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:9/4/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN:O (Not Applicable) HEART OD	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:ENVIR STRESS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:2/1/2019	DOR:3/14/2019	Medical:	\$0.00	\$0.00	\$0.00	\$3,000.00	\$3,000.00	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$5,000.00	\$5,000.00
No Lost Time	Stay Open - Will NOT Be Closed	Total:	0	\$0.00	\$0.00	\$8,000.00	\$8,000.00	\$0.00

	PN:R (Right) FINGER Cutt,lacerate,Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL/SLIP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/29/2019	DOR:7/30/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:7/29/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Closed Last Month	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	PN:L (Left) KNEE Strain	Perm:	\$0.00	\$0.00	\$23,756.25	\$0.00	\$23,756.25	\$0.00
	Cause:FALL/STAIRS	Temp:	\$3,620.00	\$34,390.00	\$353,019.18	\$50,162.88	\$403,182.06	\$0.00
DOI:10/25/2011	DOR:11/1/2011	Medical:	\$0.00	\$0.00	\$28,410.61	\$4,218.11	\$32,628.72	\$0.00
	RTW:2/13/2014 12:00:00 AM	LitY	Expense:	\$0.00	\$0.00	\$127,966.04	\$16,726.91	\$144,692.95
Temporary Partial	Open	Total:	3620	\$34,390.00	\$533,152.08	\$71,107.90	\$604,259.98	\$0.00

	PN:L (Left) KNEE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:JUMP/CLIMB	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/8/2019	DOR:8/19/2019	Medical:	\$188.43	\$188.43	\$188.43	\$3,128.29	\$3,316.72	\$0.00
	RTW:8/16/2019 12:00:00 AM	Lit	Expense:	\$36.88	\$36.88	\$36.88	\$460.12	\$497.00
No Lost Time	Open	Total:	225.31	\$225.31	\$225.31	\$3,588.41	\$3,813.72	\$0.00

	PN:L (Left) ELBOW Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FLYING OBJ	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/17/2019	DOR:8/23/2019	Medical:	\$0.00	\$0.00	\$0.00	\$1,331.52	\$1,331.52	\$0.00
	RTW:8/18/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$200.00	\$200.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$1,531.52	\$1,531.52	\$0.00

	PN:O (Not Applicable) HEART OD	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OD	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:12/15/2003	DOR:1/1/2005	Medical:	\$0.00	\$2,551.52	\$32,335.27	\$78,041.87	\$110,377.14	\$0.00
	RTW:	LitN	Expense:	\$0.00	\$0.00	\$3,309.96	\$460.35	\$3,770.31
No Lost Time	Stay Open - Will NOT Re-Closed	Total:	0	\$2,551.52	\$35,645.23	\$78,502.22	\$114,147.45	\$0.00

	PN:L O (Lower) LOW BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BODY POSITN	Temp:	\$0.00	\$0.00	\$3,350.40	\$0.00	\$3,350.40	\$0.00
DOI:4/18/2018	DOR:4/25/2018	Medical:	\$0.00	\$1,114.43	\$9,191.44	\$6,719.45	\$15,910.89	\$0.00
	RTW:6/14/2018 12:00:00 AM	Lit	Expense:	\$0.00	\$219.13	\$1,029.70	\$922.51	\$1,952.21
Temporary Total	Reopened	Total:	0	\$1,333.56	\$13,571.54	\$7,641.96	\$21,213.50	\$0.00

	PN:R (Right) KNEE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$8,422.49	\$8,422.49	\$0.00
	Cause:FROM LADDER	Temp:	\$0.00	\$7,425.55	\$7,425.55	\$11,550.84	\$18,976.39	\$0.00
DOI:11/13/2018	DOR:11/16/2018	Medical:	\$42.72	\$15,900.78	\$16,116.57	\$38,787.54	\$54,904.11	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$962.81	\$1,008.34	\$6,883.64	\$7,891.98
Temporary Total	Open	Total:	42.72	\$24,289.14	\$24,550.46	\$65,644.51	\$90,194.97	\$0.00

	PN:R (Right) KNEE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRAIN	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/12/2019	DOR:9/18/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:9/12/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN:O (Not Applicable) HEAD Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STATNARY OBJ	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/12/2019	DOR:5/14/2019	Medical:	\$0.00	\$2,031.42	\$2,031.42	\$2,442.58	\$4,474.00	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$46.43	\$46.43	\$624.57	\$671.00
No Lost Time	Open	Total:	0	\$2,077.85	\$2,077.85	\$3,067.15	\$5,145.00	\$0.00

	PN:L (Left) HIP Fracture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	Cause:FALL ON ICE	Temp:	\$0.00	\$0.00	\$5,645.21	\$0.00	\$5,645.21	\$0.00
DOI:9/15/2015	DOR:9/21/2015	Medical:	\$0.00	\$360.80	\$40,928.24	\$5,000.00	\$45,928.24	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$320.00	\$10,515.33	\$750.00	\$11,265.33
Temporary Total	Reopened		Total:	0	\$680.80	\$57,088.78	\$5,750.00	\$62,838.78

	PN-B (Both) MULTIPLE PARTS Multiple	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:COLLISION FX	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/11/2019	DOR:5/14/2019	Medical:	\$1,603.24	\$4,274.25	\$4,274.25	\$9,431.03	\$13,705.28	\$0.00
	RTW:5/20/2019 12:00:00 AM	Lit:	Expense:	\$88.51	\$336.32	\$336.32	\$1,718.68	\$2,055.00
Lost Time Less Than	Open		Total:	1691.75	\$4,610.57	\$4,610.57	\$11,149.71	\$15,760.28

	PN-O (NotApplicable) NECK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:VEHICLE	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:3/14/2019	DOR:6/19/2019	Medical:	\$0.00	\$210.71	\$210.71	\$1,059.25	\$1,269.96	\$0.00
	RTW:3/15/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$80.05	\$80.05	\$109.95	\$190.00
No Lost Time	Open		Total:	0	\$290.76	\$290.76	\$1,169.20	\$1,459.96

	PN-R (Right) SHOULDER Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OVEREXERTION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/22/2019	DOR:8/23/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/22/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open		Total:	0	\$0.00	\$0.00	\$0.00	\$0.00

	PN-O (NotApplicable) HEART OD	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:ENVIR STRESS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:12/20/2018	DOR:2/13/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:12/20/2018 12:00:00 AM	Lit:	Expense:	\$0.00	\$35.75	\$35.75	\$0.00	\$35.75
No Lost Time	Closed Last Month		Total:	0	\$35.75	\$35.75	\$0.00	\$35.75

	PN-O (NotApplicable) HEART Injury	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:ENVIR STRESS	Temp:	\$500.00	\$23,740.21	\$23,740.21	\$8,985.57	\$32,725.78	\$0.00
DOI:3/12/2017	DOR:3/28/2017	Medical:	\$0.00	\$679.00	\$679.00	\$76,032.04	\$76,711.04	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$7,809.90	\$14,694.20	\$14,805.80	\$29,500.00
Temporary Total	Open		Total:	500	\$32,229.11	\$39,113.41	\$99,823.41	\$138,936.82

	PN-O (NotApplicable) HEART OD	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:ENVIR STRESS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:3/3/2019	DOR:3/12/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$77.60	\$77.60	\$0.00	\$77.60
Lost Time Less Than	Closed Last Month		Total:	0	\$77.60	\$77.60	\$0.00	\$77.60

	PN-R (Right) ARM Toxic	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:CONTAGION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:10/30/2018	DOR:11/1/2018	Medical:	\$0.00	\$60.30	\$60.30	\$0.00	\$60.30	\$0.00
	RTW:10/31/2018 12:00:00 AM	Lit:	Expense:	\$0.00	\$21.26	\$21.26	\$0.00	\$21.26
No Lost Time	Closed Last Month		Total:	0	\$81.56	\$81.56	\$0.00	\$81.56

	PN-R (Right) ARM Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:Bite/Human	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/8/2019	DOR:8/1/2019	Medical:	\$0.00	\$0.00	\$0.00	\$1,112.88	\$1,112.88	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	RTW:7/9/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$166.00	\$166.00	\$0.00
No Lost Time	Open		Total:	0	\$0.00	\$0.00	\$1,278.88	\$1,278.88	\$0.00

	P.N.O (NotApplicable) GROIN Hernia	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRIKE/STEP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/21/2019	DOR:6/6/2019	Medical:	\$10,612.21	\$11,750.14	\$11,750.14	\$11,433.13	\$23,183.27	\$0.00	\$0.00
	RTW:5/21/2019 12:00:00 AM	Lit	Expense:	\$132.80	\$180.66	\$180.66	\$3,157.34	\$3,338.00	\$0.00
Temporary Total	Open	Total:	10745.01	\$11,930.80	\$11,930.80	\$14,590.47	\$26,521.27	\$0.00	\$0.00

	P.N.L (Left) WRIST Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:LIFTING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:1/8/2019	DOR:1/11/2019	Medical:	\$0.00	\$1,718.53	\$1,718.53	\$7,767.43	\$9,485.96	\$0.00	\$0.00
	RTW:1/9/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$254.95	\$254.95	\$1,168.05	\$1,423.00	\$0.00
Temporary Total	Open	Total:	0	\$1,973.48	\$1,973.48	\$8,935.48	\$10,908.96	\$0.00	\$0.00

	P.N.R (Right) GROIN Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BODY POSITN	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:1/21/2019	DOR:1/22/2019	Medical:	\$0.00	\$3,792.32	\$3,792.32	\$1,097.24	\$4,889.56	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$266.57	\$266.57	\$466.43	\$733.00	\$0.00
Temporary Total	Open	Total:	0	\$4,058.89	\$4,058.89	\$1,563.67	\$5,622.56	\$0.00	\$0.00

	P.N.L (Left) FINGER Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:TOOL/UTENSIL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/11/2019	DOR:5/14/2019	Medical:	\$0.00	\$1,042.80	\$1,042.80	\$0.00	\$1,042.80	\$0.00	\$0.00
	RTW:5/15/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$202.54	\$202.54	\$0.00	\$202.54	\$0.00
Lost Time Less Than	Closed Last Month	Total:	0	\$1,245.34	\$1,245.34	\$0.00	\$1,245.34	\$0.00	\$0.00

	P.N.L (Left) FACE Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRUCKBY	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/1/2019	DOR:7/22/2019	Medical:	\$0.00	\$0.00	\$0.00	\$797.00	\$797.00	\$0.00	\$0.00
	RTW:7/2/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$119.00	\$119.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$916.00	\$916.00	\$0.00	\$0.00

	P.N.B (Both) LEG Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:JUMP/CLIMB	Temp:	\$0.00	\$0.00	\$927.38	\$0.00	\$927.38	\$0.00	\$0.00
DOI:9/20/2018	DOR:9/24/2018	Medical:	\$0.00	\$3,422.58	\$6,253.21	\$0.00	\$6,253.21	\$0.00	\$0.00
	RTW:10/4/2018 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$91.11	\$0.00	\$91.11	\$0.00
Temporary Total	Reopened	Total:	0	\$3,422.58	\$7,271.70	\$0.00	\$7,271.70	\$0.00	\$0.00

	P.N.R (Right) ANKLE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:TRIP/SLIP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/12/2019	DOR:9/17/2019	Medical:	\$0.00	\$0.00	\$0.00	\$1,064.28	\$1,064.28	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$1,064.28	\$1,064.28	\$0.00	\$0.00

	P.N.R (Right) SHOULDER Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL/SLIP	Temp:	\$609.69	\$609.69	\$609.69	\$4,999.35	\$5,609.04	\$0.00	\$0.00
DOI:5/21/2019	DOR:5/30/2019	Medical:	\$408.14	\$1,049.34	\$1,049.34	\$10,107.84	\$11,157.18	\$0.00	\$0.00
	RTW:6/3/2019 12:00:00 AM	Lit	Expense:	\$10.50	\$99.29	\$99.29	\$1,415.71	\$1,515.00	\$0.00
Temporary Total	Open	Total:	1028.33	\$1,758.32	\$1,758.32	\$16,522.90	\$18,281.22	\$0.00	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	PN:L (Left) LEG Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$18,252.50	\$18,252.50	\$0.00
	Cause:BODY ASSAULT	Temp:	\$0.00	\$0.00	\$20,114.99	\$4,917.01	\$25,032.00	\$0.00
DOI:12/24/2017	DOR:12/27/2017	Medical:	\$0.00	\$10,967.88	\$56,571.96	\$11,678.04	\$68,250.00	\$0.00
	RTW:5/9/2018 12:00:00 AM	Lit:	Expense:	\$700.58	\$1,974.18	\$17,313.38	\$13,174.12	\$30,487.50
Temporary Total	Open	Total:	700.58	\$12,942.06	\$94,000.33	\$48,021.67	\$142,022.00	\$0.00

	PN:UR (Upper Right) LEG Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BODY POSITN	Temp:	\$0.00	\$0.00	\$0.00	\$385.08	\$385.08	\$0.00
DOI:6/7/2019	DOR:6/11/2019	Medical:	\$1,788.99	\$2,470.59	\$2,470.59	\$17,833.56	\$20,304.15	\$0.00
	RTW:	Lit:	Expense:	\$5.25	\$320.01	\$320.01	\$2,725.38	\$3,045.39
Temporary Total	Open	Total:	1794.24	\$2,790.60	\$2,790.60	\$20,944.02	\$23,734.62	\$0.00

	PN:O (Not Applicable) LOW BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:LIFTING	Temp:	\$0.00	\$0.00	\$342,920.58	\$0.00	\$342,920.58	\$83,850.00
DOI:8/10/2001	DOR:1/1/2005	Medical:	\$762.10	\$1,813.31	\$512,068.79	\$436,536.07	\$948,604.86	\$101,706.76
	RTW:	Lit:Y	Expense:	\$169.67	\$222.67	\$126,156.04	\$52,863.50	\$179,019.54
Temporary Total	Open	Total:	931.77	\$2,035.98	\$981,145.41	\$489,399.57	\$1,470,544.98	\$194,429.89

	PN:O (Not Applicable) HEAD Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL/SLIP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/12/2019	DOR:7/17/2019	Medical:	\$18,263.52	\$18,608.72	\$18,608.72	\$141,521.97	\$160,130.69	\$0.00
	RTW:	Lit:	Expense:	\$1,205.94	\$1,600.03	\$1,600.03	\$22,419.57	\$24,019.60
Temporary Total	Open	Total:	19469.46	\$20,208.75	\$20,208.75	\$163,941.54	\$184,150.29	\$0.00

	PN:R (Right) ELBOW Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL/SLIP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:12/20/2018	DOR:1/2/2019	Medical:	\$0.00	\$2,277.88	\$2,277.88	\$0.00	\$2,277.88	\$0.00
	RTW:12/26/2018 12:00:00 AM	Lit:	Expense:	\$0.00	\$159.97	\$159.97	\$0.00	\$159.97
Lost Time Less Than	Reopened	Total:	0	\$2,437.85	\$2,437.85	\$0.00	\$2,437.85	\$0.00

	PN:L (Left) SHOULDER Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:PUSH/PULL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/9/2019	DOR:9/12/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:9/9/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN:L (Left) FOOT Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:JUMP/CLIMB	Temp:	\$0.00	\$0.00	\$1,791.19	\$0.00	\$1,791.19	\$0.00
DOI:4/20/1999	DOR:1/1/1900	Medical:	\$0.00	\$1,026.00	\$15,554.87	\$15,146.76	\$30,701.63	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$39.45	\$214.01	\$2,420.14	\$2,634.15
Temporary Total	Stay Open - Will NOT Be Closed	Total:	0	\$1,065.45	\$17,560.07	\$17,566.90	\$35,126.97	\$0.00

	PN:L (Left) KNEE Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$15,837.50	\$0.00	\$15,837.50	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/28/2011	DOR:10/5/2011	Medical:	\$0.00	\$197.80	\$18,135.96	\$1,302.20	\$19,438.16	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$100.70	\$5,984.81	\$124.30	\$6,109.11
Permanent Partial	Reopened	Total:	0	\$298.50	\$39,958.27	\$1,426.50	\$41,384.77	\$0.00

	PN:L (Left) ELBOW Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	Cause:STATNARY OBJ	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/19/2019	DOR:8/21/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/19/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN:O (NotApplicable) HEAD Concussion	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRUCKBY	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/19/2019	DOR:7/23/2019	Medical:	\$770.05	\$1,218.81	\$1,218.81	\$6,942.19	\$8,161.00	\$0.00
	RTW:	Lit:	Expense:	\$159.97	\$176.37	\$176.37	\$1,047.63	\$1,224.00
Temporary Total	Open	Total:	930.02	\$1,395.18	\$1,395.18	\$7,989.82	\$9,385.00	\$0.00

	PN:R (Right) KNEE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:MISC	Temp:	\$0.00	\$0.00	\$4,647.21	\$0.00	\$4,647.21	\$0.00
DOI:1/29/2001	DOR:1/1/1900	Medical:	\$0.00	\$0.00	\$22,747.94	\$22,256.50	\$45,004.44	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$0.00	\$4,342.47	\$10,338.07	\$14,680.54
Temporary Total	Stay Open - Will NOT Be Closed	Total:	0	\$0.00	\$31,737.62	\$32,594.57	\$64,332.19	\$0.00

	PN:L (Left) LEG Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BITES/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:3/15/2019	DOR:3/20/2019	Medical:	\$0.00	\$702.37	\$702.37	\$0.00	\$702.37	\$0.00
	RTW:3/16/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$5.25	\$5.25	\$0.00	\$5.25
No Lost Time	Closed Last Month	Total:	0	\$707.62	\$707.62	\$0.00	\$707.62	\$0.00

	PN:LO (Lower) BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:HOLD/CARRY	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/26/2019	DOR:7/29/2019	Medical:	\$1,785.33	\$1,785.33	\$1,785.33	\$6,453.55	\$8,238.88	\$0.00
	RTW:	Lit:	Expense:	\$60.98	\$60.98	\$60.98	\$1,174.02	\$1,235.00
Temporary Total	Open	Total:	1846.31	\$1,846.31	\$1,846.31	\$7,627.57	\$9,473.88	\$0.00

	PN:R (Right) KNEE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/10/2019	DOR:9/13/2019	Medical:	\$0.00	\$0.00	\$0.00	\$1,128.72	\$1,128.72	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$169.30	\$169.30
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$1,298.02	\$1,298.02	\$0.00

	PN:L (Left) WRIST Fracture	Perm:	\$0.00	\$0.00	\$0.00	\$10,820.00	\$10,820.00	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$12,365.75	\$12,365.75	\$618.25	\$12,984.00	\$0.00
DOI:2/7/2019	DOR:2/11/2019	Medical:	\$2,106.21	\$35,111.48	\$35,111.48	\$21,259.66	\$56,371.14	\$0.00
	RTW:4/29/2019 12:00:00 AM	Lit:	Expense:	\$10.50	\$419.44	\$419.44	\$8,036.23	\$8,455.67
Temporary Total	Open	Total:	2116.71	\$47,896.67	\$47,896.67	\$40,734.14	\$88,630.81	\$0.00

	PN:LO (Lower) BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRAIN	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/16/2019	DOR:7/19/2019	Medical:	\$0.00	\$592.57	\$592.57	\$4,175.31	\$4,767.88	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$30.09	\$30.09	\$684.91	\$715.00
No Lost Time	Open	Total:	0	\$622.66	\$622.66	\$4,860.22	\$5,482.88	\$0.00

	PN:R (Right) ELBOW Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$11,020.20	\$0.00	\$11,020.20	\$0.00
	Cause:FALL ON ICE	Temp:	\$0.00	\$0.00	\$18,739.30	\$0.00	\$18,739.30	\$0.00
DOI:1/20/2001	DOR:1/1/2005	Medical:	\$873.22	\$4,965.00	\$186,036.75	\$418,184.75	\$604,221.50	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	RTW:10/2/2003 12:00:00 AM	LitY	Expense:	\$29.76	\$701.12	\$23,979.05	\$17,070.21	\$41,049.26	\$0.00
Permanent Partial	Stay Open - Will NOT Be Closed		Total:	902.98	\$5,666.12	\$239,775.30	\$435,254.96	\$675,030.26	\$0.00

	PN-L (Left) SHOULDER Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:VEHICL UPSET	Temp:	\$0.00	\$818.82	\$818.82	\$0.00	\$818.82	\$0.00
DOI1/15/2019	DOR:2/5/2019	Medical:	\$0.00	\$449.11	\$449.11	\$1,493.89	\$1,943.00	\$0.00
	RTW:1/30/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$33.56	\$33.56	\$707.44	\$741.00
Temporary Total	Open	Total:	0	\$1,301.49	\$1,301.49	\$2,201.33	\$3,502.82	\$0.00

	PN-R (Right) HAND Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OBJ LIFTED	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI9/28/2019	DOR:9/30/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:9/28/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-U (Upper) BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:LIFTING	Temp:	\$0.00	\$0.00	\$10,777.51	\$0.00	\$10,777.51	\$0.00
DOI11/8/2016	DOR:11/16/2016	Medical:	\$0.00	\$0.00	\$13,181.87	\$0.00	\$13,181.87	\$0.00
	RTW:1/24/2017 12:00:00 AM	Lit	Expense:	\$0.00	\$5.25	\$9,292.37	\$0.00	\$9,292.37
Temporary Total	Closed Last Month	Total:	0	\$5.25	\$33,251.75	\$0.00	\$33,251.75	\$0.00

	PN-B (Both) ANKLE Sting/Bite/Rash	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BITES/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI8/11/2019	DOR:8/12/2019	Medical:	\$0.00	\$0.00	\$0.00	\$3,500.16	\$3,500.16	\$0.00
	RTW:8/16/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$525.00	\$525.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$4,025.16	\$4,025.16	\$0.00

	PN-R (Right) SHOULDER Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:LIFTING	Temp:	\$0.00	\$1,478.10	\$1,478.10	\$0.00	\$1,478.10	\$0.00
DOI3/16/2019	DOR:3/20/2019	Medical:	\$0.00	\$1,085.06	\$1,085.06	\$0.00	\$1,085.06	\$0.00
	RTW:4/5/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$30.31	\$30.31	\$0.00	\$30.31
Temporary Total	Open	Total:	0	\$2,593.47	\$2,593.47	\$0.00	\$2,593.47	\$0.00

	PN-L (Left) ANKLE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL/STAIRS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI8/16/2018	DOR:8/21/2018	Medical:	(\$1,924.63)	\$6,629.19	\$10,402.07	\$1,924.63	\$12,326.70	\$0.00
	RTW:8/22/2018 12:00:00 AM	Lit	Expense:	(\$61.89)	\$6,067.94	\$6,674.36	\$61.89	\$6,736.25
Lost Time Less Than Waiting Period	Reopened For Medical For 3 Mos	Total:	-1986.52	\$12,697.13	\$17,076.43	\$1,986.52	\$19,062.95	\$0.00

	PN-L (Lower) LOW BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:COLLISION MV	Temp:	\$0.00	\$5,692.00	\$5,692.00	\$0.00	\$5,692.00	\$0.00
DOI2/13/2019	DOR:2/22/2019	Medical:	\$1,993.65	\$10,457.23	\$10,457.23	\$2,068.17	\$12,525.40	\$0.00
	RTW:4/11/2019 12:00:00 AM	Lit	Expense:	\$84.23	\$6,738.73	\$6,738.73	\$2,099.27	\$8,838.00
Temporary Total	Open	Total:	2077.88	\$22,887.96	\$22,887.96	\$4,167.44	\$27,055.40	\$0.00

	PN-R (Right) ANKLE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:VEHICLE	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI5/30/2019	DOR:6/4/2019	Medical:	\$782.30	\$3,533.87	\$3,533.87	\$1,466.41	\$5,000.28	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

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Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	RTW:	Lit	Expense:	\$101.00	\$1,748.20	\$1,748.20	\$1,501.80	\$3,250.00	\$0.00
Lost Time Less Than	Open		Total:	883.3	\$5,282.07	\$5,282.07	\$2,968.21	\$8,250.28	\$0.00

	PN-R (Right) KNEE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL - MISC	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:11/7/2018	DOR:1/14/2019	Medical:	\$313.80	\$10,484.34	\$10,484.34	\$4,368.78	\$14,853.12	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$181.94	\$181.94	\$2,046.06	\$2,228.00	\$0.00
No Lost Time	Open		Total:	313.8	\$10,666.28	\$10,666.28	\$6,414.84	\$17,081.12	\$0.00

	PN-R (Right) KNEE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL ON ICE	Temp:	\$4,349.17	\$4,349.17	\$4,349.17	\$0.00	\$4,349.17	\$0.00	\$0.00
DOI:1/17/2019	DOR:1/18/2019	Medical:	\$0.00	\$7,092.01	\$7,092.01	\$3,724.71	\$10,816.72	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$530.30	\$530.30	\$966.70	\$1,497.00	\$0.00
Temporary Total	Open		Total:	4349.17	\$11,971.48	\$11,971.48	\$4,691.41	\$16,662.89	\$0.00

	PN-R (Right) SHOULDER Dislocation	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:PHYS TRAINING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/17/2018	DOR:5/21/2018	Medical:	\$169.96	\$287.75	\$6,601.25	\$0.00	\$6,601.25	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$39.96	\$45.57	\$858.18	\$0.00	\$858.18	\$0.00
No Lost Time	Reopened		Total:	209.92	\$333.32	\$7,459.43	\$0.00	\$7,459.43	\$0.00

	PN-R (Right) HAND Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OBJ LIFTED	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:2/25/2019	DOR:2/26/2019	Medical:	\$0.00	\$1,981.51	\$1,981.51	\$2,849.29	\$4,830.80	\$0.00	\$0.00
	RTW:2/26/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$447.70	\$447.70	\$276.30	\$724.00	\$0.00
No Lost Time	Open		Total:	0	\$2,429.21	\$2,429.21	\$3,125.59	\$5,554.80	\$0.00

	PN-R (Right) SHOULDER Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:Attempted ArrestofSuspect	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:11/4/2018	DOR:11/6/2018	Medical:	\$0.00	\$3,577.79	\$3,908.99	\$3,500.00	\$7,408.99	\$0.00	\$0.00
	RTW:11/7/2018 12:00:00 AM	Lit	Expense:	\$0.00	\$245.24	\$295.76	\$525.00	\$820.76	\$0.00
Lost Time Less Than	Reopened		Total:	0	\$3,823.03	\$4,204.75	\$4,025.00	\$8,229.75	\$0.00

	PN-U (Upper) ABDOMEN NotApplicable	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:REACTION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/26/2019	DOR:7/29/2019	Medical:	\$0.00	\$0.00	\$0.00	\$2,500.44	\$2,500.44	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$375.00	\$375.00	\$0.00
No Lost Time	Open		Total:	0	\$0.00	\$0.00	\$2,875.44	\$2,875.44	\$0.00

	PN-L (Left) SHOULDER Strain	Perm:	\$0.00	\$0.00	\$0.00	\$11,020.00	\$11,020.00	\$0.00	\$0.00
	Cause:PHYS TRAINING	Temp:	\$157.48	\$157.48	\$157.48	\$24,932.14	\$25,089.62	\$0.00	\$0.00
DOI:7/9/2019	DOR:7/11/2019	Medical:	\$6,594.90	\$8,420.70	\$8,420.70	\$38,392.50	\$46,813.20	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$971.55	\$1,147.01	\$1,147.01	\$5,693.99	\$6,841.00	\$0.00
Temporary Total	Open		Total:	7723.93	\$9,725.19	\$9,725.19	\$80,038.63	\$89,763.82	\$0.00

	PN-R (Right) FOOT Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FLYING OBJ	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/10/2019	DOR:7/19/2019	Medical:	\$0.00	\$0.00	\$0.00	\$1,110.96	\$1,110.96	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$166.00	\$166.00	\$0.00
No Lost Time	Open		Total:	0	\$0.00	\$0.00	\$1,276.96	\$1,276.96	\$0.00

Loss Run Report

Valued As Of :9/30/2019

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Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	PN:L (Left) SHOULDER Strain	Perm:	\$0.00	\$15,754.70	\$15,754.70	\$0.00	\$15,754.70	\$0.00
	Cause:OVEREXERTION	Temp:	\$0.00	\$0.00	\$2,423.80	\$0.00	\$2,423.80	\$0.00
DOI:4/12/2017	DOR:4/13/2017	Medical:	\$0.00	\$0.00	\$26,993.59	\$0.00	\$26,993.59	\$0.00
	RTW:6/26/2017 12:00:00 AM	LitN	Expense:	\$0.00	\$750.00	\$4,742.62	\$0.00	\$4,742.62
Permanent Partial	Closed Last Month	Total:	0	\$16,504.70	\$49,914.71	\$0.00	\$49,914.71	\$0.00

	PN:O (Not Applicable) Internal Heat Exhaustion	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:Exposure to Extreme Heat or Co	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/6/2019	DOR:8/7/2019	Medical:	\$1,996.83	\$1,996.83	\$1,996.83	\$222.29	\$2,219.12	\$0.00
	RTW:8/9/2019 12:00:00 AM	Lit	Expense:	\$47.28	\$47.28	\$47.28	\$284.72	\$332.00
Lost Time Less Than	Open	Total:	2044.11	\$2,044.11	\$2,044.11	\$507.01	\$2,551.12	\$0.00

	PN:O (Not Applicable) HEART Not Applicable	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:MISC	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/8/2019	DOR:7/9/2019	Medical:	\$0.00	\$590.20	\$590.20	\$7,018.36	\$7,608.56	\$0.00
	RTW:	Lit	Expense:	\$83.29	\$181.24	\$181.24	\$959.76	\$1,141.00
No Lost Time	Open	Total:	83.29	\$771.44	\$771.44	\$7,978.12	\$8,749.56	\$0.00

	PN:O (Not Applicable) MULTIPLE PARTS Stings/Bites/Rash	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BITE/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/20/2019	DOR:8/23/2019	Medical:	\$23.32	\$23.32	\$23.32	\$1,142.84	\$1,166.16	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$175.00	\$175.00
No Lost Time	Open	Total:	23.32	\$23.32	\$23.32	\$1,317.84	\$1,341.16	\$0.00

	PN:R (Right) KNEE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:JUMP/CLIMB	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/8/2019	DOR:5/10/2019	Medical:	\$0.00	\$542.14	\$542.14	\$5,587.02	\$6,129.16	\$0.00
	RTW:5/9/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$153.06	\$153.06	\$765.94	\$919.00
No Lost Time	Open	Total:	0	\$695.20	\$695.20	\$6,352.96	\$7,048.16	\$0.00

	PN:R (Right) WRIST Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:REACHING	Temp:	\$0.00	\$0.00	\$649.79	\$0.00	\$649.79	\$0.00
DOI:10/31/2017	DOR:11/2/2017	Medical:	\$0.00	\$0.00	\$2,362.15	\$0.00	\$2,362.15	\$0.00
	RTW:11/13/2017 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$127.26	\$0.00	\$127.26
Temporary Total	Open	Total:	0	\$0.00	\$3,139.20	\$0.00	\$3,139.20	\$0.00

	PN:B (Both) HAND Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:VEHICLE MISC	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:12/25/2018	DOR:12/27/2018	Medical:	\$0.00	\$2,970.11	\$2,970.11	\$5,560.05	\$8,530.16	\$0.00
	RTW:12/27/2018 12:00:00 AM	Lit	Expense:	\$0.00	\$453.08	\$453.08	\$825.92	\$1,279.00
Lost Time Less Than	Open	Total:	0	\$3,423.19	\$3,423.19	\$6,385.97	\$9,809.16	\$0.00

	PN:L (Left) KNEE Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL/SLIP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/18/2019	DOR:7/24/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:7/18/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN:L (Left) ARM Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$39,113.48	\$39,113.48	\$0.00
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RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	Cause:BODY ASSAULT	Temp:	\$0.00	\$2,307.14	\$22,783.22	\$3,893.28	\$26,676.50	\$0.00
DOI:12/24/2017	DOR:12/27/2017	Medical:	\$0.00	\$28,339.83	\$100,336.27	\$48,776.61	\$149,112.88	\$0.00
	RTW:5/17/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$3,533.04	\$13,998.24	\$18,701.76	\$32,700.00
Temporary Total	Open	Total:	0	\$34,180.01	\$137,117.73	\$110,485.13	\$247,602.86	\$0.00

	PN:L (Left) FINGER Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:TOOL/MACHINE	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:12/2/2019	DOR:2/13/2019	Medical:	\$331.20	\$1,256.05	\$1,256.05	\$0.00	\$1,256.05	\$0.00
	RTW:2/12/2019 12:00:00 AM	Lit:	Expense:	\$30.09	\$55.74	\$55.74	\$0.00	\$55.74
No Lost Time	Reopened	Total:	361.29	\$1,311.79	\$1,311.79	\$0.00	\$1,311.79	\$0.00

	PN:R (Right) SHOULDER Sting/Bite/Rash	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BITE/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/6/2019	DOR:9/9/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:9/6/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN:L (Left) ANKLE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL/SLIP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/31/2019	DOR:8/1/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:7/31/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN:L (Left) ELBOW Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL/SLIP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/10/2019	DOR:8/13/2019	Medical:	\$3,460.08	\$3,460.08	\$3,460.08	\$3,040.44	\$6,500.52	\$0.00
	RTW:8/10/2019 12:00:00 AM	Lit:	Expense:	\$224.65	\$224.65	\$224.65	\$750.35	\$975.00
No Lost Time	Open	Total:	3684.73	\$3,684.73	\$3,684.73	\$3,790.79	\$7,475.52	\$0.00

	PN:O (Not Applicable) FACE Burns	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BURN-STEAM	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/26/2019	DOR:8/28/2019	Medical:	\$0.00	\$0.00	\$0.00	\$4,809.32	\$4,809.32	\$0.00
	RTW:8/28/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$721.00	\$721.00
Lost Time Less Than	Open	Total:	0	\$0.00	\$0.00	\$5,530.32	\$5,530.32	\$0.00

	PN:R (Right) ARM Infectious Disease	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:Exposure bodily Fluids Splash	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:6/26/2019	DOR:6/27/2019	Medical:	\$0.00	\$1,667.01	\$1,667.01	\$0.00	\$1,667.01	\$0.00
	RTW:6/26/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$56.43	\$56.43	\$0.00	\$56.43
No Lost Time	Closed Last Month	Total:	0	\$1,723.44	\$1,723.44	\$0.00	\$1,723.44	\$0.00

	PN:R (Right) SHOULDER Strain	Perm:	\$0.00	\$0.00	\$0.00	\$5,879.64	\$5,879.64	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$0.00	\$16,379.01	\$0.00	\$16,379.01	\$0.00
DOI:9/11/2017	DOR:9/12/2017	Medical:	\$0.00	\$0.00	\$31,239.10	\$10,182.40	\$41,421.50	\$0.00
	RTW:10/17/2017 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$2,453.86	\$3,762.14	\$6,216.00
Temporary Total	Open	Total:	0	\$0.00	\$50,071.97	\$19,824.18	\$69,896.15	\$0.00

	PN:L (Left) ARM Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BITE/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

DOI:9/3/2019	DOR:9/5/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:9/3/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-R (Right) LEG Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:TOOL/UTENSIL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:1/18/2019	DOR:1/21/2019	Medical:	\$0.00	\$186.65	\$186.65	\$0.00	\$186.65	\$0.00
	RTW:1/18/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$7.37	\$7.37	\$0.00	\$7.37
No Lost Time	Closed Last Month	Total:	0	\$194.02	\$194.02	\$0.00	\$194.02	\$0.00

	PN-O (Not Applicable) HEAD Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:COLLISION MV	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:12/17/2018	DOR:12/19/2018	Medical:	\$0.00	\$4,960.45	\$4,960.45	\$3,200.95	\$8,161.40	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$366.46	\$366.46	\$857.54	\$1,224.00
Temporary Total	Open	Total:	0	\$5,326.91	\$5,326.91	\$4,058.49	\$9,385.40	\$0.00

	PN-R (Right) FINGER Crush	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OBJ LIFTED	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/8/2019	DOR:9/12/2019	Medical:	\$0.00	\$0.00	\$0.00	\$2,558.14	\$2,558.14	\$0.00
	RTW:9/13/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$383.72	\$383.72
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$2,941.86	\$2,941.86	\$0.00

	PN-R (Right) ANKLE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BODY POSITN	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/7/2019	DOR:5/8/2019	Medical:	\$122.39	\$879.80	\$879.80	\$2,620.48	\$3,500.28	\$0.00
	RTW:5/13/2019 12:00:00 AM	Lit	Expense:	\$29.33	\$171.41	\$171.41	\$353.59	\$525.00
Lost Time Less Than	Open	Total:	151.72	\$1,051.21	\$1,051.21	\$2,974.07	\$4,025.28	\$0.00

	PN-O (Not Applicable) HEAD Concussion	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:PHYS TRAINING	Temp:	\$0.00	\$0.00	\$1,490.03	\$0.00	\$1,490.03	\$0.00
DOI:1/22/2018	DOR:1/23/2018	Medical:	\$0.00	\$162.44	\$6,037.34	\$337.56	\$6,374.90	\$0.00
	RTW:2/9/2018 12:00:00 AM	Lit	Expense:	\$0.00	\$25.22	\$995.74	\$49.78	\$1,045.52
Temporary Total	Reopened	Total:	0	\$187.66	\$8,523.11	\$387.34	\$8,910.45	\$0.00

	PN-LL (Lower Left) LEG Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OVEREXERTION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:2/19/2019	DOR:2/20/2019	Medical:	\$0.00	\$114.83	\$114.83	\$0.00	\$114.83	\$0.00
	RTW:2/27/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$28.22	\$28.22	\$0.00	\$28.22
Lost Time Less Than	Closed Last Month	Total:	0	\$143.05	\$143.05	\$0.00	\$143.05	\$0.00

	PN-O (Not Applicable) HEAD Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BODY ASSAULT	Temp:	\$154.62	\$154.62	\$154.62	\$0.00	\$154.62	\$0.00
DOI:3/19/2019	DOR:3/22/2019	Medical:	\$0.00	\$4,717.37	\$4,717.37	\$218.63	\$4,936.00	\$0.00
	RTW:3/28/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$219.68	\$219.68	\$520.32	\$740.00
Temporary Total	Open	Total:	154.62	\$5,091.67	\$5,091.67	\$738.95	\$5,830.62	\$0.00

	PN-R (Right) ANKLE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:TRIP/SLIP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:2/19/2019	DOR:2/20/2019	Medical:	\$0.00	\$1,109.36	\$1,109.36	\$0.00	\$1,109.36	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	RTW:2/24/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$172.43	\$172.43	\$0.00	\$172.43	\$0.00
No Lost Time	Closed Last Month		Total:	0	\$1,281.79	\$1,281.79	\$0.00	\$1,281.79	\$0.00

	PN:L (Left) ANKLE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BODY POSITN	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:2/1/2019	DOR:2/11/2019	Medical:	\$0.00	\$588.26	\$588.26	\$0.00	\$588.26	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$114.17	\$114.17	\$0.00	\$114.17
No Lost Time	Closed Last Month		Total:	0	\$702.43	\$702.43	\$0.00	\$702.43

	PN:L (Left) KNEE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:EMPLOYEE	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:6/17/2019	DOR:6/18/2019	Medical:	\$0.00	\$1,752.69	\$1,752.69	\$3,492.35	\$5,245.04	\$0.00
	RTW:6/20/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$150.00	\$150.00	\$636.00	\$786.00
Lost Time Less Than	Open		Total:	0	\$1,902.69	\$1,902.69	\$4,128.35	\$6,031.04

	PN:O (NotApplicable) FACE Infectious Disease	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:Exposure bodily Fluids Splash	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:6/27/2019	DOR:6/28/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:6/27/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Closed Last Month		Total:	0	\$0.00	\$0.00	\$0.00	\$0.00

	PN:R (Right) FOOT Fracture	Perm:	\$0.00	\$0.00	\$0.00	\$25,213.75	\$25,213.75	\$0.00
	Cause:FROM LADDER	Temp:	\$3,227.36	\$51,176.73	\$68,350.88	\$1,613.68	\$69,964.56	\$0.00
DOI:12/4/2017	DOR:12/6/2017	Medical:	\$8,178.93	\$17,029.78	\$31,977.03	\$87,970.22	\$119,947.25	\$0.00
	RTW:	Lit	Expense:	\$2,543.40	\$9,067.86	\$12,474.89	\$11,682.14	\$24,157.03
Temporary Total	Open		Total:	13949.69	\$77,274.37	\$112,802.80	\$126,479.79	\$239,282.59

	PN:O (NotApplicable) HEART OD	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:MISC	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/20/2019	DOR:9/25/2019	Medical:	\$0.00	\$0.00	\$0.00	\$5,000.00	\$5,000.00	\$0.00
	RTW:9/22/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$750.00	\$750.00
No Lost Time	Open		Total:	0	\$0.00	\$0.00	\$5,750.00	\$5,750.00

	PN:O (NotApplicable) NECK Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL/LIQ-GRS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:2/2/2019	DOR:2/11/2019	Medical:	\$0.00	\$688.33	\$688.33	\$2,311.67	\$3,000.00	\$0.00
	RTW:2/3/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$5.25	\$5.25	\$444.75	\$450.00
No Lost Time	Reopened		Total:	0	\$693.58	\$693.58	\$2,756.42	\$3,450.00

	PN:L (Left) KNEE Cartilage/Ligament	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:MISC	Temp:	\$0.00	\$0.00	\$36,573.26	\$0.00	\$36,573.26	\$0.00
DOI:8/28/1990	DOR:1/1/1900	Medical:	\$0.00	\$10,494.39	\$87,849.36	\$26,152.40	\$114,001.76	\$0.00
	RTW:	LitY	Expense:	\$0.00	\$586.20	\$5,422.87	\$9,741.44	\$15,164.31
Temporary Total	Reopened		Total:	0	\$11,080.59	\$129,845.49	\$35,893.84	\$165,739.33

	PN:O (NotApplicable) NECK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:VEHICLE	Temp:	\$0.00	\$0.00	\$13,856.99	\$0.00	\$13,856.99	\$0.00
DOI:12/13/2017	DOR:12/19/2017	Medical:	\$0.00	\$97.99	\$8,277.94	\$2,957.46	\$11,235.40	\$0.00
	RTW:12/17/2017 12:00:00 AM	Lit	Expense:	\$0.00	\$801.57	\$1,516.72	\$176.64	\$1,693.36
Temporary Total	Open		Total:	0	\$899.56	\$23,651.65	\$3,134.10	\$26,785.75

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	PN-R (Right) ANKLE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:PHYS TRAINING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:4/18/2019	DOR:4/19/2019	Medical:	\$0.00	\$182.39	\$182.39	\$0.00	\$182.39	\$0.00
	RTW:4/20/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$14.27	\$14.27	\$0.00	\$14.27
No Lost Time	Closed Last Month	Total:	0	\$196.66	\$196.66	\$0.00	\$196.66	\$0.00

	PN-R (Right) ANKLE Sting/Bite/Rash	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BITES/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/28/2019	DOR:9/30/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:9/28/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-B (Both) LUNGS Inhalation	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:INHALATION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/28/2019	DOR:8/29/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/28/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-O (Not Applicable) NECK Burns	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BURN/SCALD	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/31/2019	DOR:8/1/2019	Medical:	\$0.00	\$0.00	\$0.00	\$1,635.00	\$1,635.00	\$0.00
	RTW:7/31/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$245.00	\$245.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$1,880.00	\$1,880.00	\$0.00

	PN-R (Right) SHOULDER Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:LIFTING	Temp:	\$0.00	\$0.00	\$10,835.91	\$0.00	\$10,835.91	\$0.00
DOI:8/22/2009	DOR:8/25/2009	Medical:	\$0.00	\$38,960.16	\$80,252.10	\$44,195.84	\$124,447.94	\$0.00
	RTW:9/10/2011 12:00:00 AM	Lit:	Expense:	\$0.00	\$6,306.20	\$13,202.41	\$7,201.80	\$20,404.21
Temporary Total	Reopened	Total:	0	\$45,266.36	\$104,290.42	\$51,397.64	\$155,688.06	\$0.00

	PN-R (Right) SHOULDER Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OVEREXERTION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/7/2019	DOR:8/14/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/7/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-L/O (Lower) LOW BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:LIFTING	Temp:	\$0.00	\$927.38	\$927.38	\$0.00	\$927.38	\$0.00
DOI:11/5/2018	DOR:11/6/2018	Medical:	\$0.00	\$674.87	\$674.87	\$1,860.53	\$2,535.40	\$0.00
	RTW:11/19/2018 12:00:00 AM	Lit:	Expense:	\$0.00	\$5.25	\$5.25	\$274.75	\$280.00
Temporary Total	Open	Total:	0	\$1,607.50	\$1,607.50	\$2,135.28	\$3,742.78	\$0.00

	PN-R (Right) FINGER Cuts/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:CUT/SCRAPE	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/18/2019	DOR:7/22/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:7/18/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Closed Last Month	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	PN-L (Left) WRIST Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL - MISC	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:3/17/2019	DOR:3/20/2019	Medical:	\$0.00	\$1,019.76	\$1,019.76	\$1,193.20	\$2,212.96	\$0.00
	RTW:4/2/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$226.05	\$226.05	\$105.95	\$332.00
Temporary Total	Open	Total:	0	\$1,245.81	\$1,245.81	\$1,299.15	\$2,544.96	\$0.00

	PN-L (Lower) ARM C/rtll acerate B/inchire	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRUCKBY	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/19/2019	DOR:7/22/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:7/19/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Closed Last Month	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-R (Right) WRIST Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:EMPLOYEE	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:12/16/2018	DOR:12/17/2018	Medical:	\$0.00	\$839.83	\$839.83	\$1,321.13	\$2,160.96	\$0.00
	RTW:12/24/2018 12:00:00 AM	Lit:	Expense:	\$0.00	\$165.12	\$165.12	\$158.88	\$324.00
No Lost Time	Open	Total:	0	\$1,004.95	\$1,004.95	\$1,480.01	\$2,484.96	\$0.00

	PN-L (Left) KNEE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/1/2019	DOR:8/26/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/1/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Closed Last Month	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-L (Left) KNEE Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$11,380.43	\$0.00	\$11,380.43	\$0.00
	Cause:DIFF LEVEL	Temp:	\$0.00	\$0.00	\$10,126.26	\$0.00	\$10,126.26	\$0.00
DOI:2/11/2016	DOR:2/12/2016	Medical:	\$0.00	\$0.00	\$23,676.01	\$0.00	\$23,676.01	\$0.00
	RTW:7/10/2017 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$2,594.23	\$0.00	\$2,594.23
Permanent Partial	Reopened	Total:	0	\$0.00	\$47,776.93	\$0.00	\$47,776.93	\$0.00

	PN-L (Left) FINGER Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:CAUGHT MISC	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/8/2019	DOR:5/14/2019	Medical:	\$0.00	\$1,578.08	\$1,578.08	\$741.92	\$2,320.00	\$0.00
	RTW:5/8/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$132.36	\$132.36	\$215.64	\$348.00
No Lost Time	Open	Total:	0	\$1,710.44	\$1,710.44	\$957.56	\$2,668.00	\$0.00

	PN-U (Upper) BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:COLLISION MV	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:3/14/2019	DOR:3/20/2019	Medical:	\$0.00	\$186.65	\$186.65	\$1,313.35	\$1,500.00	\$0.00
	RTW:3/18/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$7.37	\$7.37	\$217.63	\$225.00
Lost Time Less Than	Reopened	Total:	0	\$194.02	\$194.02	\$1,530.98	\$1,725.00	\$0.00

	PN-R (Right) ANKLE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL/SLIP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/31/2019	DOR:9/3/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/31/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-R (Right) KNEE Dislocation	Perm:	\$0.00	\$0.00	\$0.00	\$9,126.25	\$9,126.25	\$0.00
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RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	Cause:FALL/STAIRS	Temp:	\$0.00	\$0.00	\$10,877.03	\$0.00	\$10,877.03	\$0.00
DOI:2/15/2018	DOR:2/16/2018	Medical:	\$0.00	\$2,331.96	\$39,837.85	\$2,942.71	\$42,780.56	\$0.00
	RTW:4/30/2018 12:00:00 AM	Lit:	Expense:	\$0.00	\$1,568.42	\$7,494.30	\$215.98	\$7,710.28
Temporary Total	Open	Total:	0	\$3,900.38	\$58,209.18	\$12,284.94	\$70,494.12	\$0.00

	PN-R (Right) KNEE Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:COLLISION MV	Temp:	\$0.00	\$0.00	\$0.00	\$618.25	\$618.25	\$0.00
DOI:2/8/2019	DOR:2/13/2019	Medical:	\$808.87	\$10,774.65	\$10,774.65	\$3,641.75	\$14,416.40	\$0.00
	RTW:	Lit:	Expense:	\$233.34	\$1,276.44	\$1,276.44	\$639.99	\$1,916.43
Temporary Total	Open	Total:	1042.21	\$12,051.09	\$12,051.09	\$4,899.99	\$16,951.08	\$0.00

	PN-L (Left) KNEE Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL/SLIP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/4/2019	DOR:9/13/2019	Medical:	\$0.00	\$0.00	\$0.00	\$2,614.00	\$2,614.00	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$392.00	\$392.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$3,006.00	\$3,006.00	\$0.00

	PN-O (Not Applicable) HEAD Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:ENVIR STRESS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/20/2018	DOR:8/24/2018	Medical:	\$0.00	\$1,398.75	\$5,679.24	\$6,078.60	\$11,757.84	\$0.00
	RTW:8/20/2018 12:00:00 AM	Lit:	Expense:	\$0.00	\$100.50	\$823.12	\$939.88	\$1,763.00
Temporary Total	Open	Total:	0	\$1,499.25	\$6,502.36	\$7,018.48	\$13,520.84	\$0.00

	PN-L (Left) EYE Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRIKE/STEP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/21/2019	DOR:9/24/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:9/21/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-O (Not Applicable) LOW BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:12/23/2001	DOR:1/1/2005	Medical:	\$0.00	\$2,447.71	\$13,728.27	\$4,101.83	\$17,830.10	\$0.00
	RTW:	Lit:	Expense:	\$157.09	\$701.09	\$4,712.74	\$289.13	\$5,001.87
No Lost Time	Reopened	Total:	157.09	\$3,148.80	\$18,441.01	\$4,390.96	\$22,831.97	\$0.00

	PN-O (Not Applicable) LOW BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OBJ LIFTED	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:10/20/2017	DOR:10/27/2017	Medical:	\$0.00	\$1,763.74	\$10,744.73	\$0.00	\$10,744.73	\$0.00
	RTW:10/24/2017 12:00:00 AM	Lit:	Expense:	\$0.00	\$3,025.11	\$6,258.72	\$0.00	\$6,258.72
No Lost Time	Closed Last Month	Total:	0	\$4,788.85	\$17,003.45	\$0.00	\$17,003.45	\$0.00

	PN-R (Right) ANKLE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRAIN	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/18/2019	DOR:7/19/2019	Medical:	\$33.53	\$832.75	\$832.75	\$4,232.01	\$5,064.76	\$0.00
	RTW:7/23/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$23.65	\$23.65	\$726.35	\$750.00
No Lost Time	Open	Total:	33.53	\$856.40	\$856.40	\$4,958.36	\$5,814.76	\$0.00

	PN-R (Right) FACE Fracture	Perm:	\$0.00	\$0.00	\$39,575.04	\$0.00	\$39,575.04	\$0.00
	Cause:DIFF LEVEL	Temp:	\$0.00	\$0.00	\$37,101.43	\$0.00	\$37,101.43	\$0.00
DOI:6/24/2013	DOR:6/27/2013	Medical:	\$0.00	\$1,047.65	\$198,872.08	\$22,612.35	\$221,484.43	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	RTW:6/17/2014 12:00:00 AM	LitN	Expense:	\$0.00	\$10.50	\$29,044.33	\$3,528.00	\$32,572.33	\$0.00
Long Term Temporary	Reopened		Total:	0	\$1,058.15	\$304,592.88	\$26,140.35	\$330,733.23	\$0.00

	PN:O (NotApplicable) LOW BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:LIFTING	Temp:	\$0.00	\$0.00	\$3,201.12	\$0.00	\$3,201.12	\$0.00	\$0.00
DOI:7/15/2013	DOR:7/17/2013	Medical:	\$0.00	\$0.00	\$6,911.25	\$0.00	\$6,911.25	\$0.00	\$0.00
	RTW:8/9/2013 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$1,182.67	\$0.00	\$1,182.67	\$0.00
Temporary Total	Reopened	Total:	0	\$0.00	\$11,295.04	\$0.00	\$11,295.04	\$0.00	\$0.00

	PN:CANCER Internal OD	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:CONTAGION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/30/2018	DOR:7/31/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN:O (NotApplicable) MULTIPLE PARTS Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:COLLISION MV	Temp:	\$0.00	\$0.00	\$14,859.21	\$0.00	\$14,859.21	\$0.00	\$0.00
DOI:6/25/2010	DOR:7/2/2010	Medical:	\$0.00	\$1,081.80	\$225,643.48	\$48,939.92	\$274,583.40	\$29,050.00	\$0.00
	RTW:11/6/2012 12:00:00 AM	LitY	Expense:	\$0.00	\$32.32	\$34,638.94	\$15,360.30	\$49,999.24	\$0.00
Settlement	Open	Total:	0	\$1,114.12	\$275,141.63	\$64,300.22	\$339,441.85	\$29,050.00	\$0.00

	PN:R (Right) ARM Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:VEHICL UPSET	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:1/15/2019	DOR:2/5/2019	Medical:	\$0.00	\$2,461.44	\$2,461.44	\$7,214.52	\$9,675.96	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$205.21	\$205.21	\$1,245.79	\$1,451.00	\$0.00
Temporary Total	Open	Total:	0	\$2,666.65	\$2,666.65	\$8,460.31	\$11,126.96	\$0.00	\$0.00

	PN:L (Left) ELBOW Strain	Perm:	\$0.00	\$0.00	\$0.00	\$9,750.00	\$9,750.00	\$0.00	\$0.00
	Cause:LIFTING	Temp:	\$0.00	\$0.00	\$4,875.00	\$12,396.43	\$17,271.43	\$0.00	\$0.00
DOI:6/2/2016	DOR:6/7/2016	Medical:	\$431.30	\$12,786.36	\$22,245.50	\$10,360.63	\$32,606.13	\$0.00	\$0.00
	RTW:7/8/2016 12:00:00 AM	Lit	Expense:	\$234.16	\$1,220.11	\$2,117.14	\$2,266.42	\$4,383.56	\$0.00
Temporary Total	Reopened	Total:	665.46	\$14,006.47	\$29,237.64	\$34,773.48	\$64,011.12	\$0.00	\$0.00

	PN:L:O (Lower) BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:LIFTING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/4/2019	DOR:8/6/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/4/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Closed Last Month	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN:L (Left) FINGER Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:CUT/SCRAPE	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:10/8/2018	DOR:10/9/2018	Medical:	\$0.00	\$0.00	\$669.18	\$1,830.90	\$2,500.08	\$0.00	\$0.00
	RTW:10/27/2018 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$232.56	\$142.44	\$375.00	\$0.00
Temporary Total	Open	Total:	0	\$0.00	\$901.74	\$1,973.34	\$2,875.08	\$0.00	\$0.00

	PN:O (NotApplicable) MULTIPLE PARTS Allergic Reaction	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:REACTION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/20/2019	DOR:9/23/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:9/20/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	PN:O (NotApplicable) HEAD Concussion	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:VEHICL UPSET	Temp:	\$0.00	\$3,787.92	\$3,787.92	\$0.00	\$3,787.92	\$0.00
DOI:1/15/2019	DOR:2/5/2019	Medical:	\$0.00	\$9,406.16	\$9,406.16	\$5,000.00	\$14,406.16	\$0.00
	RTW:	Lit:	Expense:	\$11.35	\$3,205.55	\$3,205.55	\$738.65	\$3,944.20
Temporary Total	Reopened	Total:	11.35	\$16,399.63	\$16,399.63	\$5,738.65	\$22,138.28	\$0.00

	PN:R (Right) KNEE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:JUMP/CLIMB	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:3/24/2018	DOR:3/29/2018	Medical:	\$0.00	\$0.00	\$674.46	\$776.70	\$1,451.16	\$0.00
	RTW:	LitY	Expense:	\$0.00	\$6,071.43	\$6,584.97	\$3,132.03	\$9,717.00
No Lost Time	Open	Total:	0	\$6,071.43	\$7,259.43	\$3,908.73	\$11,168.16	\$0.00

	PN:O (NotApplicable) NOSE Fracture	Perm:	\$0.00	\$0.00	\$1,755.00	\$0.00	\$1,755.00	\$0.00
	Cause:FLYING OBJ	Temp:	\$0.00	\$0.00	\$3,900.00	\$0.00	\$3,900.00	\$0.00
DOI:1/19/2016	DOR:1/21/2016	Medical:	\$0.00	\$0.00	\$6,073.32	\$0.00	\$6,073.32	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$0.00	\$2,544.85	\$1,120.00	\$3,664.85
Permanent Partial	Reopened	Total:	0	\$0.00	\$14,273.17	\$1,120.00	\$15,393.17	\$0.00

	PN:L (Left) FINGER Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:LIFTED OBJ	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:4/29/2019	DOR:5/14/2019	Medical:	\$0.00	\$192.47	\$192.47	\$0.00	\$192.47	\$0.00
	RTW:5/1/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$51.29	\$51.29	\$0.00	\$51.29
No Lost Time	Closed Last Month	Total:	0	\$243.76	\$243.76	\$0.00	\$243.76	\$0.00

	PN:O (NotApplicable) HEART OD	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:PHYS TRAINING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/27/2018	DOR:10/5/2018	Medical:	\$0.00	\$8,375.37	\$10,102.42	\$397.58	\$10,500.00	\$0.00
	RTW:	LitY	Expense:	\$0.00	\$5,090.00	\$5,235.66	\$1,714.34	\$6,950.00
No Lost Time	Open	Total:	0	\$13,465.37	\$15,338.08	\$2,111.92	\$17,450.00	\$0.00

	PN:L (Left) ARM Allergic Reaction	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:CONTAGION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/21/2019	DOR:8/26/2019	Medical:	\$0.00	\$0.00	\$0.00	\$673.08	\$673.08	\$0.00
	RTW:8/25/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$101.00	\$101.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$774.08	\$774.08	\$0.00

	PN:L (Left) KNEE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$1,690.63	\$1,690.63	\$0.00
	Cause:FALL/STAIRS	Temp:	\$0.00	\$0.00	\$0.00	\$6,221.50	\$6,221.50	\$0.00
DOI:7/24/2018	DOR:8/7/2018	Medical:	\$0.00	\$6,904.09	\$12,685.45	\$5,888.31	\$18,573.76	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$6,176.18	\$9,372.62	\$1,913.38	\$11,286.00
Temporary Total	Open	Total:	0	\$13,080.27	\$22,058.07	\$15,713.82	\$37,771.89	\$0.00

	PN:O (NotApplicable) LUNGS Inhalation	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:INHALATION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/31/2019	DOR:8/22/2019	Medical:	\$0.00	\$0.00	\$0.00	\$5,659.56	\$5,659.56	\$0.00
	RTW:8/20/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$849.00	\$849.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$6,508.56	\$6,508.56	\$0.00

	PN:LL (Lower Left) LOW BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	Cause:PUSH/PULL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:3/28/2019	DOR:4/1/2019	Medical:	\$0.00	\$102.77	\$102.77	\$0.00	\$102.77	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$5.25	\$5.25	\$0.00	\$5.25
No Lost Time	Closed Last Month		Total:	0	\$108.02	\$108.02	\$0.00	\$108.02

	PN:LO (Lower) BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:LIFTING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:6/19/2019	DOR:6/26/2019	Medical:	\$0.00	\$501.43	\$501.43	\$0.00	\$501.43	\$0.00
	RTW:6/24/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$47.44	\$47.44	\$0.00	\$47.44
No Lost Time	Closed Last Month		Total:	0	\$548.87	\$548.87	\$0.00	\$548.87

	PN:L (Left) HIP Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL LIQ-GRS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:12/20/2018	DOR:1/7/2019	Medical:	\$222.75	\$3,044.72	\$3,044.72	\$277.25	\$3,321.97	\$0.00
	RTW:12/21/2018 12:00:00 AM	Lit:	Expense:	\$0.00	\$575.67	\$575.67	\$0.00	\$575.67
No Lost Time	Reopened		Total:	222.75	\$3,620.39	\$3,620.39	\$277.25	\$3,897.64

	PN:O (NotApplicable) HEAD Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STATNARY OBJ	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/22/2019	DOR:8/26/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/22/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Closed Last Month		Total:	0	\$0.00	\$0.00	\$0.00	\$0.00

	PN:O (NotApplicable) BACK Injury	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:MISC	Temp:	\$0.00	\$0.00	\$308,675.34	\$0.00	\$308,675.34	\$41,542.03
DOI:9/2/2000	DOR:1/1/1900	Medical:	\$2,922.84	\$20,108.00	\$775,135.64	\$548,829.96	\$1,323,965.60	\$250,883.13
	RTW:11/28/2000 12:00:00 AM	Lit:Y	Expense:	\$282.04	\$609.78	\$93,685.83	\$28,345.69	\$122,031.52
Temporary Total	Stay Open - Will NOT Be Closed		Total:	3204.88	\$20,717.78	\$1,177,496.81	\$577,175.65	\$1,754,672.46

	PN:B (Both) LEG Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:COLLISION MV	Temp:	\$0.00	\$0.00	\$5,067.09	\$1,531.87	\$6,598.96	\$0.00
DOI:10/10/2017	DOR:10/24/2017	Medical:	\$0.00	\$392.55	\$10,393.97	\$12,420.20	\$22,814.17	\$0.00
	RTW:10/16/2017 12:00:00 AM	Lit:	Expense:	\$0.00	\$1.61	\$1,067.40	\$2,132.93	\$3,200.33
Temporary Total	Open		Total:	0	\$394.16	\$16,528.46	\$16,085.00	\$32,613.46

	PN:R (Right) HAND Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:Bite/Human	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/19/2019	DOR:9/24/2019	Medical:	\$0.00	\$0.00	\$0.00	\$1,173.36	\$1,173.36	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$176.00	\$176.00
No Lost Time	Open		Total:	0	\$0.00	\$0.00	\$1,349.36	\$1,349.36

	PN:O (NotApplicable) LOW BACK Cont, abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:DIFF LEVEL	Temp:	\$0.00	\$0.00	\$20,381.18	\$0.00	\$20,381.18	\$0.00
DOI:2/12/2015	DOR:2/19/2015	Medical:	\$16.34	\$42.98	\$32,728.68	\$30,543.90	\$63,272.58	\$0.00
	RTW:7/7/2015 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$4,967.86	\$4,620.00	\$9,587.86
Temporary Total	Reopened		Total:	16.34	\$42.98	\$58,077.72	\$35,163.90	\$93,241.62

	PN:CANCER GROIN OD	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OD	Temp:	\$0.00	\$0.00	\$1,532.12	\$0.00	\$1,532.12	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

DOI:10/29/2015	DOR:11/10/2015	Medical:	\$625.00	\$8,610.16	\$43,555.37	\$122,195.19	\$165,750.56	\$0.00
	RTW:11/6/2017 12:00:00 AM	Lit	Expense:	\$0.00	\$10.50	\$2,782.05	\$15,568.38	\$18,350.43
Temporary Total	Stay Open - Will NOT Be Closed	Total:	625	\$8,620.66	\$47,869.54	\$137,763.57	\$185,633.11	\$0.00

	PN-O (Not Applicable) HEART OD	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:UNDETERMINED	Temp:	\$0.00	\$0.00	\$2,826.76	\$0.00	\$2,826.76	\$0.00
DOI:5/26/2001	DOR:1/1/2005	Medical:	\$0.00	\$2,458.58	\$115,668.06	\$81,957.66	\$197,625.72	\$0.00
	RTW:6/28/2001 12:00:00 AM	LitN	Expense:	\$0.00	\$0.00	\$4,401.44	\$850.00	\$5,251.44
Long Term Temporary Total Dis	Stay Open - Will NOT Be Closed	Total:	0	\$2,458.58	\$122,896.26	\$82,807.66	\$205,703.92	\$0.00

	PN-L O (Lower) LOW BACK Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL - MISC	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:3/12/2019	DOR:3/14/2019	Medical:	\$0.00	\$210.65	\$210.65	\$0.00	\$210.65	\$0.00
	RTW:5/28/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$46.30	\$46.30	\$0.00	\$46.30
No Lost Time	Closed Last Month	Total:	0	\$256.95	\$256.95	\$0.00	\$256.95	\$0.00

	PN-R (Right) LEG Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OVEREXERTION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/9/2019	DOR:8/16/2019	Medical:	\$0.00	\$0.00	\$0.00	\$1,128.72	\$1,128.72	\$0.00
	RTW:8/15/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$169.00	\$169.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$1,297.72	\$1,297.72	\$0.00

	PN-R (Right) HAND Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/5/2019	DOR:8/9/2019	Medical:	\$1,829.35	\$1,829.35	\$1,829.35	\$2,273.81	\$4,103.16	\$0.00
	RTW:8/9/2019 12:00:00 AM	Lit	Expense:	\$44.63	\$44.63	\$44.63	\$570.37	\$615.00
Lost Time Less Than	Open	Total:	1873.98	\$1,873.98	\$1,873.98	\$2,844.18	\$4,718.16	\$0.00

	PN-B (Both) WRIST Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$3,585.60	\$0.00	\$3,585.60	\$0.00
	Cause:BITES/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:10/5/2016	DOR:10/13/2016	Medical:	\$0.00	\$0.00	\$6,829.11	\$1,375.75	\$8,204.86	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$0.00	\$553.21	\$381.42	\$934.63
Permanent Partial	Reopened	Total:	0	\$0.00	\$10,967.92	\$1,757.17	\$12,725.09	\$0.00

	PN-BITE/STING ARM Sting/Bite/Rash	Perm:	\$0.00	\$0.00	\$4,482.00	\$0.00	\$4,482.00	\$0.00
	Cause:BITES/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:4/30/2017	DOR:5/4/2017	Medical:	\$0.00	\$0.00	\$2,045.05	\$0.00	\$2,045.05	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$1,184.00	\$1,922.74	\$795.00	\$2,717.74
Permanent Partial	Reopened	Total:	0	\$1,184.00	\$8,449.79	\$795.00	\$9,244.79	\$0.00

	PN-L (Left) ARM Sting/Bite/Rash	Perm:	\$0.00	\$0.00	\$2,091.60	\$0.00	\$2,091.60	\$0.00
	Cause:BITES/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/18/2016	DOR:8/24/2016	Medical:	\$0.00	\$0.00	\$1,477.69	\$0.00	\$1,477.69	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$0.00	\$41.06	\$0.00	\$41.06
Permanent Partial	Reopened	Total:	0	\$0.00	\$3,610.35	\$0.00	\$3,610.35	\$0.00

	PN-R (Right) WRIST Strain	Perm:	\$0.00	\$0.00	\$10,602.72	\$0.00	\$10,602.72	\$0.00
	Cause:BODY ASSAULT	Temp:	\$0.00	\$0.00	\$19,518.29	\$0.00	\$19,518.29	\$0.00
DOI:6/12/2006	DOR:6/23/2006	Medical:	\$917.63	\$6,583.81	\$204,441.86	\$369,585.46	\$574,027.32	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	RTW:	LitY	Expense:	(\$74.04)	\$36.01	\$99,280.34	\$32,428.51	\$131,708.85	\$0.00
Permanent Partial	Open		Total:	843.59	\$6,619.82	\$333,843.21	\$402,013.97	\$735,857.18	\$0.00

	PN-L (Left) LEG Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRAIN	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI6/24/2019	DOR:6/26/2019	Medical:	\$0.00	\$0.00	\$0.00	\$3,530.76	\$3,530.76	\$0.00	\$0.00
	RTW:7/3/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$529.00	\$529.00	\$0.00
Temporary Total	Open	Total:	0	\$0.00	\$0.00	\$4,059.76	\$4,059.76	\$0.00	\$0.00

	PN-R (Right) SHOULDER Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:PUSH/PULL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI9/7/2019	DOR:9/9/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:9/7/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-O (NotApplicable) HEART OD	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OD	Temp:	\$0.00	\$0.00	\$10,287.41	\$0.00	\$10,287.41	\$0.00	\$0.00
DOI11/4/2004	DOR:1/1/1900	Medical:	\$79.85	\$1,114.62	\$74,423.21	\$46,541.79	\$120,965.00	\$0.00	\$0.00
	RTW:2/14/2005 12:00:00 AM	Lit	Expense:	\$0.00	\$10.50	\$5,830.83	\$1,453.13	\$7,283.96	\$0.00
Temporary Total	Stay Open - Will NOT Be Closed	Total:	79.85	\$1,125.12	\$90,541.45	\$47,994.92	\$138,536.37	\$0.00	\$0.00

	PN-O (NotApplicable) FACE Infectious Disease	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:CONTAGION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI8/10/2018	DOR:8/13/2018	Medical:	\$0.00	\$186.65	\$186.65	\$0.00	\$186.65	\$0.00	\$0.00
	RTW:8/10/2018 12:00:00 AM	Lit	Expense:	\$0.00	\$7.37	\$7.37	\$0.00	\$7.37	\$0.00
No Lost Time	Closed Last Month	Total:	0	\$194.02	\$194.02	\$0.00	\$194.02	\$0.00	\$0.00

	PN-R (Right) FINGER Cuts/Lacerations/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BITE/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI7/23/2019	DOR:7/25/2019	Medical:	\$0.00	\$0.00	\$0.00	\$1,462.08	\$1,462.08	\$0.00	\$0.00
	RTW:7/23/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$219.00	\$219.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$1,681.08	\$1,681.08	\$0.00	\$0.00

	PN-L (Lower) BACK Sting/Bite/Rash	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BITE/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI9/3/2019	DOR:9/10/2019	Medical:	\$0.00	\$0.00	\$0.00	\$253.51	\$253.51	\$0.00	\$0.00
	RTW:9/6/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$38.03	\$38.03	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$291.54	\$291.54	\$0.00	\$0.00

	PN-L (Left) ARM Sting/Bite/Rash	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BITE/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI3/24/2019	DOR:3/26/2019	Medical:	\$0.00	\$1,090.94	\$1,090.94	\$1,409.94	\$2,500.88	\$0.00	\$0.00
	RTW:3/24/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$52.59	\$52.59	\$322.41	\$375.00	\$0.00
No Lost Time	Open	Total:	0	\$1,143.53	\$1,143.53	\$1,732.35	\$2,875.88	\$0.00	\$0.00

	PN-R (Right) ANKLE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$3,532.31	\$3,532.31	\$0.00	\$0.00
	Cause:TRIP/SLIP	Temp:	\$0.00	\$0.00	\$0.00	\$8,073.84	\$8,073.84	\$0.00	\$0.00
DOI4/3/2018	DOR:4/3/2018	Medical:	\$0.00	\$20,679.87	\$48,869.29	\$888.19	\$49,757.48	\$0.00	\$0.00
	RTW:1/17/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$5,829.73	\$17,371.46	\$3,643.33	\$21,014.79	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

Temporary Total	Open		Total:	0	\$26,509.60	\$66,240.75	\$16,137.67	\$82,378.42	\$0.00
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	PN-L (Left) FINGER Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRAIN	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/6/2019	DOR:8/9/2019	Medical:	\$482.68	\$482.68	\$482.68	\$2,081.84	\$2,564.52	\$0.00
	RTW:	Lit	Expense:	\$365.83	\$365.83	\$365.83	\$544.17	\$910.00
No Lost Time	Open	Total:	848.51	\$848.51	\$848.51	\$2,626.01	\$3,474.52	\$0.00

	PN-LO (Lower) GROIN Sore/Hurt/Pain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRAIN-MISC	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:11/8/2018	DOR:11/12/2018	Medical:	\$590.05	\$3,251.38	\$3,478.27	\$0.00	\$3,478.27	\$0.00
	RTW:11/12/2018 12:00:00 AM	Lit	Expense:	\$5.25	\$5.25	\$67.05	\$0.00	\$67.05
Lost Time Less Than	Reopened	Total:	595.3	\$3,256.63	\$3,545.32	\$0.00	\$3,545.32	\$0.00

	PN-L (Left) Internal Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:TOOL/MACHINE	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/10/2019	DOR:9/12/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-R (Right) ANKLE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:JUMP/CLIMB	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:6/3/2019	DOR:6/4/2019	Medical:	\$952.71	\$1,315.13	\$1,315.13	\$772.63	\$2,087.76	\$0.00
	RTW:	Lit	Expense:	\$20.29	\$56.67	\$56.67	\$256.33	\$313.00
No Lost Time	Open	Total:	973	\$1,371.80	\$1,371.80	\$1,028.96	\$2,400.76	\$0.00

	PN-L (Left) SHOULDER Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FLYING OBJ	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/1/2019	DOR:9/3/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:9/1/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-L (Left) LEG Sting/Bite/Rash	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRIKE/STEP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/31/2019	DOR:9/3/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/31/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-R (Right) LOW BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:PHYS TRAINING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:3/30/2018	DOR:4/9/2018	Medical:	\$0.00	\$393.66	\$4,196.41	\$0.00	\$4,196.41	\$0.00
	RTW:	Lit/Y	Expense:	\$0.00	\$7,021.00	\$9,235.96	\$4,789.04	\$14,025.00
No Lost Time	Open	Total:	0	\$7,414.66	\$13,432.37	\$4,789.04	\$18,221.41	\$0.00

	PN-LO (Lower) LOW BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$60,000.00	\$60,000.00	\$0.00
	Cause:BODY POSITN	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:4/24/2018	DOR:5/2/2018	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Reopened	Total:	0	\$0.00	\$0.00	\$60,000.00	\$60,000.00	\$0.00

	PN-O (Not Applicable) HEAD Sore/Hurt/Pain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	Cause:PHYS TRAINING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:4/9/2019	DOR:4/12/2019	Medical:	\$0.00	\$3,070.07	\$3,070.07	\$0.00	\$3,070.07	\$0.00
	RTW:4/10/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$57.56	\$57.56	\$0.00	\$57.56
No Lost Time	Reopened	Total:	0	\$3,127.63	\$3,127.63	\$0.00	\$3,127.63	\$0.00

	PN:L (Left) KNEE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$0.00	\$3,112.14	\$0.00	\$3,112.14	\$0.00
DOI:4/11/2017	DOR:4/12/2017	Medical:	\$0.00	\$0.00	\$3,485.30	\$0.00	\$3,485.30	\$0.00
	RTW:5/8/2017 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$235.61	\$0.00	\$235.61
Temporary Total	Reopened	Total:	0	\$0.00	\$6,833.05	\$0.00	\$6,833.05	\$0.00

	PN:R (Right) ARM Fracture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL ON ICE	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:2/1/2019	DOR:2/12/2019	Medical:	\$37.32	\$33,043.23	\$33,043.23	\$17,956.77	\$51,000.00	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$1,598.08	\$1,598.08	\$7,420.18	\$9,018.26
Temporary Total	Open	Total:	37.32	\$34,641.31	\$34,641.31	\$25,376.95	\$60,018.26	\$0.00

	PN:L (Left) LEG Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:LIFTED OBJ	Temp:	\$0.00	\$713.60	\$713.60	\$0.00	\$713.60	\$0.00
DOI:7/14/2018	DOR:7/16/2018	Medical:	\$0.00	\$186.38	\$938.81	\$1,561.11	\$2,499.92	\$0.00
	RTW:7/29/2018 12:00:00 AM	Lit:	Expense:	\$0.00	\$7.45	\$43.69	\$331.31	\$375.00
Temporary Total	Open	Total:	0	\$907.43	\$1,696.10	\$1,892.42	\$3,588.52	\$0.00

	PN:R (Right) ANKLE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:6/27/2019	DOR:6/28/2019	Medical:	\$373.64	\$1,439.08	\$1,439.08	\$1,061.20	\$2,500.28	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$170.03	\$170.03	\$204.97	\$375.00
Temporary Total	Open	Total:	373.64	\$1,609.11	\$1,609.11	\$1,266.17	\$2,875.28	\$0.00

	PN:L (Left) EYE Hemorrhage	Perm:	\$0.00	\$0.00	\$0.00	\$88,806.00	\$88,806.00	\$0.00
	Cause:F BODY EYE	Temp:	\$0.00	\$0.00	\$40,089.14	\$0.00	\$40,089.14	\$0.00
DOI:8/26/2013	DOR:8/28/2013	Medical:	\$613.40	\$8,844.34	\$62,745.34	\$97,014.98	\$159,760.32	\$0.00
	RTW:5/17/2016 12:00:00 AM	Lit:N	Expense:	\$0.00	\$161.35	\$13,507.29	\$35,058.18	\$48,565.47
Temporary Total	Open	Total:	613.4	\$9,005.69	\$116,341.77	\$220,879.16	\$337,220.93	\$0.00

	PN:O (Not Applicable) BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:LIFTING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/18/1999	DOR:1/1/1900	Medical:	\$1,823.11	\$3,789.34	\$73,187.90	\$7,698.39	\$80,886.29	\$0.00
	RTW:	Lit:	Expense:	\$299.12	\$868.28	\$9,633.11	\$1,389.33	\$11,022.44
No Lost Time	Stay Open - Will NOT Be Closed	Total:	2122.23	\$4,657.62	\$82,821.01	\$9,087.72	\$91,908.73	\$0.00

	PN:L (Left) HIP Strain	Perm:	\$0.00	\$0.00	\$0.00	\$80,176.25	\$80,176.25	\$0.00
	Cause:PUSH/PULL	Temp:	\$0.00	\$0.00	\$41,417.23	\$0.00	\$41,417.23	\$0.00
DOI:7/10/2013	DOR:7/12/2013	Medical:	\$308.26	\$1,633.88	\$110,726.08	\$46,125.43	\$156,851.51	\$0.00
	RTW:	Lit:Y	Expense:	\$0.00	\$21,100.86	\$79,692.16	\$17,469.55	\$97,161.71
Temporary Total	Open	Total:	308.26	\$22,734.74	\$231,835.47	\$143,771.23	\$375,606.70	\$0.00

	PN:R (Right) SHOULDER Strain	Perm:	\$3,984.00	\$73,704.00	\$73,704.00	\$10,692.00	\$84,396.00	\$0.00
	Cause:OVEREXERTION	Temp:	\$0.00	\$0.00	\$34,717.67	\$0.00	\$34,717.67	\$0.00
DOI:4/3/2017	DOR:4/4/2017	Medical:	\$0.00	\$197.00	\$203,454.76	\$34,569.19	\$238,023.95	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	RTW:12/4/2017 12:00:00 AM	LitN	Expense:	\$0.00	\$1,868.25	\$23,709.67	\$5,970.51	\$29,680.18	\$0.00
Temporary Total	Open		Total:	3984	\$75,769.25	\$335,586.10	\$51,231.70	\$386,817.80	\$0.00

	PN-R (Right) ARM Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:CUT/SCRAPE	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/20/2019	DOR:9/23/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:9/20/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open		Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-R (Right) LEG Strain	Perm:	\$0.00	\$0.00	\$1,863.96	\$0.00	\$1,863.96	\$0.00	\$0.00
	Cause:OVEREXERTION	Temp:	\$0.00	\$0.00	\$7,836.25	\$0.00	\$7,836.25	\$0.00	\$0.00
DOI:10/8/2015	DOR:10/13/2015	Medical:	\$0.00	\$0.00	\$45,332.80	\$52.00	\$45,384.80	\$0.00	\$0.00
	RTW:4/26/2018 12:00:00 AM	LitN	Expense:	\$5.25	\$5.25	\$6,859.48	\$0.00	\$6,859.48	\$0.00
Permanent Partial	Reopened		Total:	5.25	\$5.25	\$61,892.49	\$52.00	\$61,944.49	\$0.00

	PN-R (Right) FOOT Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FROM LADDER	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/22/2019	DOR:5/30/2019	Medical:	\$330.96	\$1,257.74	\$1,257.74	\$6,878.98	\$8,136.72	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$72.77	\$285.48	\$285.48	\$949.52	\$1,235.00	\$0.00
Temporary Total	Open		Total:	403.73	\$1,543.22	\$1,543.22	\$7,828.50	\$9,371.72	\$0.00

	PN-LO (Lower) BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRAIN	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/22/2019	DOR:8/28/2019	Medical:	\$0.00	\$0.00	\$0.00	\$986.40	\$986.40	\$0.00	\$0.00
	RTW:8/22/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open		Total:	0	\$0.00	\$0.00	\$986.40	\$986.40	\$0.00

	PN-UL (Upper Left) ARM Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:LIFTING	Temp:	\$0.00	\$0.00	\$4,864.70	\$0.00	\$4,864.70	\$0.00	\$0.00
DOI:3/14/2017	DOR:3/16/2017	Medical:	\$0.00	\$0.00	\$23,299.14	\$0.00	\$23,299.14	\$0.00	\$0.00
	RTW:4/18/2017 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$1,878.01	\$0.00	\$1,878.01	\$0.00
Temporary Total	Reopened		Total:	0	\$0.00	\$30,041.85	\$0.00	\$30,041.85	\$0.00

	PN-O (Not Applicable) HEART Heat Exhaustion	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OVEREXERTION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/19/2019	DOR:7/22/2019	Medical:	\$0.00	\$0.00	\$0.00	\$3,500.96	\$3,500.96	\$0.00	\$0.00
	RTW:7/19/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$525.00	\$525.00	\$0.00
No Lost Time	Open		Total:	0	\$0.00	\$0.00	\$4,025.96	\$4,025.96	\$0.00

	PN-LO (Lower) BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:COLLISION MV	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/15/2019	DOR:5/17/2019	Medical:	\$0.00	\$38.35	\$38.35	\$4,729.05	\$4,767.40	\$0.00	\$0.00
	RTW:5/17/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$11.78	\$11.78	\$703.22	\$715.00	\$0.00
Lost Time Less Than	Open		Total:	0	\$50.13	\$50.13	\$5,432.27	\$5,482.40	\$0.00

	PN-R (Right) WRIST Fracture	Perm:	\$0.00	\$0.00	\$7,549.20	\$0.00	\$7,549.20	\$0.00	\$0.00
	Cause:JUMP/CLIMB	Temp:	\$0.00	\$0.00	\$14,127.80	\$0.00	\$14,127.80	\$0.00	\$0.00
DOI:4/3/2012	DOR:4/9/2012	Medical:	\$172.80	\$172.80	\$33,780.89	\$237.20	\$34,018.09	\$0.00	\$0.00
	RTW:	LitN	Expense:	\$56.73	\$56.73	\$10,152.49	\$4.77	\$10,157.26	\$0.00
Permanent Partial	Reopened		Total:	229.53	\$229.53	\$65,610.38	\$241.97	\$65,852.35	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	PN-R (Right) ARM Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BITES/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:6/18/2019	DOR:6/20/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Closed Last Month	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-O (Not Applicable) GROIN Allergic Reaction	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:CHEMPOISON	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/30/2019	DOR:6/7/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:6/8/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Lost Time Less Than	Closed Last Month	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-R (Right) KNEE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:MISC	Temp:	\$0.00	\$0.00	\$2,858.58	\$0.00	\$2,858.58	\$0.00
DOI:9/24/1995	DOR:1/1/1900	Medical:	\$0.00	\$1,667.56	\$31,354.82	\$15,469.06	\$46,823.88	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$5.25	\$2,037.43	\$744.75	\$2,782.18
Temporary Total	Stay Open - Will NOT Re-Closed	Total:	0	\$1,672.81	\$36,250.83	\$16,213.81	\$52,464.64	\$0.00

	PN-L (Left) KNEE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:TWISTING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/19/2019	DOR:8/1/2019	Medical:	\$0.00	\$0.00	\$0.00	\$1,128.72	\$1,128.72	\$0.00
	RTW:	Lit:	Expense:	\$75.28	\$75.28	\$75.28	\$93.72	\$169.00
No Lost Time	Open	Total:	75.28	\$75.28	\$75.28	\$1,222.44	\$1,297.72	\$0.00

	PN-LR (Lower Right) LOW BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:PHYS TRAINING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:1/17/2019	DOR:2/1/2019	Medical:	\$0.00	\$3,254.76	\$3,254.76	\$0.00	\$3,254.76	\$0.00
	RTW:2/22/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$109.59	\$109.59	\$0.00	\$109.59
No Lost Time	Closed Last Month	Total:	0	\$3,364.35	\$3,364.35	\$0.00	\$3,364.35	\$0.00

	PN-R (Right) KNEE Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:VEHICLE	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/30/2019	DOR:6/4/2019	Medical:	\$0.00	\$266.21	\$266.21	\$2,348.15	\$2,614.36	\$0.00
	RTW:6/3/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$34.57	\$34.57	\$357.43	\$392.00
Lost Time Less Than	Open	Total:	0	\$300.78	\$300.78	\$2,705.58	\$3,006.36	\$0.00

	PN-R (Right) HEAD Cont,abras,bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRUCK BY	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/25/2019	DOR:9/26/2019	Medical:	\$0.00	\$0.00	\$0.00	\$441.63	\$441.63	\$0.00
	RTW:9/27/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$66.25	\$66.25
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$507.88	\$507.88	\$0.00

	PN-U (Upper) CHEST Sore/Hurt/Pain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRAIN-MISC	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/26/2018	DOR:8/6/2018	Medical:	\$360.83	\$360.83	\$17,666.56	\$0.00	\$17,666.56	\$0.00
	RTW:7/26/2018 12:00:00 AM	Lit:	Expense:	\$65.53	\$65.53	\$457.24	\$0.00	\$457.24
No Lost Time	Reopened	Total:	426.36	\$426.36	\$18,123.80	\$0.00	\$18,123.80	\$0.00

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	PN-L (Left) SHOULDER Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:PHYS TRAINING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/3/2019	DOR:9/6/2019	Medical:	\$0.00	\$0.00	\$0.00	\$1,139.04	\$1,139.04	\$0.00
	RTW:9/3/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$171.00	\$171.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$1,310.04	\$1,310.04	\$0.00

	PN-B (Both) SHOULDER Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:MISC	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/16/2019	DOR:5/17/2019	Medical:	\$0.00	\$507.88	\$507.88	\$2,992.68	\$3,500.56	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$180.03	\$180.03	\$344.97	\$525.00
No Lost Time	Open	Total:	0	\$687.91	\$687.91	\$3,337.65	\$4,025.56	\$0.00

	PN-O (NotApplicable) HEART OD	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:UNDETERMINED	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:11/19/2018	DOR:11/27/2018	Medical:	\$0.00	\$3,030.08	\$3,030.08	\$0.00	\$3,030.08	\$0.00
	RTW:11/21/2018 12:00:00 AM	Lit:	Expense:	\$0.00	\$116.71	\$116.71	\$0.00	\$116.71
No Lost Time	Closed Last Month	Total:	0	\$3,146.79	\$3,146.79	\$0.00	\$3,146.79	\$0.00

	PN-L (Left) HEAD Concussion	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FLYING OBJ	Temp:	\$2,342.04	\$21,329.31	\$21,329.31	\$0.00	\$21,329.31	\$0.00
DOI:1/3/2019	DOR:1/4/2019	Medical:	\$3,020.00	\$16,347.92	\$16,347.92	\$10,632.10	\$26,980.02	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$1,575.51	\$1,575.51	\$2,471.49	\$4,047.00
Temporary Total	Open	Total:	5362.04	\$39,252.74	\$39,252.74	\$13,103.59	\$52,356.33	\$0.00

	PN-O (NotApplicable) NECK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:LIFTING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/21/2019	DOR:5/24/2019	Medical:	\$0.00	\$468.00	\$468.00	\$0.00	\$468.00	\$0.00
	RTW:5/28/2019 12:00:00 AM	Lit:	Expense:	\$6.20	\$119.53	\$119.53	\$0.00	\$119.53
Lost Time Less Than	Closed Last Month	Total:	6.2	\$587.53	\$587.53	\$0.00	\$587.53	\$0.00

	PN-O (NotApplicable) MOUTH Infectious Disease	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:CONTAGION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:3/15/2019	DOR:3/20/2019	Medical:	\$160.57	\$1,319.55	\$1,319.55	\$339.43	\$1,658.98	\$0.00
	RTW:3/15/2019 12:00:00 AM	Lit:	Expense:	\$28.18	\$81.01	\$81.01	\$46.82	\$127.83
No Lost Time	Reopened	Total:	188.75	\$1,400.56	\$1,400.56	\$386.25	\$1,786.81	\$0.00

	PN-R (Right) KNEE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:TWISTING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/21/2019	DOR:8/22/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/21/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN-O (NotApplicable) LUNGS Inhalation	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:INHALATION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:6/25/2019	DOR:7/8/2019	Medical:	\$0.00	\$433.59	\$433.59	\$1,066.41	\$1,500.00	\$0.00
	RTW:6/25/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$42.82	\$42.82	\$182.18	\$225.00
No Lost Time	Open	Total:	0	\$476.41	\$476.41	\$1,248.59	\$1,725.00	\$0.00

	PN-R (Right) LEG Inflammation/Infection	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	Cause:REACTION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI6/7/2019	DOR:6/17/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Closed Last Month		Total:	0	\$0.00	\$0.00	\$0.00	\$0.00

	PN-L (Left) WRIST Fracture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FROM LADDER	Temp:	\$0.00	\$0.00	\$3,091.74	\$0.00	\$3,091.74	\$0.00
DOI9/11/2017	DOR:9/14/2017	Medical:	\$0.00	\$0.00	\$7,982.17	\$2,000.00	\$9,982.17	\$0.00
	RTW:12/4/2017 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$3,880.64	\$2,300.00	\$6,180.64
Temporary Total	Reopened		Total:	0	\$0.00	\$14,954.55	\$4,300.00	\$19,254.55

	PN-R (Right) SHOULDER Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BODY POSITN	Temp:	\$0.00	\$8,170.61	\$8,170.61	\$0.00	\$8,170.61	\$0.00
DOI6/12/2018	DOR:6/13/2018	Medical:	\$0.00	\$3,558.57	\$50,861.16	\$35,819.76	\$86,680.92	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$163.13	\$225.46	\$14,906.68	\$15,132.14
Temporary Total	Open		Total:	0	\$11,892.31	\$59,257.23	\$50,726.44	\$109,983.67

	PN-L (Left) KNEE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:DIFF LEVEL	Temp:	\$27.15	\$526.71	\$526.71	\$73.29	\$600.00	\$0.00
DOI12/1/2018	DOR:12/3/2018	Medical:	\$2,874.64	\$25,138.69	\$25,138.69	\$21,015.49	\$46,154.18	\$0.00
	RTW:8/26/2019 12:00:00 AM	Lit:	Expense:	\$5.25	\$922.79	\$922.79	\$6,543.95	\$7,466.74
Temporary Total	Open		Total:	2907.04	\$26,588.19	\$26,588.19	\$27,632.73	\$54,220.92

	PN-B (Both) LUNGS Inhalation	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:INHALATION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI8/28/2019	DOR:8/30/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/28/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open		Total:	0	\$0.00	\$0.00	\$0.00	\$0.00

	PN-R (Right) ANKLE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:TWISTING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI8/29/2019	DOR:9/3/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/29/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open		Total:	0	\$0.00	\$0.00	\$0.00	\$0.00

	PN-R (Right) ANKLE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:TRIP/SLIP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI9/24/2019	DOR:9/30/2019	Medical:	\$0.00	\$0.00	\$0.00	\$1,064.28	\$1,064.28	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open		Total:	0	\$0.00	\$0.00	\$1,064.28	\$1,064.28

	PN-O (Not Applicable) HEAD Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRIKE/STEP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI9/28/2019	DOR:9/30/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:9/28/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open		Total:	0	\$0.00	\$0.00	\$0.00	\$0.00

	PN-B (Both) LUNGS Inhalation	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:INHALATION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI8/28/2019	DOR:8/30/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	RTW:8/28/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open		Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN:L (Left) ANKLE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL/SLIP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/5/2019	DOR:8/6/2019	Medical:	\$305.76	\$305.76	\$305.76	\$4,694.24	\$5,000.00	\$0.00	\$0.00
	RTW:8/19/2019 12:00:00 AM	Lit	Expense:	\$361.90	\$368.10	\$368.10	\$381.90	\$750.00	\$0.00
Temporary Total	Open	Total:	667.66	\$673.86	\$673.86	\$5,076.14	\$5,750.00	\$0.00	\$0.00

	PN:L (Left) EYE Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FLYING OBJ	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:4/15/2019	DOR:4/17/2019	Medical:	\$93.02	\$3,180.60	\$3,180.60	\$1,611.40	\$4,792.00	\$0.00	\$0.00
	RTW:4/16/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$71.48	\$71.48	\$646.52	\$718.00	\$0.00
No Lost Time	Open	Total:	93.02	\$3,252.08	\$3,252.08	\$2,257.92	\$5,510.00	\$0.00	\$0.00

	PN:LR (Lower Right) LEG Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FLYING OBJ	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/10/2019	DOR:9/12/2019	Medical:	\$0.00	\$0.00	\$0.00	\$9,000.00	\$9,000.00	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$1,571.80	\$1,571.80	\$0.00
Temporary Total	Open	Total:	0	\$0.00	\$0.00	\$10,571.80	\$10,571.80	\$0.00	\$0.00

	PN:L (Left) Chin Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRUCKBY	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/17/2019	DOR:7/22/2019	Medical:	\$0.00	\$267.78	\$267.78	\$0.00	\$267.78	\$0.00	\$0.00
	RTW:7/18/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$38.48	\$38.48	\$0.00	\$38.48	\$0.00
No Lost Time	Closed Last Month	Total:	0	\$306.26	\$306.26	\$0.00	\$306.26	\$0.00	\$0.00

	PN:R (Right) RIB Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:VEHICLE	Temp:	\$0.00	\$0.00	\$4,451.64	\$0.00	\$4,451.64	\$0.00	\$0.00
DOI:8/14/2015	DOR:8/21/2015	Medical:	\$0.00	\$0.00	\$6,883.34	\$2,403.54	\$9,286.88	\$0.00	\$0.00
	RTW:	LitY	Expense:	\$0.00	\$32.00	\$4,664.85	\$4,703.18	\$9,368.03	\$0.00
Temporary Total	Open	Total:	0	\$32.00	\$15,999.83	\$7,106.72	\$23,106.55	\$0.00	\$0.00

	PN:LO (Lower) LOW BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$35,958.88	\$45,991.74	\$0.00	\$45,991.74	\$0.00	\$0.00
DOI:9/6/2017	DOR:9/12/2017	Medical:	\$585.00	\$585.00	\$58,199.03	\$31,462.63	\$89,661.66	\$0.00	\$0.00
	RTW:1/10/2019 12:00:00 AM	LitY	Expense:	\$0.00	\$10,006.96	\$24,933.61	\$6,538.79	\$31,472.40	\$0.00
Temporary Total	Open	Total:	585	\$46,550.84	\$129,124.38	\$38,001.42	\$167,125.80	\$0.00	\$0.00

	PN:L (Left) KNEE Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:3/13/2019	DOR:3/15/2019	Medical:	\$197.95	\$4,089.56	\$4,089.56	\$0.00	\$4,089.56	\$0.00	\$0.00
	RTW:3/14/2019 12:00:00 AM	Lit	Expense:	\$7.09	\$411.76	\$411.76	\$0.00	\$411.76	\$0.00
No Lost Time	Closed Last Month	Total:	205.04	\$4,501.32	\$4,501.32	\$0.00	\$4,501.32	\$0.00	\$0.00

	PN:R (Right) CHEST Sting/Bite/Rash	Perm:	\$0.00	\$0.00	\$0.00	\$12,984.00	\$12,984.00	\$0.00	\$0.00
	Cause:BITES/STINGS	Temp:	\$0.00	\$2,009.38	\$2,009.38	\$6,646.62	\$8,656.00	\$0.00	\$0.00
DOI:5/3/2019	DOR:5/6/2019	Medical:	\$2,553.35	\$16,776.14	\$16,776.14	\$33,223.86	\$50,000.00	\$0.00	\$0.00
	RTW:5/24/2019 12:00:00 AM	Lit	Expense:	\$173.35	\$1,535.20	\$1,535.20	\$5,964.80	\$7,500.00	\$0.00
Temporary Total	Open	Total:	2726.7	\$20,320.72	\$20,320.72	\$58,819.28	\$79,140.00	\$0.00	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	PN:L (Left) ARM Cont.abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BODY ASSAULT	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/10/2019	DOR:7/19/2019	Medical:	\$0.00	\$133.27	\$133.27	\$0.00	\$133.27	\$0.00
	RTW:7/10/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$32.28	\$32.28	\$0.00	\$32.28
No Lost Time	Closed Last Month	Total:	0	\$165.55	\$165.55	\$0.00	\$165.55	\$0.00

	PN:CONCUSSION HEAD NotApplicable	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:COLLISION MV	Temp:	\$0.00	\$0.00	\$5,821.50	\$0.00	\$5,821.50	\$0.00
DOI:5/5/2014	DOR:5/19/2014	Medical:	\$0.00	\$292.50	\$6,247.54	\$6,252.46	\$12,500.00	\$0.00
	RTW:6/27/2014 12:00:00 AM	LitY	Expense:	\$0.00	\$5,055.01	\$21,446.16	\$8,053.84	\$29,500.00
Temporary Total	Open	Total:	0	\$5,347.51	\$33,515.20	\$14,306.30	\$47,821.50	\$0.00

	PN:L (Left) FINGER Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BITES/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:4/30/2019	DOR:5/2/2019	Medical:	\$0.00	\$967.20	\$967.20	\$2,532.88	\$3,500.08	\$0.00
	RTW:4/30/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$50.50	\$50.50	\$474.50	\$525.00
No Lost Time	Open	Total:	0	\$1,017.70	\$1,017.70	\$3,007.38	\$4,025.08	\$0.00

	PN:L (Left) HAND Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BITES/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:5/16/2019	DOR:5/20/2019	Medical:	\$0.00	\$0.00	\$0.00	\$2,500.00	\$2,500.00	\$0.00
	RTW:5/16/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$375.00	\$375.00
No Lost Time	Reopened	Total:	0	\$0.00	\$0.00	\$2,875.00	\$2,875.00	\$0.00

	PN:O (NotApplicable) HEART OD	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:ENVIR STRESS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:4/11/2019	DOR:4/15/2019	Medical:	\$0.00	\$9,267.95	\$9,267.95	\$4,232.05	\$13,500.00	\$0.00
	RTW:	Lit:	Expense:	\$0.00	\$36.75	\$36.75	\$1,988.25	\$2,025.00
No Lost Time	Open	Total:	0	\$9,304.70	\$9,304.70	\$6,220.30	\$15,525.00	\$0.00

	PN:R (Right) HAND Cont.abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OBJ LIFTED	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:6/1/2019	DOR:6/3/2019	Medical:	\$80.26	\$1,461.53	\$1,461.53	\$10,627.27	\$12,088.80	\$0.00
	RTW:6/8/2019 12:00:00 AM	Lit:	Expense:	\$37.17	\$161.41	\$161.41	\$1,651.59	\$1,813.00
Temporary Total	Open	Total:	117.43	\$1,622.94	\$1,622.94	\$12,278.86	\$13,901.80	\$0.00

	PN:R (Right) SIDE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BODY POSITN	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:3/15/2019	DOR:3/22/2019	Medical:	\$0.00	\$1,015.44	\$1,015.44	\$8,994.96	\$10,010.40	\$0.00
	RTW:3/25/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$243.18	\$243.18	\$1,257.82	\$1,501.00
No Lost Time	Open	Total:	0	\$1,258.62	\$1,258.62	\$10,252.78	\$11,511.40	\$0.00

	PN:O (NotApplicable) NECK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:COLLISION FX	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:2/7/2018	DOR:2/8/2018	Medical:	\$3,357.37	\$13,912.06	\$22,186.18	\$238.82	\$22,425.00	\$0.00
	RTW:9/7/2019 12:00:00 AM	Lit:	Expense:	\$295.77	\$1,711.06	\$2,538.44	\$299.56	\$2,838.00
Lost Time Less Than	Open	Total:	3653.14	\$15,623.12	\$24,724.62	\$538.38	\$25,263.00	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	PN:B (Both) EAR Burns	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BURN-FIRE	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:6/9/2019	DOR:6/11/2019	Medical:	\$0.00	\$331.20	\$331.20	\$2,166.80	\$2,498.00	\$0.00
	RTW:6/9/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$30.09	\$30.09	\$343.91	\$374.00
No Lost Time	Open	Total:	0	\$361.29	\$361.29	\$2,510.71	\$2,872.00	\$0.00

	PN:B (Both) KNEE Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/22/2019	DOR:8/9/2019	Medical:	\$0.00	\$0.00	\$0.00	\$1,064.52	\$1,064.52	\$0.00
	RTW:8/6/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$159.00	\$159.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$1,223.52	\$1,223.52	\$0.00

	PN:O (Not Applicable) LOW BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BODY ASSAULT	Temp:	\$0.00	\$0.00	\$2,646.44	\$0.00	\$2,646.44	\$0.00
DOI:9/10/2015	DOR:9/14/2015	Medical:	\$142.20	\$2,960.33	\$5,258.47	\$2,039.67	\$7,298.14	\$0.00
	RTW:9/30/2015 12:00:00 AM	Lit	Expense:	\$55.70	\$354.76	\$511.63	\$395.24	\$906.87
Temporary Total	Reopened	Total:	197.9	\$3,315.09	\$8,416.54	\$2,434.91	\$10,851.45	\$0.00

	PN:L (Left) ARM Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BITE/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:3/23/2019	DOR:3/25/2019	Medical:	\$0.00	\$702.37	\$702.37	\$1,798.51	\$2,500.88	\$0.00
	RTW:3/23/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$5.25	\$5.25	\$369.75	\$375.00
No Lost Time	Open	Total:	0	\$707.62	\$707.62	\$2,168.26	\$2,875.88	\$0.00

	PN:O (Not Applicable) HEAD Infectious Disease	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:Exposure bodily Fluids Splash	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:6/27/2019	DOR:6/28/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:6/27/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Closed Last Month	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN:O (Not Applicable) NECK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OVEREXERTION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:3/20/2017	DOR:3/21/2017	Medical:	\$0.00	\$0.00	\$106.74	\$2,893.22	\$2,999.96	\$0.00
	RTW:	LitY	Expense:	\$0.00	\$192.00	\$3,453.34	\$4,496.66	\$7,950.00
No Lost Time	Open	Total:	0	\$192.00	\$3,560.08	\$7,389.88	\$10,949.96	\$0.00

	PN:R (Right) LEG Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$14,709.98	\$14,709.98	\$0.00
	Cause:OBJ LIFTED	Temp:	\$2,734.68	\$50,673.62	\$50,673.62	\$16,736.64	\$67,410.26	\$0.00
DOI:2/7/2018	DOR:2/13/2018	Medical:	\$645.39	\$7,813.78	\$163,962.29	\$173,800.23	\$337,762.52	\$0.00
	RTW:11/21/2018 12:00:00 AM	LitY	Expense:	\$1,751.88	\$8,317.36	\$18,967.66	\$28,618.82	\$47,586.48
Temporary Total	Open	Total:	5131.95	\$66,804.76	\$233,603.57	\$233,865.67	\$467,469.24	\$0.00

	PN:L (Left) KNEE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$9,467.50	\$9,467.50	\$0.00
	Cause:TRIP/SLIP	Temp:	\$0.00	\$19,939.78	\$19,939.78	\$0.00	\$19,939.78	\$0.00
DOI:9/14/2018	DOR:9/19/2018	Medical:	\$0.00	\$34,036.41	\$36,109.19	\$47,963.84	\$84,073.03	\$0.00
	RTW:4/6/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$1,520.25	\$1,913.88	\$10,883.16	\$12,797.04
Temporary Total	Open	Total:	0	\$55,496.44	\$57,962.85	\$68,314.50	\$126,277.35	\$0.00

	PN:L (Left) FINGER Fracture	Perm:	\$0.00	\$0.00	\$12,955.50	\$0.00	\$12,955.50	\$0.00
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RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	Cause:EMPLOYEE	Temp:	\$0.00	\$0.00	\$3,255.14	\$0.00	\$3,255.14	\$0.00
DOI:3/21/2017	DOR:3/23/2017	Medical:	\$0.00	\$349.60	\$15,079.04	\$30,186.72	\$45,265.76	\$0.00
	RTW:7/10/2017 12:00:00 AM	Lit:	Expense:	\$0.00	(\$240.00)	\$3,099.86	\$3,688.65	\$6,788.51
Permanent Partial	Open	Total:	0	\$109.60	\$34,389.54	\$33,875.37	\$68,264.91	\$0.00

	PN:O (NotApplicable) HEAD Heat Exhaustion	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:PHYS TRAINING	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/16/2019	DOR:9/19/2019	Medical:	\$0.00	\$0.00	\$0.00	\$3,910.00	\$3,910.00	\$0.00
	RTW:9/17/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$586.50	\$586.50
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$4,496.50	\$4,496.50	\$0.00

	PN:L (Left) KNEE Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OBJECT/OTHS	Temp:	\$0.00	\$153.64	\$153.64	\$0.00	\$153.64	\$0.00
DOI:10/13/2018	DOR:10/16/2018	Medical:	\$0.00	\$1,442.88	\$4,761.66	\$1,690.58	\$6,452.24	\$0.00
	RTW:10/22/2018 12:00:00 AM	Lit:	Expense:	\$0.00	\$306.97	\$560.49	\$203.92	\$764.41
Temporary Total	Reopened	Total:	0	\$1,903.49	\$5,475.79	\$1,894.50	\$7,370.29	\$0.00

	PN:L (Left) FINGER Infectious Disease	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:ContactHuman Fluid	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/19/2019	DOR:9/19/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:9/19/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN:L (Left) FINGER Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$5,950.35	\$5,950.35	\$0.00
	Cause:FLYING OBJ	Temp:	\$0.00	\$0.00	\$5,553.66	\$0.00	\$5,553.66	\$0.00
DOI:11/16/2015	DOR:11/18/2015	Medical:	\$0.00	\$0.00	\$47,472.59	\$0.00	\$47,472.59	\$0.00
	RTW:1/4/2016 12:00:00 AM	Lit:N	Expense:	\$0.00	\$0.00	\$4,298.04	\$2,500.00	\$6,798.04
Temporary Total	Reopened	Total:	0	\$0.00	\$57,324.29	\$8,450.35	\$65,774.64	\$0.00

	PN:LO (Lower) LOW BACK Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:COLLISION MV	Temp:	\$0.00	\$4,637.24	\$4,637.24	\$0.00	\$4,637.24	\$0.00
DOI:12/17/2018	DOR:12/19/2018	Medical:	\$5,443.31	\$18,833.18	\$18,833.18	\$6,465.22	\$25,298.40	\$0.00
	RTW:8/7/2019 12:00:00 AM	Lit:	Expense:	\$511.31	\$1,857.52	\$1,857.52	\$1,686.48	\$3,544.00
Temporary Total	Open	Total:	5954.62	\$25,327.94	\$25,327.94	\$8,151.70	\$33,479.64	\$0.00

	PN:R (Right) HAND Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BITE/STINGS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/2/2019	DOR:8/6/2019	Medical:	\$0.00	\$0.00	\$0.00	\$1,399.00	\$1,399.00	\$0.00
	RTW:8/2/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$210.00	\$210.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$1,609.00	\$1,609.00	\$0.00

	PN:L (Left) KNEE Strain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FALL/SLIP	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/26/2019	DOR:9/26/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:9/26/2019 12:00:00 AM	Lit:	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	PN:B (Both) LUNGS Inhalation	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:INHALATION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

DOI:8/28/2019	DOR:8/29/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/28/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	P/N-L (Left) ARM Cut/Lacerate/Puncture	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:STRAIN-MISC	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:7/15/2019	DOR:7/17/2019	Medical:	\$1,588.97	\$2,256.22	\$2,256.22	\$1,984.30	\$4,240.52	\$0.00
	RTW:7/16/2019 12:00:00 AM	Lit	Expense:	\$30.34	\$43.41	\$43.41	\$592.59	\$636.00
No Lost Time	Open	Total:	1619.31	\$2,299.63	\$2,299.63	\$2,576.89	\$4,876.52	\$0.00

	P/N-O (NotApplicable) HEAD Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:SAME LEVEL	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:2/28/2019	DOR:6/20/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Closed Last Month	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	P/N-R (Right) ARM Cont,abras, bruise	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:BODY ASSAULT	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:4/9/2019	DOR:4/15/2019	Medical:	\$0.00	\$364.32	\$364.32	\$0.00	\$364.32	\$0.00
	RTW:4/9/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$417.20	\$417.20	\$0.00	\$417.20
No Lost Time	Closed Last Month	Total:	0	\$781.52	\$781.52	\$0.00	\$781.52	\$0.00

	P/N-B (Both) LUNGS Inhalation	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:INHALATION	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/28/2019	DOR:8/29/2019	Medical:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	RTW:8/28/2019 12:00:00 AM	Lit	Expense:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
No Lost Time	Open	Total:	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	P/N-R (Right) ANKLE Sprain	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:FROM LADDER	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:8/19/2019	DOR:8/23/2019	Medical:	\$977.91	\$977.91	\$977.91	\$2,522.37	\$3,500.28	\$0.00
	RTW:8/20/2019 12:00:00 AM	Lit	Expense:	\$85.81	\$85.81	\$85.81	\$439.84	\$525.65
No Lost Time	Open	Total:	1063.72	\$1,063.72	\$1,063.72	\$2,962.21	\$4,025.93	\$0.00

	P/N-O (NotApplicable) HEART Heart	Perm:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Cause:OTHER PHYS	Temp:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DOI:9/21/2017	DOR:10/4/2017	Medical:	\$0.00	\$818.20	\$4,317.70	\$0.00	\$4,317.70	\$0.00
	RTW:	Lit	Expense:	\$0.00	\$187.49	\$493.96	\$0.00	\$493.96
No Lost Time	Reopened	Total:	0	\$1,005.69	\$4,811.66	\$0.00	\$4,811.66	\$0.00

Parent LOU LOUDOUN COUNTY, VIRGINIA							
Client Total WLOU LOUDOUN COUNTY, VIRGINIA		Current Paid	YTD Paid	Total Paid	Reserves	Total	Total Recovery
Active:303	Perm:	\$3,984.00	\$89,458.70	\$276,073.65	\$454,397.42	\$730,471.07	\$0.00
	Temp:	\$22,742.41	\$323,931.81	\$1,891,630.74	\$207,354.20	\$2,098,984.94	\$125,392.03
	Medical:	\$106,249.37	\$743,846.12	\$5,242,570.87	\$4,247,402.22	\$9,489,973.09	\$385,358.76
	Expense:	\$14,549.59	\$195,148.09	\$1,149,612.80	\$679,154.12	\$1,828,766.92	\$18,796.58
	Totals:	\$147,525.37	\$1,352,384.72	\$8,559,888.06	\$5,588,307.96	\$14,148,196.02	\$529,547.37

Inactive:10,013	Perm:		\$0.00	\$4,506.24	\$1,132,722.52	\$0.00	\$1,132,722.52	\$0.00
	Temp:		\$0.00	\$25,242.42	\$7,334,617.60	\$0.00	\$7,334,617.60	\$22,587.35

RFP RFQ 137782 CLAIMS ADMIN SVC FOR WC

Loss Run Report

Valued As Of :9/30/2019

ATTACHMENT A

Print Date : 10/29/2019

DOI From : 1/1/1900 To : 9/30/2019

	Medical:	\$0.00	\$179,603.35	\$18,599,512.01	\$2,745.03	\$18,602,257.04	\$972,252.77
	Expense:	\$0.00	\$29,628.43	\$3,305,187.55	\$3,356.59	\$3,308,544.14	\$0.00
	Totals:	\$0.00	\$238,980.44	\$30,372,039.68	\$6,101.62	\$30,378,141.30	\$994,840.12

Total Claims:10,316	Perm:	\$3,984.00	\$93,964.94	\$1,408,796.17	\$454,397.42	\$1,863,193.59	\$0.00
	Temp:	\$22,742.41	\$349,174.23	\$9,226,248.34	\$207,354.20	\$9,433,602.54	\$147,979.38
	Medical:	\$106,249.37	\$923,449.47	\$23,842,082.88	\$4,250,147.25	\$28,092,230.13	\$1,357,611.53
	Expense:	\$14,549.59	\$224,776.52	\$4,454,800.35	\$682,510.71	\$5,137,311.06	\$18,796.58
	Totals:	\$147,525.37	\$1,591,365.16	\$38,931,927.74	\$5,594,409.58	\$44,526,337.32	\$1,524,387.49

Grand Total LOU LOUDOUN COUNTY, VIRGINIA		Current Paid	YTD Paid	Total Paid	Reserves	Total	Total Recovery
Active:303	Perm:	\$3,984.00	\$89,458.70	\$276,073.65	\$454,397.42	\$730,471.07	\$0.00
	Temp:	\$22,742.41	\$323,931.81	\$1,891,630.74	\$207,354.20	\$2,098,984.94	\$125,392.03
	Medical:	\$106,249.37	\$743,846.12	\$5,242,570.87	\$4,247,402.22	\$9,489,973.09	\$385,358.76
	Expense:	\$14,549.59	\$195,148.09	\$1,149,612.80	\$679,154.12	\$1,828,766.92	\$18,796.58
	Totals:	\$147,525.37	\$1,352,384.72	\$8,559,888.06	\$5,588,307.96	\$14,148,196.02	\$529,547.37

Inactive:10,013	Perm:	\$0.00	\$4,506.24	\$1,132,722.52	\$0.00	\$1,132,722.52	\$0.00
	Temp:	\$0.00	\$25,242.42	\$7,334,617.60	\$0.00	\$7,334,617.60	\$22,587.35
	Medical:	\$0.00	\$179,603.35	\$18,599,512.01	\$2,745.03	\$18,602,257.04	\$972,252.77
	Expense:	\$0.00	\$29,628.43	\$3,305,187.55	\$3,356.59	\$3,308,544.14	\$0.00
	Totals:	\$0.00	\$238,980.44	\$30,372,039.68	\$6,101.62	\$30,378,141.30	\$994,840.12

Total Claims:10,316	Perm:	\$3,984.00	\$93,964.94	\$1,408,796.17	\$454,397.42	\$1,863,193.59	\$0.00
	Temp:	\$22,742.41	\$349,174.23	\$9,226,248.34	\$207,354.20	\$9,433,602.54	\$147,979.38
	Medical:	\$106,249.37	\$923,449.47	\$23,842,082.88	\$4,250,147.25	\$28,092,230.13	\$1,357,611.53
	Expense:	\$14,549.59	\$224,776.52	\$4,454,800.35	\$682,510.71	\$5,137,311.06	\$18,796.58
	Totals:	\$147,525.37	\$1,591,365.16	\$38,931,927.74	\$5,594,409.58	\$44,526,337.32	\$1,524,387.49

ParentLOU - LOUDOUN COUNTY, VIRGINIA

ClientWLOU - LOUDOUN COUNTY, VIRGINIA

Sites Y/NNo

Site: All

Litigation:All

States:All

Total Paid Threshold Condition: Greater than or equal to

Total Paid Threshold Amount:\$0.00

Total Incurred Threshold Condition: Greater than or equal to

Total Incurred Threshold Amount\$0.00

Total Reserve Threshold Condition: Greater than or equal to

Total Reserve Threshold Amount:\$0.00

ATTACHMENT 2



COUNTY OF LOUDOUN, VIRGINIA HIPAA BUSINESS ASSOCIATE AGREEMENT

This **BUSINESS ASSOCIATE AGREEMENT** (the “BA Agreement”) is made as of the **1st of July, 2020** by and between the County of Loudoun, Virginia (herein referred to as “Covered Entity” or “County”) and (**Enter Entity name**) (herein referred to as “Business Associate”) and is hereby incorporated into and is subject to the Agreement for Services (the herein referred to as “Agreement for Services”) between the parties with an effective date of **July 1, 2020**.

The County is a single legal entity that is a “Covered Entity” and has designated itself as a “Hybrid Entity” with the **Department of Human Resources** as a **health care component administrator of a health plan** within the County’s Hybrid Entity.

The HIPAA Rules require that the County and a Business Associate enter into a BA Agreement that contains specific requirements relating to the use or disclosure and of protected health information by the Business Associate. This BA Agreement is intended to ensure that the Business Associate will establish and implement appropriate and reasonable safeguards for protected health information pursuant to the requirements of the HIPAA Rules and any other law or regulation related to protected health information. Except as otherwise limited in this BA Agreement, the Business Associate may use or disclose protected health information to perform for, or on behalf of, the County the functions provided herein so long as such use or disclosure would not violate the HIPAA rules if done so by the County.

1. Definitions:

The following terms in this BA Agreement shall have the same meaning as the terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

As used in this BA Agreement, the terms below will have the following meanings:

- (a) Business Associate. “Business Associate” shall generally have the same meaning as the term “business associate” at 45 CFR §160.103. For purposes of this BA Agreement, the “Business Associate” will be the entity with which the County is entering into this BA Agreement.

- (b) Covered Entity. “Covered Entity” shall generally have the same meaning as the term “covered entity” at 45 CFR §160.103. For purposes of this BA Agreement, the “Covered Entity” is the County.
- (c) HIPAA Rules. “HIPAA Rules” mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Parts 160 and 164.

2. Obligations and Activities of Business Associate:

- (a) Business Associate agrees to not use or disclose protected health information other than as permitted or required by this BA Agreement or as required by law.
- (b) Business Associate agrees to use appropriate safeguards to prevent the use or disclosure of protected health information other than as provided for in this BA Agreement or as required by law.
- (c) Business Associate agrees to comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent the use or disclosure of protected health information other than as provided for in this BA Agreement or as required by law.
- (d) Business Associate agrees to report to the County within 5 calendar days any use or disclosure not provided for by this BA Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR §164.410, and any security incident which involves protected health information of which it becomes aware.
- (e) Business Associate agrees that in the event of a breach to provide the County within 10 calendar days of discovery of the breach with the identity of each individual whose unsecured protected health information has been, or is reasonably believed to have been, breached. Business Associate agrees to provide all other available information that the County needs in order for the County to provide notification to individuals affected by the breach, the Health and Human Services Office of Human Rights and, if required by law, the media.
- (f) Business Associate agrees to mitigate, to the extent commercially practicable and as required by law, any harmful effect that is known to Business Associate of a use or disclosure of protected health information by the Business Associate in violation of the requirements of this BA Agreement.
- (g) Business Associate agrees to ensure, in accordance with 45 CFR §164.502(e)(1)(ii) and §164.308(b)(2), that any agent including subcontractors that create, receive, maintain, or transmit protected health information behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information.
- (h) Business Associate agrees to make available protected health information in a designated record set to the County as necessary to satisfy the County’s obligations under 45 CFR

§164.524 and, if applicable, VA Code 32.1 -127.1:03(D)(1). Business Associate agrees to forward an individual or individual's designee's request to access information in the designated record set to the County within 5 calendar days.

- (i) Business Associate agrees to make any amendment(s) to protected health information in a designated record set as directed by the County in order to satisfy the County's obligations pursuant to 45 CFR §164.526. Business Associate agrees to forward an individual or individual's designee's request to amend information in a designated record set to the County within 5 calendar days.
- (j) Business Associate agrees to document and maintain all information required to provide an accounting of disclosures to an individual or individual's designee as necessary to satisfy the County's obligations under 45 CFR §164.528. Business Associate agrees to provide such accounting of disclosures to the County within 30 calendar days.
- (k) Business Associate agrees to comply with the requirements set out in Subpart E of 45 CFR Part 164 if Business Associate is performing a function for the County for which compliance with Subpart E is required.
- (l) Business Associate shall make its internal practices, books, and records available to the Secretary of Health and Human Services for the purpose of determining compliance with the HIPAA Rules.

3. Permitted Uses and Disclosures by Business Associate:

- (a) Business Associate may only use or disclose protected health information as necessary to perform the following functions, activities, or services for, or on behalf of, the County Flexible Spending Account, COBRA Programs Administration and Retiree Billing and Collection Services provided that such use or disclosure does not violate the HIPAA Rules if done so by the County.
- (b) Business Associate may use or disclose protected health information as required by law.
- (c) Business Associate agrees to make uses and disclosures and requests for protected health information subject to the following minimum necessary requirements:
 - (i) Only use or disclose the minimum amount of protected health information that is necessary to perform a function, activity, or service for, or on behalf of, the County; and
 - (ii) Only allow employees of the Business Associate access to protected health information if such access is necessary to perform a function, activity, or service for, or on behalf of, the County.
- (d) Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 CFR Part 164 if done by the County except for the specific uses and disclosures set forth in (e) below.

- (e) Business Associate may use protected health information for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate provide that such use or disclosure is required or permitted by law.
- (f) If the obligations of the Business Associate under this BA Agreement require data aggregation services, the Business Associate may provide such services.

4. Term:

- (a) Term: This BA Agreement shall be effective as of **July 1, 2020** and shall terminate as of the termination of the Agreement for Services or on the date the County terminates for cause provided herein, whichever is earlier.

5. Termination:

- (a) Termination for Cause: If the County determines that Business Associate has violated a material term of this BA Agreement then the County shall, at the County's discretion, either i) provide an opportunity for Business Associate to cure the violation, or ii) terminate this BA Agreement.
- (b) Obligation of Business Associate Upon Termination:
 - (i) Upon termination of this BA Agreement for any reason, Business Associate, with respect to protected health information received from the County, or created, maintained, or received by Business Associate on behalf of the County, shall:
 - (a) Retain only that protected health information that is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
 - (b) Return to the County the remaining protected health information;
 - (c) Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information, other than as provided in this section, for as long as Business Associate retrains the protected health information;
 - (d) Not use or disclose the protected health information retained by Business Associate other than for the purposes for which such protected health information was retained and subject to the same conditions set out at (e) under Permitted Uses and Disclosures by Business Associate which applied prior to termination; and

- (e) Return to the County the protected health information retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.
- (c) Survival: The obligations of Business Associate under this section shall survive the termination of this BA Agreement.

6. Miscellaneous:

- (a) Regulatory References: The parties agree to be bound by those provisions of the HIPAA Rules specifically referenced as in effect or as amended.
- (b) Amendment: The Parties agree to take such action as is necessary to amend this BA Agreement from time to time as may be necessary for compliance with the requirements of the HIPAA Rules and any other applicable law or regulation.
- (c) Interpretation: Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

Each party has caused this agreement to be executed on its behalf by its authorized representative as indicated below:

Business Associate:	County:
Entity Name	Department of Resource Management
Address	P.O. Box 7000
Address	Leesburg, VA 20177
Phone number	
Contact name	

Agreed: _____ Date: _____
Signature

Title: _____
Title:

Agreed: _____ Date: _____
Signature

Title: _____

****Original retained at the Procurement Office**
Copy to Department of Resource Management