



TPA & RISK SERVICES PROPOSAL FOR

WORKERS' COMPENSATION,
PROPERTY & CASUALTY

Presented to:



PMA MANAGEMENT CORP.

Michael Hurst
Sales Manager
Sunshine Region

2701 North Rocky Pointe Drive Island
Center Suite 250
Tampa, FL 33607
O: 804.967.5699 | C: 804.928.6580
Michael_Hurst@pmagroup.com

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Cover Letter

January 18, 2023

Ms. Eileen Marquez – Senior Buyer
City of Ocala Procurement Department
110 Southeast Watula Avenue - 3rd Floor
Ocala, FL 34471

Dear Ms. Marquez,

On behalf of PMA Management Corp., thank you for the opportunity to submit a proposal to continue serving the City of Ocala and provide Workers' Compensation, Property and Casualty Third-Party Administrative (TPA) & Risk Services. It has been a pleasure working with the City of Ocala, and I believe we have made great progress together.

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

This proposal outlines why PMA Management Corp is the best choice to continue serving as your partner in managing risk. In addition to the City of Ocala, we provide risk services to 200+ distinct clients in the public entity sector. PMAMC has 50 years of experience serving public entities. Key highlights of our workers' compensation TPA & Risk Services proposal include:

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

At PMA Management Corp., we have created a 100-year success story one relationship at a time; we consider the City of Ocala to be an important chapter in that story. We are passionate about doing what we say and delivering exceptional value to our clients. We look forward to the opportunity to continue as your partner in managing risk, improving your program results, and exceeding your service expectations.

Sincerely,

Michael Hurst
PMAMC Sales Manager
PMA Companies | Old Republic Insurance Group
Tax ID: 23-2652239
2701 North Rocky Pointe Drive Island, Center Suite 250, Tampa, FL 33607
T: 813.207.4428 | C: 813.965.1346
Michael.Hurst@PMAGroup.com



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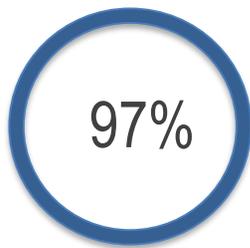
Executive Summary



Years TPA & Risk Services Expertise



National Award-Winning Clients



Average Customer Retention



Average PMA Client Tenure

Old Republic International (ORI) is a Fortune 500 firm, the parent company of PMA Companies, and one of the nation's 50 largest shareholder-owned insurance organizations with consolidated assets of \$24.98 billion (as of December 31, 2021).

PMA Management Corp. (PMAMC) is a leading provider of workers' compensation, property and casualty third-party administration and risk services for self-insureds, unbundled large deductible and self-insured retention programs, groups, trusts, captives, pools and programs. PMAMC's client retention averages 97% and client satisfaction averages 95% per independent surveys. PMAMC aims to deliver tangible value every day, striving to exceed our clients' service expectations and improve their financial results.

PMAMC has over 30 years of property, casualty and workers' compensation experience. Our company's performance reflects an innovative spirit, a focus on service and partnership and a corporate structure that promotes accountability and exceeding customer expectations.



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Our Results-Focused Claims Service

Loss Reporting

PMAMC offers the City of Ocala a selection of in-house claims reporting options so you can choose the channel that's most convenient for the City of Ocala. PMAMC can receive first notice of loss (FNOL) reports electronically through PMAMC's website or through PMAMC Cinch®, our internet-based risk management information system. You can report losses from mobile devices, including iPhones, iPads, Android smartphones, and tablets. Telephone, fax, and mail reporting options are also available to the City of Ocala and its employees.

Claims reported electronically are immediately assigned a PMAMC claim number. That claim number will instantly be provided to the submitter and can be shared with your injured parties involved in the claim. For all reported claims, acknowledgement letters will be e-mailed to designated client contacts.

Optionally, for Workers' Compensation, PMAMC offers PMA Care24, a convenient **24/7 telephonic claim intake and first level clinical assessment** of the employee's injury by a Registered Nurse at the point of injury. The Registered Nurse serves as a patient advocate in determining the appropriate level of treatment pursuant to the injury assessment. If medical treatment is recommended, the employee will be referred to a provider within the PMAMC or client's Preferred Network. This interaction becomes the sole point of claim reporting to PMAMC and helps mitigate costs, unnecessary treatment utilization, and claim reporting redundancies.

PMAMC's Customer Service Center

Our **24/7, multilingual Customer Service Center (CSC)** is available to answer high-level claims service needs of the City of Ocala, their employees, injured parties, medical providers, and vendor partners. PMAMC's CSC provides a suite of support services for our claims professionals resulting in the ability for claims teams to focus on adjusting functions. Our investment in this key department is what continues to differentiate PMAMC in the marketplace and allows us to maintain low claims professional turnover and strong satisfaction of our employees and customers.



45,000+ Calls

Handled monthly

20 Seconds

To answer a call

<1.5% Rate

Of call abandonment

PMAMC's CSC is a center of excellence in providing exceptional quality of **data integrity and capture at claim intake**. Our Customer Service representatives are measured by their ability to capture and display the most accurate information in the claim files, including employee demographics, location coding data, and items required by state EDI.



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Workers Compensation Early Intervention Model

Once a claim is reported, PMAMC deploys our people, processes, and powerful claims management information system (CMIS) to identify high exposure claims characteristics like comorbidities, psycho-social factors, injured worker age, body mass index (BMI), and length of employment. This critical information helps our claims professionals and triage nurses intervene early in the process to deliver a proactive approach designed to achieve positive outcomes



Injury Occurs

RMIS Internet Reporting
Telephonic Reporting
Fax or Email Reporting

PMA Care24

Optional Clinical Triage Service
Injury Intake
Direction of Care
Automatic FNOL Generation

Clinical Triage

Lost Time Claims
Nurse Review
Clinical Intervention

Claims Resources

Multi-Tier, Experienced Claim Sta
Right Claim, Right Person
Right Time

Enhanced Services

Subrogation Specialist
OSHA Specialist
Recover at Work Specialist
Point of Sale Pharmacy Nurse
Legal Bill Analyzer

Predictive Modeling

Proprietary Algorithm
FNOL Model
30 Day Model



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Property & Casualty Claim Process

Accident Occurs

Internet Reporting
Telephonic Reporting
Fax or Email Reporting

Coverage Verification

Coverage Experts
Investigation
Jurisdictional Expertise

Fast-Track

Right Claim
Right Person
Right Time

Claims Resources

Multi-tier, experienced claim staff
Complex Loss/Litigation Specialist

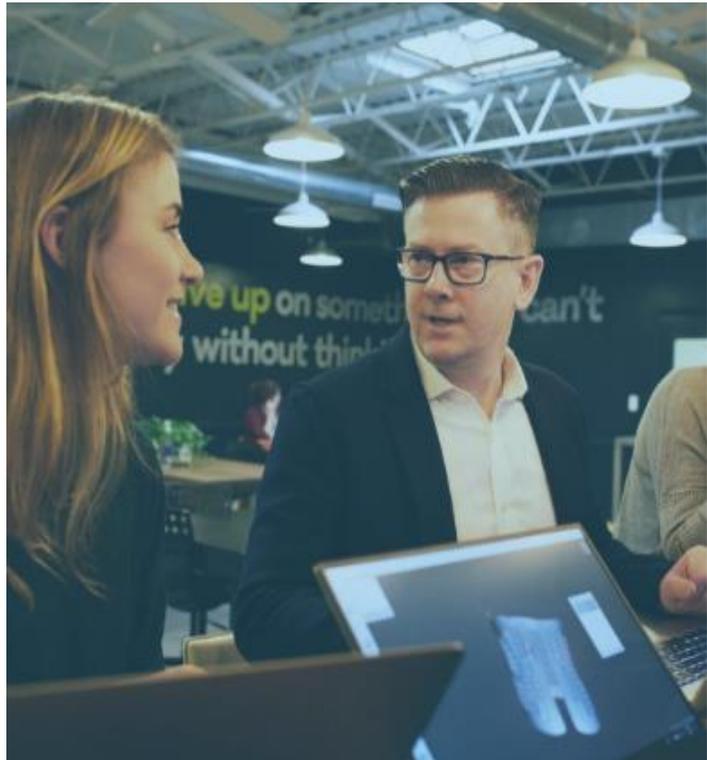
Enhanced Resources

Subrogation Specialist
Legal Nurse Review
Strategic Vendor Partnerships
Legal Bill Analyzer

Upon receipt of your casualty and property claims, we will conduct an aggressive investigation that includes contact with all parties, onsite investigation coordination, liability determinations, and evaluation of alleged damages. **Early contact with all parties involved** in the loss provides us with the information needed to properly determine liability.

On-site investigations will be coordinated where appropriate. These investigations would be monitored and controlled by the service team. All investigations would be coordinated with the appropriate Risk Manager. Investigations will include photographs and diagrams to assist in liability and damages determination. Official reports such as police, fire, weather, autopsy, and toxicology will be obtained to assist our investigation.

Purchase orders, leases, contracts, and certificates of insurance will be reviewed to identify potentially responsible parties and facilitate risk transfer.



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Claims Handling

Upon receipt of a claim, **PMAMC will ensure accuracy of all data points** provided on FNOL and follow-up for any missing information or any updates as needed. PMAMC claims system offers our customers the ability to track additional data fields specific to their business need that could be captured at the time of the claim reporting or throughout the life of the claim. These **custom codes** are viewable to our clients in PMAMC RMIS - Cinch®.

PMAMC designed our claims service to **reduce our clients' overall exposures and control costs**. Each step of our comprehensive claims program for workers' compensation, property and casualty has been structured to achieve results, including driving claims to resolution in a timely, thorough, and cost-effective manner.

We recruit and retain claims professionals with strong technical knowledge in all lines of business. In fact, our adjusting staff has **an average of 12 years of workers' compensation** claims handling experience and **an average of 10 years of property and liability** claims handling experience. PMAMC supervisors have **over 15 years of experience**. We leverage our roots as an insurance company with liability claims professionals who not only understand these distinct coverages, but also how best to resolve their claims. As part of our holistic approach, we maintain a tight linkage between claims management, PMAcare+, and risk control—enabling us to continually identify and **help you address emerging loss trends** while seeking to reduce your loss costs.

Upon receipt of a claim from the City of Ocala, a claim is generated in PMAMC claims system and referred to the supervisor for review and assignment. The supervisor utilizes their knowledge and claims facts available to assess claim complexity, provide guidance and determine the level of Claims Professional expertise that will be needed to most appropriately handle the file. The supervisor assigns the claim to the selected individual. The Claims Professional will receive an activity in the claims system notifying them of the claim receipt.

All claims are reviewed by the Claims Professionals within **24 hours of receipt** from the client and 24-hour contacts are completed. The number of contacts made on each claim is defined by **Special Handling Instructions** and PMAMC Best Practices. The Claims Professional will review the Special Handling Instructions for any guidelines on initial claim handling. During the initial investigation, the Claims Professional obtains all the necessary information that will be required to make a compensability determination for workers' compensation claims or a liability assessment in property and liability claims. **All of the information obtained is documented in the log notes and will be visible to the City of Ocala in our PMAMC RMIS system - Cinch®.** Additionally, Claims Professionals are **responsible for updating the data fields** that are mandatory for the state, carrier and client reporting. If the contact attempts are unsuccessful, the Claims Professional will follow-up via a letter or an email (if available) and make additional telephonic attempts to reach all parties.

PMAMC values customer service as a key result area of the Claims Professional staff. Therefore, upon reaching the parties involved in the claim, the Claims Professional will ensure that each contact is provided with all of the information necessary about the claim, next steps, outstanding items, etc. The Claims Professional will request any and all necessary information, including payroll records, police reports, medical records, investigative reports, and other relevant documents and upload them to the claim file.



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For workers' compensation claims, it is the Claims Professional's responsibility to **ensure appropriate EDI filings** are completed timely and accurately. Additionally, workers' compensation lost time claims are evaluated by a PMAMC nurse case manager to **determine the need for clinical intervention** or nurse assignment. If the claim complexity and Special Handling Instructions indicate the need for a telephonic or a field case manager, a nurse is assigned to the file to work in collaboration with the Claims Professional **to help bring the injured worker back to safe and gainful employment**.

PMAMC's Predictive Severity Model

PMAMC has developed a **proprietary algorithm** based on the claim information gathered over multiple decades of claim handling experience. The Predictive Analytics tool encompasses multiple models that incorporate **45 different data points** and analyzes their influences on claim exposure and likelihood of claim payment as the data points relate to each other. This model identifies combinations of factors that influence ultimate claim exposure and duration and serves as a tool to bring supervisor and claims professional attention to the key components of the claim to ensure the appropriate claim assignment and intervention at the right time.

PMAMC developed 2 main models to assist with claim exposure and duration analysis. These models are run daily to provide ongoing input and recommendations to the claims team:

1. The Severity Escalation at FNOL Model

This model produces a risk **score from a selection of low, moderate, or high**. This score serves as guidance to the claims team in determining, upon receipt of the initial claim, the proper trajectory for claim assignment to the correct claims professional. A low-risk score reflects a strong probability of the claim resulting in overall low ultimate probable exposure, where as a high risk score would drive supervisor assessment and assignment to the senior claims professional for complex analysis and handling. This FNOL model serves to ensure that the right claims are assigned to the right skill set level (based on complexity) at the right time within the life of a claim file.

2. The Severity Escalation at 30-day Model

This model builds upon the FNOL model and relies on the additional information that has been gathered by the claims professional since the loss was initially reported and throughout the first 30 days of the claim. This **additional data is used to re-score the claim** to identify files that may develop significantly, may change severity projections based on new information, or may require additional interventions based on new detail gathered during the investigation.

File Supervision

Unlike many TPAs, **PMAMC Claims Supervisors do not carry claim pendings and are solely responsible for guiding claims staff** on claim file direction, oversight, and compliance with customer's Special Handling Instructions. PMAMC maintains a span of control of 1:6 (or less) for our claims supervisor and claims professional staff.

WC Medical Only claims require supervisor review within 15 days from assignment to verify state and jurisdictional compliance. This review is documented in claim log notes. Subsequently, supervisor review is required within 90 days from assignment to identify closure opportunities or potential for escalation to an indemnity claim, based on claim definitions.



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WC Indemnity claims require an **initial supervisor assignment note within 24 hours** after claim assignment. Supervisor Review on all claims classified as indemnity will be completed within 15 days from file assignment, 60 days thereafter, and every 90 days until resolution. Supervisors are required to comment regarding the accuracy and validity of reserves during each review.

Casualty and Property claims require supervisor review during initial assignment and on an ongoing basis depending on complexity of the file, expertise of the claims professional and client Special Handling Instructions.

Claims Caseloads & Staffing

PMAMC's Claims Professional caseloads and support resources, such as our 24/7 Customer Service Center, are established to **allow our claims professionals to give each claim the time and attention** it requires. This allows us to complete more thorough investigations, and to exercise greater control over loss development. PMAMC will commit to providing the City of Ocala with weekly reports outlining claims assigned to each Claims Professional to validate the proper caseload caps enforcement.



140

**Workers' Compensation Caseload Average
for Lost Time Files**

200

**Workers' Compensation Caseload Average
for Medical Only Files**

150

Casualty Files Caseload Average

**Varies by program, jurisdiction, and line of business*



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PMAMC's Adjuster Duties



Investigation

Appropriate, timely and thorough **24-hour contact investigation of claims of all exposures occur within 24 hours of the first notice of claim to PMAMC.** Contact attempt follow requirements as outlined in Special Handling Instructions. Daily attempts at contact are made to reach the impacted parties and are documented in the claim log notes and visible in PMAMC RMIS Cinch system.



Reserving

Initial reserve is established within 15 business days of receipt of all new claims. Ongoing reserves are established based on most **probable outcome** based on the most current information available and are updated upon each review of the Action Plan as well as within 24 hours of any major claim event.



Action Planning

An **Action Plan is established within 30 days** of claim assignment and provides a summary of findings from Claims Professional investigation as well as details the strategies with specific goals and timeframes for executing key objectives to resolve claim. **Ongoing Action Plans** are completed at any major claim event or a minimum of every 90 days and include review of outstanding reserves on file.

Settlement Authority

Authorization will be requested prior to the settlement of any claim for any line of insurance that we would administer. Clear and detailed instructions will be outlined in **Special Handling Guidelines** for reference of all claims professionals.

Our claims professionals will provide written requests for settlement authority in advance of the proposed settlement date. Requests will include a detailed evaluation of the claims exposures, along with input from defense counsel and your risk manager.

Litigation Management

PMAMC believes that **litigation management is a team effort** involving the Claims Professional, defense counsel, our client, and the carrier (if/where applicable) to best protect your interests. Upon knowledge of litigation, PMAMC Claims Professional will advise the City of Ocala contact no later than 48 hours and begin file preparation for assignment to the City of Ocala preferred defense firms. Our litigation management procedures include collaborative development of defense strategies with counsel selected by the City of Ocala, preparation and maintenance of files necessary for legal defense of claims or claim-related activity, attendance of hearings, depositions, mediations, where appropriate. PMAMC Claims Professionals are required to document their files timely and accurately with the outcome of each legal proceeding and will provide a summary of such outline to the City of Ocala. All fees and expenses for legal services are evaluated for adherence to budget, accuracy, and compliance with terms of negotiated fee agreements. **PMAMC will pay all attorney, strategic partner, and other vendor fees within 30 days of receipt.**



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Legal Bill Analyzer

To help the City of Ocala save money on legal fees, we provide an optional enhanced service called Legal Bill Analyzer. This service utilizes technology and legal professionals to analyze bills against clients' legal guidelines and rate structures. In order to create clear expectations, PMAMC will collaborate with the City of Ocala to establish Customized Defense Counsel Guidelines and rates. The TPA Compliance Team at PMAMC will make sure the City of Ocala sees outcomes in the legal expenditure area through client onboarding, program support, and quality assurance. All aspects of invoices received from defense counsel will be reviewed by algorithm intelligence and legal professionals. This enables Claim Professionals to concentrate on strategic litigation management instead of legal invoice management. We can provide the City of Ocala reports of the findings to observe trends and drive down costs.

Claims Reviews and Status Reports

We are committed to providing the City of Ocala with all of the tools and information necessary to effectively manage their programs. This is accomplished by providing access to detailed claims information through PMAMC Cinch, by conducting in-person or telephonic claims reviews, and through the presentation of our annual Stewardship Reports.

PMAMC will offer two annual telephonic claim reviews to the City of Ocala and all its employees as requested. These reviews will serve to provide up-to-date loss information and will allow all parties to discuss detailed action plans and resolution strategies on the selected claims files being reviewed.

PMAMC's Claim Reviews are:

- customized for the audience involved in the review e.g. Risk Managers, Human Resource Managers, Financial Executives
- included for claims with incurred over \$25,000
- performed 2 times each year, telephonically or in-person (costs may apply to in-person for travel)
- delivered by the Client Service Manager and claims representatives(s)

PMAMC's Claims Reviews and the reports are meant to enhance the client experience while creating more operational efficiency.

- Streamlined process for the claims teams to complete the reports
- Automatic email reminders to the staff as the date of the review is approaching
- Q/A reports designed to assist the supervisors in managing the claim review preparation
- Corporate calendars for claim review meetings
- More efficient process for the Account Managers to schedule and prepare for the claim review meeting
- Customization of the report for the client - what is most important to them at the review
- Modernization of the report including key claim indicators

Diary Management

All open claims are maintained on a diary by PMAMC Claims Professionals and PMAMC supervisors. Claims on diary are reviewed at a minimum of every 90 days. PMAMC's supervisors have access to the claims professional's diary. All diary activities will have a corresponding entry or document in the claim file. Each claim has a diary set for a future date to ensure proactive file handling and resolution. PMAMC management teams and Quality Assurance Specialists review diary reports on a regular basis to address any delays in proactive file handling and to offer guidance.



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Subrogation & Recovery

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

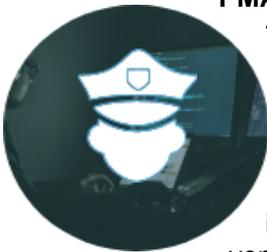
PMAMC also specializes in **maximizing excess recoveries for Production Resource Group** through our fee-based recovery services. PMAMC will identify claims for excess reporting based on the requirements on the specific carrier and send the initial excess notification to the excess carrier in a timely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



Claim Indexing & Special Investigation Unit

All Workers Compensation indemnity and Liability claims are indexed through the Insurance Services Office system and results documented in the claim log notes. If there are records that are relevant to the claim, the Claims Professional will follow-up to obtain those records. **Claims are automatically alerted to any new index matches within the 12-month period from the original indexing. The Claims Professional re-indexes the claims every 12 months thereafter.** Indexing claimants with the Central Index Bureau and the National Insurance Crime Bureau allows us to determine if the claimant has filed any other claims. This ensures that you are responsible only for the injuries related to your accident. Indexing is a critical tool in our fraud control program. Suspect claims are reviewed with the client and our Special Investigative Unit (SIU) to determine additional action steps.

PMAMC employs a full-time SIU that is made available to the City of Ocala typically at no additional cost. The SIU is staffed with industry fraud professionals with over 25 years of experience who are committed to detecting, deterring, and preventing fraud while protecting the assets of our clients. Our SIU works in conjunction with the PMAMC Claims Professionals. This collaborative approach has resulted in significant savings for our clients and criminal insurance fraud prosecutions in many states. PMAMC's SIU is responsible for fraud investigations, fraud training, regulatory anti-fraud compliance, private investigator vendor management, and maintaining PMA's Anti-Fraud Plan.



Customer Education, Experience, & Satisfaction

Special Handling Instructions

Understanding and meeting the unique needs of our customers is at the heart of our service model. PMAMC prides itself on being a **high-touch, customer-focused organization** with strong customization capabilities. As a part of onboarding of all PMAMC clients, we spend time to learn your requirements, your internal structure, unique program goals and custom requests. This information is utilized to partner with you to develop a **comprehensive, customized Special Handling Guideline document** that is stored in our claims system for the reference and utilization by PMAMC claims professionals and internal supporting departments. This document includes guidelines for handling your standard as well as catastrophic claims.

We work closely with you to develop and re-evaluate this document on an ongoing basis to ensure the timeliest information is being provided to our staff.

The Special Handling Instructions are developed to memorialize a mutual agreement between our organizations about how we will be servicing your program. It can include reserve notifications, initial contact information, specifics about benefit payments, settlement authority levels, attorney selection, and other areas important to you and your team.



PMA Webservice®

PMAMC's clients also have access to PMA Webservice®—an on-line portal of safety and risk management resources exclusively for our clients. Our Risk Control Consultants designed PMA Webservice® to offer convenient access to practical loss prevention and safety information and solutions, including technical bulletins, safety and compliance training programs, monthly webinars led by PMAMC industry specialists, as well as tools and resources to enhance your safety and health programs.



PMAMC Learning Academy

PMAMC has a comprehensive learning academy accessible to all employees which includes an on-demand Video Reference Library, annual topic-focused workshops, and personalized learning sessions. This provides PMAMC employees the ability to expand upon skills related to our technology, all disciplines of the claims process, including legal management and strategic resolutions, managed care partnerships, and risk control. We also frequently use focused training sessions to concentrate new policies and procedures, case law developments, and changes in rules and regulations.



Satisfaction Surveys

PMAMC offers our customers an opportunity to assess the experience of their employees and injured parties throughout the claims process by providing Satisfaction Surveys that can be delivered at varied frequency and be focused on any specific areas including customer service of the claims handling staff, medical care, claim handling experience, and others. These surveys could also be offered to the City of Ocala employees to assess their satisfaction level with this program.



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Communication with Medical Providers, Employers, and Injured Workers

PMAMC believes in the importance of communication and relationship building at all levels of claim handling. It is our experience that claims with proactive disability management and ongoing follow-up, lead to faster resolution and better ultimate outcome for our customers and their employees. The outline below will summarize PMAMC requirements for ongoing disability management and engagement on behalf of our Claims Professionals.



Ongoing and proactive communication with the client for return-to-work planning is important for disability management. When the physical status of the employee changes, updates of physical capabilities and their impact on return to work in transitional/modified/full duty capacity are communicated to the client. In addition, **the Claims Professional will contact the client at a minimum of 30-day intervals** unless other contact has taken place in the interim. Claims Professional will verify return to work with the client and document the file accordingly.

The Claims Professional will utilize job descriptions obtained during initial client contact and provide them to the treating medical providers. It is the Claims Professional's responsibility to communicate with the medical provider confirming they received the appropriate job description and considered it during their assessment of the employee. If the client can accommodate light-duty work, the Claims Professional will obtain available job descriptions from the employer.

Ongoing and proactive **communication with the employee** is critical to facilitate prompt resolution of the claim and to **demonstrate empathy and caring**. On all indemnity claims the Claims Professional will contact the employee at consistent intervals throughout the claim to establish a strong rapport and trust. Contacts and interactions may be more frequent if the claim circumstances change or based on the specific events of the file.

On files involving a Nurse Case Manager, the **PMAMC registered nurse will serve as a patient advocate** and provide an additional level of support to the injured employee by remaining in ongoing contact, closely monitoring treatment progression, reviewing ODG guidelines and working with medical provider on a clinically appropriate treatment and return to work plan.

Claims Professional will **engage the treating provider at the onset of the claims file** and in coordination with the employee's treatment plan. The Claims Professional and/or Nurse Case Manager will follow up with the treating medical provider after the employee's medical appointments for updated work status, medical prognosis, updated diagnosis, appointment dates, and any additional treatment referrals.



If a Nurse Case Manager (telephonic or field) follows up with the medical provider, he/she will engage the Claims Professional to discuss the findings and agree on an action plan that would provide the best benefit to the injured employee while allowing him/her to progress along the treatment trajectory.

The Claims Professional or a Nurse Case Manager may elect to engage a **PMAMC Recover-At-Work Specialist** on select cases to assist with **additional expertise from a vocational rehab specialist** that can work with the medical provider to adjust restrictions and allow for a safe return to work. Utilization of this offering will be done in consultation with the client unless outlined differently in Special Handling Instructions.



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Comprehensive & Integrated Managed Care



Provider Channeling Tool

PMAMC PPO network is **updated at a minimum every 180 days and is available online** to the City of Ocala. PMAMC provides Claims Professionals and clients with a customized Provider Search tool to locate network providers for employees. **This tool offers claims professionals and injured workers an opportunity to search for network providers by address, zip code, and provider specialty.** Additionally, it provides our Claims Professionals with an opportunity to nominate new providers into the network and help grow the footprint of successful treating physicians. PMAMC Provider Channeling Tool is available online and can provide quick access to the necessary treatment with prior approvals. Networks review their contractual arrangements with individual providers on an annual basis and address any concerns or areas of opportunity. Specialty Networks (those handling PT, DME, and diagnostic services) provide continuous feedback to the medical provider and use a scoring system to drive referrals to the physicians/facilities with best outcomes.

PMAMC Health Ticket

To support communication with injured workers, **PMAMC offers a medical resource card that is mailed to the injured employee** on every claim. The card provides an **outline of resources available to the injured worker**, including a reference to the pharmacy card, listing of PT, DME, and ancillary scheduling services, and medical bill submission protocols.

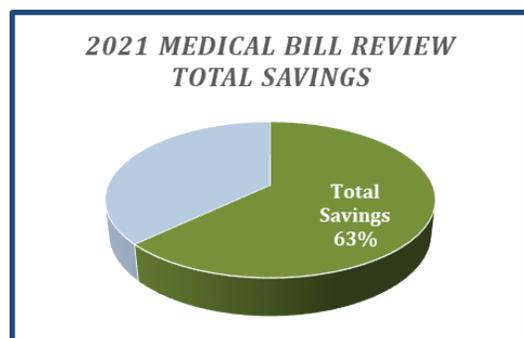
Point of Sale Pharmacy Intervention Program

This optional program is driven by a PMAMC team of clinical experts trained in pharmacology whose **sole focus is to review incoming medications outside of CDC guidelines and develop a comprehensive intervention strategy that would involve potential weaning, drug testing, urine testing, peer reviews, and other tools to help mitigate long-term dependency right at the point of sale.** These nurses review alerts live in our PBM system and make decisions regarding approval of medications utilizing a combination of clinical knowledge and jurisdictional expertise.

Medical Bill Review & Network Management

PMAMC is strategically partnered with Conduent for Medical Bill Review Services. **Our average Florida customer savings off billed charges in 2021 was 70%, PPO penetration is 73%.**

Medical bill review is integral for managing workers' compensation medical costs. Our bill review service team provides comprehensive expert bill review services. As a cost containment tool, it can deliver real savings by repricing medical bills to state mandated fee schedules, as well as usual and customary rates. It also ensures that negotiated provider discounts are applied, duplicate billings are caught, and dollars are not paid out for services that were not reasonable or necessary. Our full-service bill review platform using the power of the flexible and impactful



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technology has set the standard for maximum net savings with low reconsideration rates. As our client, you will get access to high-quality services at more predictable costs, along with increased flexibility to meet changing regulatory requirements. The benefits of front-end bill processing pre-integrated with bill review are realized with an automated bill and data intake solution.

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

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

- **Complex Bill Review.** PMAMC's Complex Bill Review (CBR) team includes coding specialists and Registered Nurses. These experts perform review of medical documentation to ensure appropriate billing based on clinical reports. Our CBR coding specialists review bills for compliance with complex state-mandated rules and regulations beyond fee schedule and UCR guidelines.
- **PPO Networks.** PMA offers access to a hierarchy of **strategically aligned provider networks** designed to make available the highest quality providers while achieving **industry-leading savings** for the client. This includes a series of specialty networks with focused expertise in multiple ancillary services, including physical medicine, DME, diagnostics, Home Health and Dental.
- **Out-of-Network Program (OON).** Our OON services provide savings below traditional state fee schedule or usual and customary charges for medical services provided outside of PMA's preferred provider network



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PMAcare+ Signature Program

The PMAcare+ Signature Program is a best-in-class approach to Field Case Management (FCM). Powered by a secure, state-of-the-art case management system and a **national network of 2,000 Field Case Managers**, including nearly 250 who are bilingual, the program is designed to improve injured workers' experiences, increase the efficiency of their care, and expedite their safe and productive return to the workplace.

Improved Security, Care & Outcomes

The PMAcare+ Signature Program combines positive outcomes and **effective cost control and cybersecurity** designed to ensure key user benefits:

- Quality control for case management performance and outcomes
- Multi-level data security protocols protect our customers and their injured workers' data
- Robust single-system data management for complete and consistent program analysis
- Reduced overspending via preferred primary and ancillary service providers with negotiated pricing

THE AVERAGE DAYS
A CASE IS OPENED DECREASED BY

23%

THE AVERAGE INVOICED AMOUNT
DECREASED BY

18%

THE AVERAGE RETURN TO WORK
INCREASED BY

11%

**Typical results after two years of Signature usage*

**Your experience with PMAcare+ Signature Program may differ.*

Safeguarding What Matters

All PMAcare+ Signature Program case management work is performed within a single secure and dedicated system. Field Case Manager notes go **directly into the PMA claim system** via secured electronic transmission, which means your injured workers' information is protected throughout the case management process. This approach mitigates risk for all parties and provides a comprehensive view of your case management program.

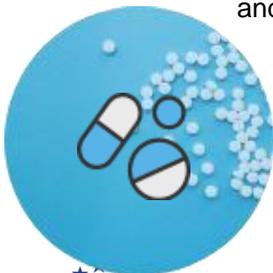
Strong, Flexible Model to Optimize Results

Our customers may continue working with their preferred FCM providers and still reap the benefits of the PMAcare+ Signature Program. **We can work with customer-nominated providers** to contractually add them to the network to leverage the Signature platform's secure environment. Incorporating these providers into our network gives injured workers the care and protections afforded by the Signature Program.

Pharmacy Benefit Management (PBM) Services

PMAMC offers robust pharmacy benefit management services. Our program delivers **utilization controls, targeted interventions, and care management solutions** to address drug utilization, prescriber activity, and medication mix. Our PBM program offers full adjudication of physician dispensed and third-party invoices for pharmaceutical products. Additionally, the program includes retail pharmacy with all major national chains, mail order pharmacy, clinical management and formularies, as well as on-line resources for reporting and education.

PMAMC provides a claim eligibility feed to our PBM through an electronic interface that is used to manage script alerts and administer the specifics of each pharmacy program.



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Our PBM principles include a focus on providing value pricing to clients, encouraging the use of high-quality and less expensive generic drugs, maintaining excellent pharmacy relationships to provide a robust pharmacy network and offering a skilled team of professionals to manage and achieve our program goals. PMAMC has significant resources to help control pharmacy costs and to meet the needs of injured workers.

Some of the features of the PMAMC Pharmacy Benefit Management program include:

- Average 30% *contract* savings off billed charges, **average 54% savings, including cost avoidance savings**
- **Over 70,000+ pharmacy-chains and independents.** Including all major retail chains (CVS, Walgreens, Target, Wal-Mart, Albertsons & Rite Aid)
- **First-Fill capabilities** even if claim has not been reported to PMAMC at no cost to your employees
- **In-house medical and clinical expertise** to guide claim representatives and nurse case managers
- **Script Alert- identifies potentially inappropriate patterns** of medication use and evaluates the need for interventions



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Additional Services for Your Consideration

Point of Injury Clinical Triage Program - PMA Care24

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

Customers that elect to participate in this offering are provided with a **unique 1-800 number** that they can offer to their employees for claim reporting purposes. At the time of injury, employee or their supervisor (based on the client's internal set-up) utilizes this number to call-in a claim. They will reach a telephonic nurse who will complete a triage of the injury and medical history and provide an assessment of future medical needs for the injured employee. Our PMA Care24™ product is specific to PMAMC and provides a number of great benefits to our clients, including **early access to clinical care, impact on OSHA recordables** by avoiding unnecessary treatment, **reduction in Emergency Room spend**, access to after-hour care when panel providers are not available, **reduction in lag times for reporting claims**, and improved network and panel penetration.

Access to Tele-Health

Telemedicine connects injured workers with specially trained physicians and physical therapists for medical diagnosis and treatment online, including prescribing medications when necessary. Injured workers can have one-on-one video consultations right from the comforts of home via their smartphones, tablets, or computers.

Telerehabilitation

- Injured workers can avoid delays in getting the physical therapy (PT) they need with quality care through telerehabilitation
- Telerehabilitation offers one-on-one PT sessions with certified physical therapists via a smartphone, tablet, or computer
- 30- or 45-minute sessions are available 7 days a week in all 50 states



Telephonic, Field & Catastrophic Nurse Case Management Services

PMAMC's service team includes telephonic nurse case manager resources. Additionally, PMAMC employs a team of specialized and dedicated nurses that are responsible for evaluation and action plan development on all lost time cases identified through the PMA model. The PMAMC program contains a team of highly skilled Registered Nurses with strong expertise in managing occupational injuries. Our Nurse Case Managers work in an integrated fashion with our claims professionals, treating providers and injured workers to facilitate an appropriate treatment plan to achieve timely, safe return-to-health. PMAMC offers telephonic and field case management services that are geared toward employee advocacy and education. PMAMC offers our clients access to a national network of multi-lingual nurses available to travel and assist employees in their care plans.



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Utilization Review



PMAMC uses evidence-based and jurisdictionally compliant medical guidelines to evaluate the **reasonableness and necessity of injured employee care**. Treatment is reviewed prospectively, concurrently, or retroactively by a Registered Nurse via a **URAC certified process**. Utilization Review determinations serve to impact treatment decisions and the strategy based on jurisdictional guidelines.

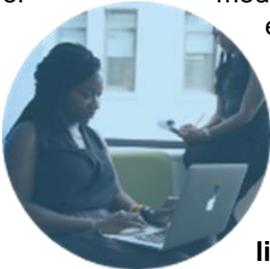
Medical Peer Review

PMAMC engages a board-certified provider, in the same specialty as the injured employee's treatment physician, to review the treatment file and **render an expert opinion of medical treatment** for reasonableness and necessity. The Peer Review physicians are also engaged to provide an expert opinion in cases that warrant further review as a part of the Utilization Review process or through other jurisdictional requirements.



PMAMC Recover-At-Work Solution®

PMAMC offers Recover -At- Work solution for our customers looking to improve their outcomes in this area. PMAMC utilizes internal Recover-At-Work specialists (RAWS) **trained in vocational rehabilitation with certifications in rehabilitation specialty and occupational health**. These resources are utilized to assist our customers with analysis and development of a comprehensive job demand bank, creation of



modified duty positions within unique departments understanding complexities of each employer's business. Our RAWS are uniquely positioned to provide our customers with solutions and recommendations around development and **implementation of the return to work programs at departmental or organizational levels**. Additionally, RAWS are often utilized to provide transferrable skill analysis, resume reviews and assist with cross-departmental job placements within employer's organization. Unlike a formal vocational rehabilitation specialist assigned by the state, through defense counsel or due to litigation, the RAWS is focused on offering injured employees support and

confidence necessary for the return to work in temporary or permanent capacity.

PMAMC Medicare Solutions

PMAMC offers dedicated centralized resources for oversight and management of all Medicare and Medicaid products and services. Our PMAMC Medicare Solutions division provides our customers with access to **best-in-class services for all of their Medicare and Medicaid needs**, including Medicare Set-Asides, Social Security checks, conditional liens and other related services. We provide **extensive quality oversight** to these services and conduct regular audits and quality assurance initiatives to ensure compliance with PMAMC Service Level standards and expectations.

Claims professional will evaluate each claim on its specific merit and provide recommendations related to the need for Medicare Set-Aside, conditional lien searches, structured settlement considerations. Recommendations are made in collaboration with case managers, defense counsel and other parties.



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Risk Control Services

Drawing on **100+ years of safety, risk management and commercial insurance experience**, our risk control team has provided cost effective safety and risk management services to organizations throughout the United States. With more than **60 risk control consultants on staff**, our risk control services are designed to prevent claims, support effective safety and risk management practices and lower the cost of risk for our clients.

Outlined are core skills of the PMAMC's risk control team and how we believe the City of Ocala will benefit from an expanded engagement with our risk control team, **if you so choose**. *Please note that these services are only applicable for clients who purchase the program.*

Data Analytics

Organizations that leverage data analytics will better understand their business, their industry, their strengths and their opportunities for improvement. **PMAMC will bring clarity to complex data, analyzing loss trends** to pinpoint areas needing improvement and ultimately reduce the frequency and severity of your losses and costs. We provide analytic solutions, including **stewardship reporting, loss trending analysis, industry comparison**, and goal establishment. PMAMC can provide a "Performance Indicator Report" for the City of Ocala program where we normalize and rank client performance. (see below).



Risk Assessment

PMAMC risk control can support the City of Ocala underwriting process by assessing exposures presented by employees. We have experience working closely with underwriters to identify risk characteristics which drive performance and selection.

Safety & Risk Management Training

PMAMC's risk control team is also available to develop and present customized safety and risk management training events to address the specific needs of the City of Ocala and its employees via remote training platforms or in live on-site training (post COVID).

Risk Improvement Support

Every organization can improve their safety and risk management performance. Using data analytics, we work with organizations to understand historical loss trends and develop plans to prevent claims and reduce claim costs.

OSHA & Regulatory Compliance Support

To help our clients manage their OSHA compliance and other regulatory safety standards we offer a **broad range of safety training and safety program assistance designed to ensure compliance and keep employees safe**. We routinely provide training and program development around OSHA lockout / tagout, fall protection, hazard communication, ergonomics, blood borne pathogens, personal protective equipment, emergency planning and workplace violence to name a few. To support these efforts, many of our consultants are authorized **OSHA 10 and 30-hour outreach trainers**. In addition to OSHA compliance, we also offer many programs designed to manage the liability exposures associated with facility conditions, motor vehicle operations and employment practices.



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OSHA REPORTING & SPECIALIST SERVICES

PMAMC offers our clients access to our proprietary **OSHA tool through PMA Cinch**, our online risk management information system. This tool offers users the ability to quickly and efficiently track the recordability of OSHA cases, and easily complete and generate OSHA 300 and 300A logs in compliance with OSHA regulations.

This option incorporates trained OSHA Recordkeeping Specialists who can help alleviate the organizational burdens of OSHA tracking and recordability. **These specialists can help with recordability, tracking, and OSHA log generation.** All services are performed in accordance with the OSHA requirements and special handling guidelines for our clients, including:

- Assistance with customized reporting
- Reporting by state, region, or specific location
- Flexible report generation frequency to support our clients' unique OSHA compliance needs

PMAMC's RMIS System

PMAMC Cinch®

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

- **Executive Summary Tool**
- Utilize an **interactive tool** to organize and view both aggregate and individual claims information.
- View **claims information per your parameters**—location, type, status, and accident date range.
- Data appears in **easy-to-view graphs, charts, and tables**, allowing you to grasp information quickly.
- Display **elements are based upon detailed data** in your existing loss reports.
- **Ease of Use**

The Dashboard is highly intuitive and requires minimal training, but **we are happy to deliver training to any client** as needed.

We have continuously enhanced PMAMC Cinch® based on feedback from **client focus groups**. We listened to our clients and gave them the reports and tools they need to make decisions about their risk management programs.

We also provide Stewardship Reports, Benchmarking and customer reporting capabilities which outline trends that have an impact on your organization's total cost of risk. Stewardship Reports provide benchmarking, pending analysis, risk profiles, and risk management

Real-time access to adjuster notes, supervisory notes, field case management notes, diary items, payment records, medical and expense bills



Contains all historical converted claim information at enterprise claim levels



Successful Conversions from 50+ TPA systems, including your current TPA



Full or restricted access for client



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Workers' Compensation, Auto, Property, and General Liability

Business Metrics and Analytics

PMAMC offers Business Metrics and Analytics services that assist with interpreting your historical business data using analytical methodologies, statistical and predictive models to **transform your data into business insights** that can be leveraged to make business decisions, **improve productivity and reduce expenses**. These solutions help our clients **develop trend analysis** and provide them with recommendations for actionable items that can help improve their outcomes. Below are some of the examples of the available dashboards. However, the **functionality is vast and expansive** and would be **best displayed via a live demonstration** of the PMAMC RMIS Cinch® system. Additional reports capturing any data required could be provided upon request.



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Stewardship, Benchmarking and Client Reporting

Stewardship Reporting

In addition, we provide a detailed stewardship report on an annual basis to review the overall results of your program against your risk management goals. This report provides an **extensive financial analysis**, a detailed analysis of loss information, including PMAcare+ and litigation management impact, and a comprehensive review of risk-management data. This report is used both to demonstrate the results that have been obtained and to identify loss trends, enabling you to determine exactly where to focus your ongoing risk management efforts.



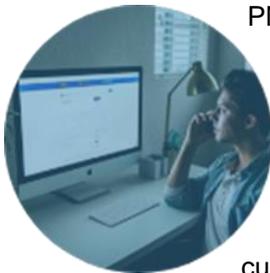
It is PMAMC's philosophy that **every client should be a success story**. We utilize our stewardships to highlight success stories that we achieve in partnership with our clients while also using our analytical capabilities to highlight further areas of opportunity that could be impacted. We strive to support our client in the **quest of continuous improvement** and to utilize our expertise in risk management and claims handling to develop joint ideas and solutions to impact the total cost of risk for our customers while continuing to care for their injured workers, customers and claimants.

Benchmarking

PMAMC offers Business Metrics and Analytics services that assist with interpreting your historical business data using iterative methodologies, statistical and predictive models to **transform your data into business insights** that can be leveraged to make business decisions, improve productivity and reduce expenses. These solutions help our clients develop trend analysis and provide them with recommendations for actionable items that can help improve their outcomes. PMAMC post-loss services include **peer, industry and jurisdictional benchmarking**. PMAMC offers **sophisticated business analytics model** that includes extensive data aggregation via our state-of-the-art claims system, data mining by our team of highly specialized business analysts, **predictive analytics focused on directing the right claim to the right resource at the right time**, and a suite of data visualization tools.



Client Reporting



PMAMC Business Metrics and Analytics assists our customers with solving for recommendations related to their unique business needs. We utilize your data to provide information and recommend actions that could help improve outcomes, reduce total cost of risk and enhance your program.

Our reporting capabilities are expansive and can support all of our customers' needs, including **scheduled and ad-hoc reporting related to deductibles, open excess recoveries**, numerous variations of customized loss runs, customized data fields, and any other analytics required by our clients.



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PMAMC's Transition Plan

PMAMC has successfully transitioned numerous accounts from other TPA's. Over the years, we have developed detailed plans for the smooth transition of new accounts that will provide for uninterrupted benefits to your employees. Here are the key action steps and timeframes for your reference.

Transition Overview

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



7 Day Transition Plan

- Perform claims orientation meeting with the Client and PMAMC Service Team
- Establish Special Handling Instructions
- Collect copies of open run-off claim files from the Incumbent TPA to begin the imaging process
- Begin Data Conversion Process
- Set-up access to PMA CINCH® (RMIS)
- Establish banking arrangement for claims funding
- Establish location structure and required coding

➔



15-30 Day Transition Plan

- Convert available images into PMAMC system
- Notify medical providers and vendors of changes in TPA
- Connect with key vendor partners for PMAMC Orientation
- Set-up and training on PMA CINCH®
- Claims evaluation of takeover files
- Reserving, payment, diary set-up
- Completion of data conversion
- Customized reporting development

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



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Pricing Proposal

PMA offers a complete and comprehensive claims management and risk services program.

Claims Handling Activities:

- Investigation
- Three-Point Contact
- Action Planning
- Claims Processing
- Compensability Decisions
- SIF Investigation
- Excess Reporting & Recovery
- Fraud Prevention / SIU Capabilities
- Account Management
- Quality Assurance Program Oversight
- Structured Settlements
- Pre-Settlement Advisories
- EDI with State as Required
- 1099 Reports
- Settlement Authority
- Resolution Negotiation
- Litigation Management
- Check Issuance
- Payment Registers
- Claim Review Meetings
- Stewardship Meeting
- Self-Insurance Re-Application Assistance
- First Report of Injury Filed with State Agency
- Customized Claim Handling Instructions
- Reserve Advisories
- Patriot Act Compliance
- Office of Federal Asset Control Compliance
- Claim Acknowledgements
- Direct Deposit of Indemnity Payments

PMAcare+ Managed Care:

- Medical Bill Review
- Complex Bill Review
- Out-of-Network Bill Review
- Early Intervention Nurse Assessment on Lost Time Claims
- PPO & Specialty Network Access
- PPO Radius Listing & Mapping to Locations
- Pharmaceutical Benefit Management
- Case Management

Safety/Loss Prevention Services:

- Webservice Access
- PMA Technical Bulletins
- PMA Monthly Web Events Training
- 300+ Safety Videos/DVD Library
- WC/Liability Performance Indicator Report
- Risk Management Assessment
- PMA Insights White Papers
- PMA Engineering & Safety Services

RMIS Services:

- Executive "Dashboard"
- Internet Claim reporting via Cinch
- Claim Number Notification
- Real Time Access to Claim Log Notes
- Client Diary System
- Loss Analysis Reports
- PMAcare+ Savings Reports
- Reserve Analysis Reports
- Email Claims Professional Capabilities
- "Schedule My Reports" Feature

Loss Adjustment Expenses:

- Independent Medical Exams
- Medical Bill Review
- Complex Bill Review
- Out-of-Network Bill Review
- Case Management Expenses
- Utilization Review Expenses
- SIF / SITF Recovery
- PPO Network Access Fees
- Private Investigators
- Medicare Section 111 Reporting Fee
- Central Index Bureau /National Insurance Crime Bureau
- Legal Fees / Attorney Fees
- Records Reproduction Fees
- Medicare/Medicaid Conditional Payment Review

Client is responsible for the payment of all Loss Adjustment Expenses including, but not limited to, the above.



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Pricing Option – Flat Fee – LOC

PMA Management Corp. will provide comprehensive LOC Third Party Administration Services for all new claims as represented in your proposal for the period April 1, 2023, to April 1, 2028, as follows:

Contract Type		Year 1	Year 2	Year 3
LOC – Flat Fee		\$267,413	\$267,413	\$267,413
Bundled Services				
Claims Handling		Included	Included	Included
Annual Admin Fee		Included	Included	Included
CINCH (\$500 per add'l user)	3 Users	Included	Included	Included
Unbundled Services				
Cost Containment	(% of Savings)	19%	19%	19%
Optional Unbundled Services				
Risk Control	Per Hour	\$135	\$135	\$135
Subrogation Specialist	% of Recovery	17%	17%	17%

**This pricing is for a 3-year contract with two optional extension year(s). Each extension year is subject to a 5% rate increase.*

**This quote is valid for 90 days from the day of presentment. If the quote is accepted after 90 days, we reserve the right to re-price the account.*

**For Flat Fee Pricing agreements, if during the term of the contract, any individual occurrence results in more than ten claimants, as determined by PMAMC, then the following additional claims handling fees above and beyond the Annual Flat Fee shall apply: beginning with the 11th claim and for every claim thereafter, \$850 will be charge for each Lost Time Claim; \$125 for each Medical Only Claim; and \$40 for each Record Only Claim.*

For Flat Fee Pricing agreements, if during the term of the contract, any individual occurrence results in more than ten loss lines, as determined by PMAMC, then the following additional claims handling fees above and beyond the Annual Flat Fee shall apply: beginning with the 11th loss line and thereafter, \$650 per AL/GL Bodily Injury Loss Line; \$395 per AL/GL Property Damage Loss Line; \$325 per Auto Physical Damage Loss Line, \$595 per First Party Property Loss Line; and \$995 per Professional Liability Loss Line.

Pricing includes one dedicated PMA liability adjuster, as well as a quarter of a part time adjuster.



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Exhibit A – Other Services Fee Schedule

All fees are billed as incurred unless specifically agreed otherwise.

<u>Service Type</u>	<u>Amount</u>
Managed Care:	
Bill review and repricing	\$ 0 per bill, plus 19% of savings
Utilization review	\$125 per review
Clinical case management services	\$103.00 per hour
Medical consultant review	\$255 per review
PMA Care 24	\$103.00 per call
Point of Sale Pharmacy Program	\$75.00 per review
Medical Director	\$250 per hour
Medicare Solutions:	
Section 111 Reporting	\$9.00 per claim queried
Medicare Set-Aside Allocation	\$2,200 each
CMS Submissions	\$630 each
Medicare Conditional Payment Research	\$130 each
Medicare Conditional Payment Appeal or Dispute	\$260 each
Medicare Conditional Payment Research Final Demand	\$55 each
Medical Cost Projections	\$1900 each
Evidenced Based MSA	\$2,200 each
Life Care Plan	\$185 per hour
Legal Nurse Review	\$1,900 per review
Update (of prior MSA report)	\$785 per report
Resolution Services	\$130 per hour
Medicare/Social Security Verification	\$205 each
Medicaid Conditional Payment Research	\$260 each
Medicare Advantage Plan Conditional Payment Negotiation	\$525 each
Provider Relations Specialist	\$110 per hour
Information Systems:	
RMS fee	Included for up to 3 users \$500 per year each add'l user
Standard Data Conversion	N/A
Customized Reporting/Programming	\$155.00 per hour
Standard Data Feed Set-Up	\$2,500 per year
Standard Data Feed	\$200 per month



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29 TPA & Risk Services for Workers' Compensation, Auto, Property, and General Liability

Risk Control:	
General	\$135 per hour
Industrial hygiene services	\$180 per hour
Special Projects	To be determined
Claim Adjustment:	
Vocational Rehabilitation	\$103.00 per hour
Claim Indexing	\$7.90 - \$13.10 per query depending upon search method and services
Legal Bill Analyzer	3% of gross billed charges
Other:	
Administrative	Included
Non-standard claim intake	\$18 per claim
Subrogation Specialist Services	17% of gross recovery
Excess & Second Injury Fund Recovery Services	2% of gross recovery
Recover to At Work	\$110.00 per hour
Standard Data Extract (upon termination)	\$5,000
OSHA reporting preparation services	\$18 per incident \$1,500 annual minimum
OSHA special projects	To be determined
Each Claim Review in excess of two per year	\$1,500 per review, per day plus PMA expenses
Onsite claim review	Travel incurred by PMA personnel is reimbursed in full by the client



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PMAMC Funding Options

PMAMC offers ACH direct deposit and expedited payments **at no additional cost to the City of Ocala**. PMAMC claims loss funding options are outlined below.

Traditional Escrow



With this option, the client will provide PMA with an escrow of three months of estimated paid losses and loss adjustment expenses. PMA will pay for the claims throughout the month with this account. At the end of the month, PMA will bill the client for losses and loss adjustment expenses paid along with the appropriate claims handling fees (if applicable). The client will also receive detailed loss reports showing all claims activity for the month and a cumulative claims summary report by policy/contract.

Direct Funding

With this option, the client will receive a daily, weekly, or monthly electronic communication from Wells Fargo Bank with the total claim checks issued that day, week, or month. On the next business day, Wells Fargo will initiate an ACH transfer to deduct the previous days' (weeks'/months') claims from the client's bank account. Payment is deposited directly into a sub-account, which is unique to the client. At month-end, the client will receive an AMPS billing statement for the loss-handling fees. The client will also receive detailed claims reports showing all activity for the month and a cumulative claims summary report by policy/contract. Reimbursement by check or client-initiated wire transfer/ACH transfer is required for payment of all fees.



PMAMC eBilling Solution



eBilling* is available to PMAMC clients for loss funding and service fees bills. With eBilling you can easily access and view your bills electronically through our secure internet site instead of receiving paper copies through the mail



THANK YOU

**We WOULD BE HONORED TO CONTINUE
AS YOUR TPA AND RISK SERVICES PARTNER**

PMA MANAGEMENT CORP.

Third Party Liability Worker's Compensation Claims Administration Services

Proposer Name: PMA Management Corp.

Evaluation Criteria: The Selection Committee shall score all proposals, which meet the submittal requirements based on the following factors:

EVALUATION CRITERIA	WEIGHT
QUALIFICATIONS, BACKGROUND AND EXPERIENCE	35%
SCOPE OF SERVICE, PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY	35%
PRICE PROPOSAL	30%
TOTAL	100%

The following questions will be considered as part of the Evaluation Criteria included in Section 8 of the Request for Proposal.

A. QUALIFICATIONS, BACKGROUND AND EXPERIENCE (35%):

1. What is your current A.M. Best Rating and Financial Size Category? If proposer is not A.M. Best rated, provide alternative rating such as Standard and Poors, Fitch, Weiss. If the proposer is not rated by any independent rating agency, provide audited financial statements reflecting the past five (5) years.

Response:

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

Financial Ratings

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

2. Is your firm licensed to conduct business in the State of Florida? Yes _____ No _____
If the answer is yes, a copy of your licensure must be included in your proposal.

Response:

Please see Attachment Section for proof of PMAMC's Florida's business license.

3. Provide a brief history and organizational structure of your firm. Indicate home office location, office handling account, office hours, number of employees, etc.

Response:

PMA Management Corp. (PMAMC) is a leading provider of workers' compensation, property and casualty third-party administration and risk services for self-insureds, unbundled large deductible and self-insured retention programs, groups, trusts, captives, pools, and programs.

PMAMC's **client retention averages 97%** and client satisfaction averages 95% per independent surveys. PMAMC aims to deliver tangible value every day, striving to exceed our clients' service expectations and improve their financial results.

PMAMC has over 30 years of property, casualty, and workers' compensation TPA experience. Our company's performance reflects an innovative spirit, a focus on service and partnership and a corporate structure that promotes accountability and exceeding customer expectations.

PMA Management Corp. provides third party administration and related risk management services to individuals and groups utilizing the resources and expertise of its affiliates. Our infrastructure is designed to ensure that clients receive the management and support necessary to control their claims programs. **PMA Management Corp. was formed in 1991** to address the diverse needs of organizations considering alternative market products, including self-insured local governments and school systems. Today, PMA Management Corp. manages approximately \$2.5 billion in reserves for Workers Compensation, actively manages over 48,500 Workers Compensation claims, and we securely process more than \$70 million in paid losses every month.

PMA Management Corp. clients vary in size from those with several hundred to more than 55,000 employees. Our clients include state and local governments, universities, school systems, and healthcare providers to name a few. Our continued success is based on the results we have achieved for our clients. By properly balancing the need to protect our client's reputation with their constituents, while simultaneously reducing their loss costs and increasing their bottom-line savings, we deliver a service that is truly unparalleled in the industry today.

PMAMC's principal office is located at 380 Sentry Parkway, Blue Bell, PA 19422. PMA Companies has 24 offices located in 17 states with approximately 1,370 employees. PMAMC currently has over 300 claim professionals on our team. Offices are located in Pennsylvania, California, Connecticut, Delaware, **Florida**, Georgia, Illinois, Maryland, Massachusetts, Minnesota, New Jersey, New York, North Carolina, Tennessee, Texas, and Virginia.

Our Florida branch office will be assigned to the City of Ocala if we are selected to continue serving the city, and it is located at 2701 North Rocky Pointe Drive Island, Center Suite 250, Tampa, FL 33607

4. Detail the qualifications of the firm and the specific individuals to be assigned to the contract.

Response:

PMAMC has 30 years of experience serving public entities. We provide risk services to 200+ distinct clients in the public entity sector, including state, county, city, and municipal governments, education, and utility authorities. We offer specialty safety and loss prevention resources for public entity employers, including police, fire, sheriff, corrections, public works, and more.

Our largest TPA business segment, one in 3 PMAMC clients is a public entity, including:

- *City of Ocala*
- *Lee County Board of County Commissioners*
- *North East Florida Educational Consortium*
(13 FL County School Districts)
- *Jacksonville Transportation Authority*
- *City of Atlanta*
- *City of Philadelphia (Teddy Award Winner)*
- *State of Delaware (20+ Year Client)*

PMA Management Corp. provides a “holistic” approach to help our public sector clients reduce their total cost of risk. Our “holistic” approach to reducing loss costs has been a proven technique for our public sector clients. PMA Management Corp. applies the pre-loss, loss reduction and post-loss programs to help the City of Ocala achieve better outcomes on their workers’ compensation and liability claims.

PMA Management Corp.’s pre-loss services aim to reduce the overall frequency and costs of claims. When claims occur, our experienced adjusters and nurses work to reduce the amount of disability, while our comprehensive managed care services help reduce the overall cost of medical bills and prescription medications. PMA Management Corp.’s online resources enable public sector risk managers to track key results and respond promptly to emerging issues in their programs.

PMA Management Corp’s “holistic” approach has played a key factor in delivering exceptional results to the City of Ocala. Over the past five completed contract years, PMA Management Corp has achieved medical bill savings of over \$750,000 per year for the City of Ocala. Over that same time period, PMA Management Corp achieved a closing ratio of 100%. Over that same time period, PMA Management Corp recovered on average over \$360,000 annually in subrogation recoveries on behalf of the City of Ocala. We are committed to delivering these exceptional results.

PMAMC’s Leadership Team

PMAMC’s senior leadership team, includes Claims, Operations, and Sales, and is responsible for all aspects of the City of Ocala School’s program and its success.

MICHAEL MACAULAY

President

Mike has over 30 years of experience providing service-improving, cost-reducing risk management solutions to alternative risk transfer clients and their brokers. He has received his MBA in Finance and his CPCU designation, as well as an AIC. He has been the guest speaker and served as moderator for many professional conferences and seminars, including the National Workers Compensation and Disability Conference and various state Self-Insurance Conferences. He is a Certified Education Instructor in Workers Compensation and Managed Care throughout most of the U.S.

IRINA SIMPSON

Senior Vice President and Chief Claims Officer

Irina is responsible for management of PMA Management Corp.’s national claims organization, oversight of strategic partnerships, leading the business operations, compliance teams, new client implementations, data analytics teams, as well as product development. She has served in positions of increased responsibility in the field of claims, managed care, and operations. She has presented at industry focus groups, broker and customer workshops, and national conferences on topics related to claims, managed care services, and operational efficiencies.

Key Team Members

Michael Hurst ***Sales Manager***

Michael Hurst is based out of the Tampa, Florida branch office. Michael brings 32 years of insurance risk management, sales and claim experience. His Specialties include designing sophisticated risk management and service solutions for clients in Healthcare, Public Entity, Higher Education and Manufacturing Sector. Currently, Michael is a Sales Manager for PMA Management Corp. His responsibilities include growth, retention and service deliverables for PMAMC's clients in Florida, Alabama and Mississippi. Michael holds a Bachelor of Arts degree in Economics and Finance from the University of Maryland and has earned his Florida P&C All Lines License – 220, and the Certified Insurance Counselor (CIC), Certified Risk Manager (CRM) designations.

Anita Maliga ***Client Service Manager***

Anita graduated from the State University of NY at Oswego, Oswego NY with a BA in Economics. Anita's has 23 years of industry experience. Her career began in 1998 at Wausau Insurance. Anita joined PMAMC in February 2006 as a Senior Account Claim Representative. In October 2008, Anita was promoted to Regional Claim Supervisor. During her tenure as supervisor Anita has worked on various accounts both private and public. Anita is currently a Client Service Manager for PMAMC. She holds a Bachelor of Arts degree in Economics from the State University of NY at Oswego. She has also earned her NY Casualty License.

5.Sanctions: list any regulatory or license agency sanctions, if applicable.

Response:

PMA Management Corp. does not have any regulatory or license agency sanctions.

6. Please indicate at least three (3) current contracts with similar public sector clients. For each account, include: Client name/entity, contact person name and title, full address, telephone number, fax number, email address, and length of service.

Response:

Current Clients	Contact	Telephone Number	Term/Scope of Service
North East Florida Educational Consortium 3841 Reid Street Palatka, FL 32177	Robert Hartley <i>CSRM, Risk Management Services, Manager</i> HartleyR@nefec.org	386-329-3841	<i>Workers' Compensation, Auto and Liability Claims TPA service provider from July 2021 through present</i>
Lee County Risk Manager 2115 Second Street Fort Myers, FL 33901	Mike Figueroa <i>Risk Manager</i> mfigueroa@leegov.com	239-533-2310	<i>Workers' Compensation, Auto and Liability Claims TPA service provider from October 2011 to present</i>
Jacksonville Transportation Authority 100 Lavilla Center Drive Jacksonville, FL 32204	Julie Bonsall <i>Risk Manager</i> jbonsall@jtafla.com	O: 904-630-3124 C: 904-577-9019	<i>Workers' Compensation TPA service provider from November 2018 to present</i>
Ring Power Corporation 500 World Commerce Parkway St. Augustine, FL 32092	Cindy Jones <i>PHR, SHRM-SCP Vice President Human Resources</i>	O: 904-737-7730 Ext: 1175 C: 904-806-5107 F: 904-739-3578	<i>Workers' Compensation TPA Service Provider</i>

7. Provide information for your two (2) largest Florida clients who have terminated your contract(s) during the past 36 months:

Response:

Only one Florida client has terminated a contract based on a competitive bid process.

Entity Name	#Enrolled	Date Terminated	Reason	Contact Person	Phone Number
City of Palm Bay 120 Malabar Rd Palm Bay, FL 32909			Competitive Bid Process from 2013-2021	Pamela Torres-Spivey <i>Risk Manager</i> Pamela.Torres-Spivey@palmbayflorida.org	321.409.7185

8. Summary of litigation: provide a summary to include the nature of litigation, claim, or contract dispute, a brief description of the case, the outcome or projected outcome, and the monetary amounts involved.

Response:

There is no pending or active litigation in Florida against PMA Management Corp.

9. Additional information related to Qualifications, Background and Experience (if needed).

Response:

PMA Management Corp. is exceptionally well positioned to continue as the City of Ocala’s Third-Party Administrator. We currently meet or exceed all of the expectations set forth in this RFP. PMAMC provides a full-time on-site casualty adjuster that is an asset to the City of Ocala’s risk management team. Additionally, we provide Florida based adjusters that have been long time team members for the City of Ocala. Our Workers Compensation and Casualty teams consistently deliver outstanding service and results to the city.

B. PROJECT UNDERSTANDING, PROPOSED APPROACH AND METHODOLOGY (35%):

1. Summarize in a brief and concise manner the Proposer's understanding of the scope of services and commitment to perform the work in a timely manner.

Response:

PMA Management Corp is the current Third-Party Administrator for the City of Ocala; Therefore, we are uniquely qualified and have a deep understanding of the requirements listed in this RFP. We have year over year delivered quality claim services, exceptional risk management resources and substantive program savings in workers compensation and casualty claims. We achieve these results through our unique approach

PMAMC's unique Holistic Approach integrates three key risk strategies that can continue to help the City of Ocala reduce the frequency and severity of claims by focusing on risk control, claims, managed care (PMAcare+), risk management information services, data analytics, benchmarking, and value-added business solutions.

Pre-Loss

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

Risk Management Assessment

–An assessment of your operations and risk management program to identify your historical loss exposures and opportunities to lower frequency and severity of claims.

Collaborative Goal Setting

– creation of goals and performance metrics to guide our improvement efforts.

Planning

– development of a plan with mileposts that will guide the improvement process and enhance results for a greater ROI.

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

Loss Reduction

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

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

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

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

Post-Loss

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

Results that Make a Difference

PMA's holistic approach can achieve a positive impact on your risk management efforts. We will continue to collaborate with you to execute pre-loss, loss-reduction, and post-loss strategies complete with multilevel claims and risk management services, including:

- **Account Management Team** – Account Executive, Client Service Manager, Triage Nurses, Nurse Case Manager, Risk Control Consultants, Claims Professionals, Quality Assurance Specialists, and Customer Service Representatives
- **Triage/Intervention Nurses** – intervene on all lost-time and high-risk medical-only workers' compensation claims—FREE of charge. Enhanced Triage Nurse service, PMA Care24 is available to give injured workers direct access to a registered nurse when they are injured. This service also doubles as the first report of injury to PMAMC and is available for an additional fee.
- **Pharmacy Nurse Specialists** – dedicated to prescription drug oversight with focus on regulating narcotic dispensing
- **Quality Assurance Program** – Quality Assurance Specialists ensure consistency in all areas of claims management services
- **Special Investigative Unit** – trained specialists who investigate potentially fraudulent claims and, where appropriate, refer claims to local authorities and assist with prosecution
- **PMA Webservice®** – an online-only portal of free safety and risk management resources
- **Organizational Safety Institute** – free safety training webinars available to all members of our clients' organizations designed to help them improve their safety culture and performance. Available live and on demand via the internet.
- **Benchmarking and Stewardship Reporting** – turns data into actionable information for better business decisions

2. Do you provide a toll-free customer service/claim office telephone number?

Response:

PMA Management Corp. offers a toll-free number to reach our adjusters by telephone (1-888-4PMA NOW).

3. Are you able to provide the services requested in the Scope of Service? Please disclose any deviation or services you are unable to provide.

Response:

Yes, not only does PMA Management Corp. meet the services requested in the Scope of Service, but we are also currently providing these services to the satisfaction of the City of Ocala.

4. Is the proposer willing to provide a dedicated lost time and medical only adjuster for the City's workers' compensation claims?

Response:

PMA Management Corp. will continue to provide a dedicated team of claim professionals to handle the City of Ocala including their WC, LT, and MO. This team will include claims adjusters, a claims supervisor, a client service manager, and a nurse case manager. By assigning dedicated teams, we provide our clients with a set list of contacts for any questions that they may have. This allows us to develop stronger working relationships and enhances our ability to understand each of our clients' unique servicing needs. Our field service teams are administratively supported by PMAMC's Client Service Center.

5. The TPA will be responsible for Medicare Section 111 Mandatory Reporting requirements. Do you agree to provide this service? Please disclose the additional cost for this service, if any.

Response:

Self-insured entities are considered primary payers and Responsible Reporting Entities (RRE) and must register as such. PMA Management Corp. has developed a comprehensive program in place to comply with the recent requirements of the Medicare Secondary Payer Statute. PMA Management Corp will handle all Section 111 reporting once a client has registered as an RRE and selected PMA Management Corp as their reporting agent. PMAMC has partnered with a vendor to act as our reporting agent and will report to CMS on behalf of our clients. A fee of \$9.00 per claim is charged for claims.

6. Is telephonic case management included in the flat fee cost? If not, indicate how it is calculated?

Response:

Telephonic case management is an allocated loss adjustment expense charged on the individual claim level. It is not a part of the flat fee. The cost for telephonic is \$103 per hour.

7. The City reserves the right to select the following positions. This includes but is not limited to: Field Case Management, MSA's, attorneys, surveillance and Utilization Review. Please state if you will comply with this request and state any exceptions.

Response:

Yes, PMA Management Corp. offers these services and will continue to work with the City of Ocala to comply with these requests.

8. Does the TPA agree to provide to the City a list of their current Medical Provider Network?

Response:

Yes, PMAMC's PPO Network Website Tool is an on-line directory that can help you to quickly and easily locate providers that participate in our PPO networks. The tool also allows you to easily create your own provider panels where jurisdictionally allowed. To access the PPO Network Tool, simply go our website, www.pmagroup.com, and click on the quick link for "Preferred Provider Networks". You can then search for network providers by Name or Region, or you can identify the providers that are closest to your address. PMA Management Corp. is committed to helping you to reduce the medical costs of your claims by increasing network penetration and enabling you to refer injured workers to appropriate medical providers wherever jurisdictionally permitted.

9. Does the TPA provide medical bill review? Is there an additional cost for this service? If so, explain the billing process.

Response:

All medical bills are sent to PMA's Customer Service Center (CSC), where they are scanned into imaging and entered into the medical bill review software. The bills are first reviewed for adjuster edits, duplicate billing, up-coding, and unbundling of charges. Then our re-pricing software automatically searches every bill to determine the jurisdiction and applies the proper state fee schedule or usual and customary amounts. The system then applies any state rules and regulations, coding review logic, and PPO network discounts that apply

10. Does the TPA receive a percentage of medical savings based on the bill review? If yes, indicate the percentage and how it is calculated.

Response:

PMA Management Corp does receive a percentage of savings based on medical bill reviews. The savings percentage applied is 19%.

11. Does proposer agree to provide an on-line system? How many users will be provided access? What is the additional charge per use, if any?

Response:

PMA Management Corp.'s Risk Management Information System combines state of the art technology with convenient on-line access and customized reporting packages. PMA Cinch, our online information system, was developed to provide fast, easy access to your risk management data. We designed the system to be flexible, allowing us to meet our clients' most specific business needs.

Key Features

- Executive "Dashboard"
- New Claim Reporting with Immediate Claim Number
- Access to (Real-Time) Detailed Claims Data
- Document Image Viewing Capability for self-insured clients
- Report Generation
- Chart Generation
- Instant Adjuster Contact
- OSHA Tracking
- Risk Managers Diary System
- Reserve Increase Notification

PMA Management Corp will provide the City of Ocala up to 3 users via PMACinch our risk management information system – access via internet. These users will be provided at no additional cost to the program. Each additional user would result in an annual charge of \$500.

12. What's your firms turn over percentage for adjusters?

Response:

Our adjusting staff has an average of 12 years of claims handling experience, and our annual employee turnover rate is only 8-9%. We hire about 40-60 adjusters annually to support new business and open positions.

13. Does the proposer agree to be responsible and comply with all rules and regulations required by EDI DWC reporting?

Response:

It is our goal to manage the claims reporting functions to avoid any fines or penalties on the claims. PMA Management Corp. has developed special Electronic Data Information (EDI) programs to help improve the efficiency of handling important forms and electronic filings. In the event PMA Management Corp. is found to be responsible for an error or late reporting, PMA Management Corp. will work with the City of Ocala to an amicable resolution.

14. Describe in detail the adjusters that will be assigned to the City's account. This should include but is not limited to experience, tenure with the company, maximum number of open claims, and types of claims they will handle. i.e., subrogation, liability, loss time workers compensation.

Response:

PMA Management Corp.'s claims adjusting team will remain intact with no proposed changes for workers compensation or casualty claims. This team includes the following individuals:

Brittney Springer – Account Claims Associate II - Workers Compensation Medical Only

Brittney is an accomplished medical only adjuster with 4 years of Florida Workers Compensation claim experience. Throughout Brittney's career, she has handled complex medical only claims in the Florida Jurisdiction. She is known for providing exceptional customer service and aggressive medical management. Brittney possesses a Florida All Lines adjuster license. Brittney has been a part of the City of Ocala's claim team for nearly 3 years.

Christine “Chrissy” Bonet - Account Claims Representative II

Chrissy joined PMAMC's Tampa, Florida office as of April 2017. She is an accomplished lost time and litigation adjuster. She has over 10 years of industry experience and holds a Florida adjuster's license. Chrissy has been providing exceptional workers compensation claim services to the City of Ocala for nearly six years first at the medical only level and for the past 4 years handling lost time and litigated cases. She knows every aspect of the City of Ocala and demonstrates her expertise on a daily basis.

Mark LaTorella - Regional Workers Compensation Supervisor

Mark has been working in PMAMC's Tampa, Florida office since 2011. He has over 31 years of industry experience as he began his career in 1990 as a liability adjuster with a large TPA. Mark was originally the lost time adjuster on the City of Ocala account. He has maintained his working relationship with the City of Ocala for over a decade. He has been an integral member of the City of Ocala's claims team.

Ashley Brown - ACCOUNT CLAIMS REPRESENTATIVE II - CASUALTY, Ocala, FLORIDA

Ashley joined PMAMC in 2022 and brings over 8 years of claims experience. Her experience includes handling automobile and general liability claims. She maintains her Florida adjuster's license. Ashley is and will continue to be the City of Ocala's on-site adjuster. Since joining the team, Ashley demonstrates excellence in service, claims handling and risk management. Ashley is a key resource for the City of Ocala's risk management team.

Jacqueline Flowers - SENIOR ACCOUNT CLAIMS REPRESENTATIVE – CASUALTY, TAMPA, FL

Jackie joined PMAMC in June of 2017 and brings with her over 30 years of claims experience. She has a varied client background including government entities. Jackie recently joined the City of Ocala claim team as the Sr. Liability adjuster handling complex liability and litigated cases.

Shannon Santiago - REGIONAL CLAIMS SUPERVISOR - CASUALTY, FLORIDA

Shannon joined the PMAMC team on June 20, 2022 and brings over 14 years of multi-line and multi-state claims management experience in positions of increasing responsibility. Her experience includes managing automobile, general liability, and professional claims in both a carrier and TPA setting. Shannon has a proven track record of managing self-insured losses and programs along with establishing strong client relationships, developing and mentoring growing teams and ensuring compliance with claim best practices. Shannon is and will continue to be the casualty supervisor for the City of Ocala.

15. If the City requested, can the proposer provide an on-site adjuster to be housed at the City? If yes, indicate how this is calculated.

Response:

PMA Management Corp already meets the requirement of providing an on-site adjuster, Ashley Brown. She is based out of the City of Ocala's risk management office. The cost of providing an on-site adjuster is already contemplated in the proposed fee.

16. Proposer will periodically, but at a minimum quarterly, review all open cases and complete a strategic action plan in order to assist in the settlement of the cases and discuss at a claims review meeting with City staff. This claims review meeting can be conducted in person or telephonically. Does proposer agree to comply?

Response:

Yes, PMA Management Corp. will comply. PMAMC claims adjusters are typically reviewing the files every 30 days, or more often as the case may merit. Initial action plans are established during the investigation phase of the claim, no more than 21 days after assignment. Action plans are updated every ninety days on open claim files. PMAMC claim professionals are required to provide a detailed course of action on each open claim, including information about medical treatment, expected lengths of disability, and litigation status.

17. Additional information related to Project Understanding, Proposed Approach and Methodology (if needed).

Response: Please refer to the attached documentation, Ocala Proposal 2023.

C. PRICE PROPOSAL (30%):

1. Please confirm the price guarantee period.

Response:

The price guarantee period will be from April 1, 2023, to April 1, 2028.

2. Describe any costs associated with conversion.

Response:

There is no additional cost associated with the conversion as PMA Management Corp. is currently the Third-Party Administrator for the City of Ocala.

3. At renewal, what information will you require from the City of Ocala to develop renewal rates?

Response:

PMA Management Corp is offering a 3-year flat rate with 2 optional extension years with a 5% fixed rate cap. After this time period, we will evaluate the needs of the client, the scope of services provided along with the claim and service history to develop renewal rates.

4. The City will pay a flat fee for claims administration regardless of the number of claims filed per year. Does the proposer agree to this request? What is the flat annual fee or charge(s) for your services?

Response:

PMA Management Corp. agrees to pay a flat fee for claims administration. The annual flat fee for our services will be \$267,413.

5. Provide a detailed list of all services and costs that are not included in the flat fee that the City will be responsible for paying i.e. medical bill review and telephonic case management.

Response:

The City of Ocala will be responsible for paying for cost containment services, risk control services, and for subrogation services.

6. Additional information related to Price Proposal (if needed).

Response:

Exhibit A – Other Services Fee Schedule

All fees are billed as incurred unless specifically agreed otherwise.

Service Type	Amount
Managed Care:	
Bill review and repricing	\$0.00 per bill, plus 19% of savings
Utilization review	\$125 per review
Clinical case management services	\$103.00 per hour
Medical consultant review	\$255 per review
PMA Care 24	\$103.00 per call
Point of Sale Pharmacy Program	\$75.00 per review
Medical Director	\$250 per hour
Medicare Solutions:	
Section 111 Reporting	\$9.00 per claim queried
Medicare Set-Aside Allocation	\$2,200 each
CMS Submissions	\$630 each
Medicare Conditional Payment Research	\$130 each
Medicare Conditional Payment Appeal or Dispute	\$260 each
Medicare Conditional Payment Research Final Demand	\$55 each
Medical Cost Projections	\$1900 each
Evidenced Based MSA	\$2,200 each
Life Care Plan	\$185 per hour
Legal Nurse Review	\$1,900 per review
Update (of prior MSA report)	\$785 per report
Resolution Services	\$130 per hour
Medicare/Social Security Verification	\$205 each
Medicaid Conditional Payment Research	\$260 each
Medicare Advantage Plan Conditional Payment Negotiation	\$525 each
Provider Relations Specialist	\$110 per hour
Information Systems:	
RMIS fee	Included for up to 3 users \$500 per year each addt'l user
Standard Data Conversion	N/A
Customized Reporting/Programming	\$155.00 per hour
Standard Data Feed Set-Up	\$2,500 per year
Standard Data Feed	\$200 per month

Risk Control:	
General	\$135 per hour
Industrial hygiene services	\$180 per hour
Special Projects	To be determined
Claim Adjustment:	
Vocational Rehabilitation	\$103.00 per hour
Claim Indexing	\$7.90 - \$13.10 per query depending upon search method and services
Legal Bill Analyzer	3% of gross billed charges
Other:	
Administrative	Included
Non-standard claim intake	\$18 per claim
Subrogation Specialist Services	17% of gross recovery
Excess & Second Injury Fund Recovery Services	2% of gross recovery
Recover to At Work	\$110.00 per hour
Standard Data Extract (upon termination)	\$5,000
OSHA reporting preparation services	\$18 per incident \$1,500 annual minimum
OSHA special projects	To be determined
Each Claim Review in excess of two per year	\$1,500 per review, per day plus PMA expenses
Onsite claim review	Travel incurred by PMA personnel is reimbursed in full by the client

Pricing Option – Flat Fee – LOC

PMA Management Corp. will provide comprehensive LOC Third Party Administration Services for all new claims as represented in your proposal for the period April 1, 2023, to April 1, 2028, as follows:

Contract Type		Year 1	Year 2	Year 3
LOC – Flat Fee		\$267,413	\$267,413	\$267,413
Bundled Services				
Claims Handling		Included	Included	Included
Annual Admin Fee		Included	Included	Included
CINCH (\$500 per add'l user)	3 Users	Included	Included	Included
Unbundled Services				
Cost Containment	(% of Savings)	19%	19%	19%
Optional Unbundled Services				
Risk Control	Per Hour	\$135	\$135	\$135
Subrogation Specialist	% of Recovery	17%	17%	17%

**This pricing is for a 3-year contract with two optional extension year(s). Each extension year is subject to a 5% rate increase.*

**This quote is valid for 90 days from the day of presentment. If the quote is accepted after 90 days, we reserve the right to re-price the account.*

**For Flat Fee Pricing agreements, if during the term of the contract, any individual occurrence results in more than ten claimants, as determined by PMAMC, then the following additional claims handling fees above and beyond the Annual Flat Fee shall apply: beginning with the 11th claim and for every claim thereafter, \$850 will be charge for each Lost Time Claim; \$125 for each Medical Only Claim; and \$40 for each Record Only Claim.*

For Flat Fee Pricing agreements, if during the term of the contract, any individual occurrence results in more than ten loss lines, as determined by PMAMC, then the following additional claims handling fees above and beyond the Annual Flat Fee shall apply: beginning with the 11th loss line and thereafter, \$650 per AL/GL Bodily Injury Loss Line; \$395 per AL/GL Property Damage Loss Line; \$325 per Auto Physical Damage Loss Line, \$595 per First Party Property Loss Line; and \$995 per Professional Liability Loss Line.

Pricing includes one dedicated PMA liability adjuster, as well as a quarter of a part time adjuster.

7. Provide a FLAT FEE annual price based on the Scope of Work.

FLAT FEE PRICING	
ANNUAL (12-Month Pricing):	\$267,413
3 YEARS CONTRACT TERM TOTAL:	\$802,239

D. **OPTIONAL: Additional Offerings (0%):**

1. Clearly define any programs or services you are offering to the City at an additional cost which are in addition to the Scope of Work. Costs/fees must be clearly outlined for each program or service. *This section is optional and not required. If your firm is not offering any additional offerings, please state "N/A" or "none" in this section.*

Response:

N/A

E. References (REQUIRED- No points):

I. References (REQUIRED - No points):

NOT PROVIDING REFERENCES AND LETTERS OF REFERENCE IS CAUSE FOR PROPOSAL REJECTION

1. Submit a minimum of four references, of which two must be letters of reference, with names, titles, mailing addresses, email addresses, telephone numbers, and the service description.

- References should be for similar services provided over the last five years. Public agency references are preferred, especially agencies whose medical coverage is self-funded.
- Include at least two current clients with 500 or more employees.

Response:

PMAMC people, programs and processes are designed for delivering positive client experiences to employers and their constituents. Select current clients are shown below. PMAMC invites you to contact these customers to learn more about their experiences with our company and our unique holistic approach to reducing their total cost of risk. To protect the privacy of and as a courtesy to our clients, please reach out to Michael Hurst at least *two days* before contacting these customers so that he may advise them in advance.

Current Clients	Contact	Telephone Number	Term/Scope of Service
North East Florida Educational Consortium 3841 Reid Street Palatka, FL 32177	Robert Hartley <i>CSRM, Risk Management Services, Manager</i> HartleyR@nefec.org	386-329-3841	<i>Workers' Compensation, Auto and Liability Claims TPA service provider from July 2021 through present</i>
Lee County Risk Manager 2115 Second Street Fort Myers, FL 33901	Mike Figueroa <i>Risk Manager</i> mfigueroa@leegov.com	239-533-2310	<i>Workers' Compensation, Auto and Liability Claims TPA service provider from October 2011 to present</i>
Jacksonville Transportation Authority 100 Lavilla Center Drive Jacksonville, FL 32204	Julie Bonsall <i>Risk Manager</i> jbonsall@jtafla.com	O: 904-630-3124 C: 904-577-9019	<i>Workers' Compensation TPA service provider from November 2018 to present</i>
Ring Power Corporation 500 World Commerce Parkway St. Augustine, FL 32092	Cindy Jones <i>PHR, SHRM-SCP</i> <i>Vice President Human Resources</i>	O: 904-737-7730 Ext: 1175 C: 904-806-5107 F: 904-739-3578	<i>Workers' Compensation TPA Service Provider</i>

2. **A minimum of two letters of reference** are required.** ***NOTE: letters of reference should be attached at the end of the document after ATTACHMENT 2 – LETTERS OF REFERENCE cover page and are excluded from the page count.*

ATTACHMENT 1

RESUMES

Section C.1: Team Qualifications and Experience

(Insert Resumes after this page.)

MICHAEL MACAULAY

President

Mike has over 30 years of experience providing service-improving, cost-reducing risk management solutions to alternative risk transfer clients and their brokers. He has received his MBA in Finance and his CPCU designation, as well as an AIC. He has been the guest speaker and served as moderator for many professional conferences and seminars, including the National Workers Compensation and Disability Conference and various state Self-Insurance Conferences. He is a Certified Education Instructor in Workers Compensation and Managed Care throughout most of the U.S.

IRINA SIMPSON

Senior Vice President and Chief Claims Officer

Irina is responsible for management of PMA Management Corp.'s national claims organization, oversight of strategic partnerships, leading the business operations, compliance teams, new client implementations, data analytics teams, as well as product development. She has served in positions of increased responsibility in the field of claims, managed care, and operations. She has presented at industry focus groups, broker and customer workshops, and national conferences on topics related to claims, managed care services, and operational efficiencies.

Michael Hurst

Sales Manager

Michael Hurst is based out of the Tampa, Florida branch office. Michael brings 32 years of insurance risk management, sales and claim experience. His Specialties include designing sophisticated risk management and service solutions for clients in Healthcare, Public Entity, Higher Education and Manufacturing Sector. Currently, Michael is a Sales Manager for PMA Management Corp. His responsibilities include growth, retention and service deliverables for PMAMC's clients in Florida, Alabama and Mississippi. Michael holds a Bachelor of Arts degree in Economics and Finance from the University of Maryland and has earned his Florida P&C All Lines License – 220, and the Certified Insurance Counselor (CIC), Certified Risk Manager (CRM) designations.

Anita Maliqa

Client Service Manager

Anita graduated from the State University of NY at Oswego, Oswego NY with a BA in Economics. Anita's has 23 years of industry experience. Her career began in 1998 at Wausau Insurance. Anita joined PMAMC in February 2006 as a Senior Account Claim Representative. In October 2008, Anita was promoted to Regional Claim Supervisor. During her tenure as supervisor Anita has worked on various accounts both private and public. Anita is currently a Client Service Manager for PMAMC. She holds a Bachelor of Arts degree in Economics from the State University of NY at Oswego. She has also earned her NY Casualty License.

Shannon Santiago

Regional Claims Supervisor - Casualty, Florida

Shannon joined the PMAMC team on June 20, 2022 and brings over 14 years of multi-line and multi-state claims management experience in positions of increasing responsibility. Her experience includes managing automobile, general liability, and professional claims in both a carrier and TPA setting. Shannon has a proven track record of managing self-insured losses and programs along with establishing strong client relationships, developing, and mentoring growing teams and ensuring compliance with claim best practices. She currently possesses a Bachelor of Science from the University of Phoenix and the Florida adjuster license.

Jacqueline Flowers

Senior Account Claims Representative – Casualty, Florida

Jackie joined PMAMC in June of 2017 and brings with her over 30 years of claims experience. She has a varied client background including government entities, national restaurant chains, retail chains, as well as the entertainment industry. She has handled 1st and 3rd party property, auto and GL claims.

Jacqueline has AIC designation and her adjuster license in the following states: AL, AZ, CT, DE, GA, FL, KY, LA, NC, NH, NM, NY, OK, RI, SC, TX, VT, WV, and WY.

Ashley Brown

Account Claims Representative II- Casualty, Florida

Ashley joined PMAMC in 2022 and brings over 8 years of claims experience. Her experience includes handling automobile and general liability claims. Ashley also has a background in the health care industry working in hospital administration and as a social services worker. Ashley is licensed in Florida and has an associate degree in Chemistry from Santa Fe College.

Mark LaTorella

Regional Claims Supervisor

Mark has been working in PMAMC's Tampa, Florida office since 2011. He has over 31 years of industry experience as he began his career in 1990 as a liability adjuster with a large TPA. He has held several supervisory and management positions in the past and brings a wealth of knowledge gained from those positions into the adjusting position. He has experience handling presumption claims for municipalities, has handled several workers' compensation jurisdictions, and experience handling auto liability and general liability claims.

He is currently licensed in the states of Florida, Georgia, Alabama, Mississippi, Kentucky, North Carolina and South Carolina. He also possesses a Bachelor of Arts degree from the University of Rhode Island.

Christine Bonet

Account Claims Representative II

Chrissy joined PMA's Tampa, Florida office as of April 2017. She began her career as a Claims Assistant in 2012 and has moved up the ranks to Lost Time/Litigation Adjuster. She currently has over 10 years of industry experience. She has a background in Customer Service, Management and Personal Insurance. She has also joined PMAMC's Mentor Program.

She is currently licensed in the State of Florida and holds her Associates in Business Management.

Brittney Springer

Account Claims Associate II

Brittney is an accomplished medical only adjuster with 4 years of Florida Workers Compensation claim experience.

Throughout Brittney's career, she has handled complex medical only claims in the Florida Jurisdiction. She is known for providing exceptional customer service and aggressive medical management. Brittney possesses a Florida All Lines adjuster license.

ATTACHMENT 2

LETTERS OF REFERENCE

Section I: References

(Insert Letters of Reference after this page.)

Lee County



Phone – (239) 533-0835
Fax – (888) 242-3233
Email – risk@leegov.com

BOARD OF COUNTY COMMISSIONERS

Kevin Ruane
District One

January 17, 2023

Cecil L. Pendergrass
District Two

Ray Sandell
District Three

City of Ocala
110 SE Watula Avenue
Ocala, Florida 34471

Brian Hamman
District Four

Mike Greenwell
District Five

To whom it may concern:

Roger Desjarlais
County Manager

Richard Wesch
County Attorney

Donna Marie Collins
Chief Hearing
Examiner

Lee County Board of County Commissioners recently conducted a comprehensive Request for Proposal (RFP) for Third Party Administrative services to manage workers' compensation and casualty claims. Many factors were considered in the RFP process, including service, program understanding, staff quality, leadership commitment, and pricing. The decision was clear to continue our successful business relationship with PMA Management Corp.

PMA Management Corp. has been Lee County's Third Party Administrator since 2011. Over that period, PMA Management Corp. has consistently demonstrated a commitment to exceptional service, quality claims handling, and substantive program savings, along with their uniquely collaborative approach.

As the Risk Manager for Lee County, I strongly recommend PMA Management Corp. as the number one choice in Third Party Claims Administration.

Respectfully,

A handwritten signature in blue ink that reads "Mike Figueroa".

Mike Figueroa, Risk Program Manager
Lee County Risk Management



North East Florida Educational Consortium



NEFEC

nefec.org



BOARD OF DIRECTORS:

Sherrie Raulerson
Baker

Will Hartley
Bradford

Alex L. Carswell, Jr.
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Mike Thomas
Dixie

Cathy Mittelstadt
Flagler

Tracie Snow
FSDB

Dr. James A. Surrency
Gilchrist

Lee Wetherington-Zamora
Hamilton

Robert Edwards
Lafayette

Christopher Cowart
Levy

Dr. Kathy K. Burns
Nassau

Brian K. Marchman, Ph. D.
P.K. Yonge

Dr. Richard M. Surrency, Sr.
Putnam

Ted L. Roush
Suwannee

Mike Ripplinger
Union

Dr. Patrick J. Wnek
Executive Director

NORTH EAST FLORIDA EDUCATIONAL CONSORTIUM

3841 Reid Street • Palatka, Florida 32177 • Phone: (386) 329-3800 • Fax: (386) 329-2547

January 13, 2023

To Whom It May Concern:

The North East Florida Educational Consortium (NEFEC) chose PMA as our Third-Party Claim Administrator for the 2022/2023 year and beyond. We currently have a multiple-year agreement with PMA. We had a previous relationship with our prior TPA for 22 years.

During the first year of our relationship, we captured an expense reduction of approximately \$1.5 million. We anticipate that we will continue with this sustained expense reduction throughout every year of our relationship.

PMA provided us and our 13-member school districts with outstanding adjusters, superior loss control engineers, and a responsive and understanding leadership team. In addition, the ancillary services they provide are exceptional, including legal bill review, nurse case management, and the "1-800" claim reporting, which includes an actual nurse directing medical care immediately to our injured employees.

We could not be happier with our decision to partner with PMA, and we look forward to the future with PMA on our side.

Sincerely,

Robert Hartley, CSRM
Risk Management Services, Manager
North East Florida Educational Consortium
Office: 386-329-3841/Cell: 386-288-5984

SERVICE - VISION - DEDICATION - EXCELLENCE - PROFESSIONALISM
An Equal Opportunity Employer

ATTACHMENT 3

(Optional)

CERTIFICATIONS, LICENSES, AND INSURANCE

NOT SCORED – OPTIONAL DOCUMENTS

(Insert certifications, licenses, and insurance after this page.)

FLORIDA DEPARTMENT OF FINANCIAL SERVICES

PMA MANAGEMENT CORP.

License Number : W830795

Non Resident Insurance License

● 2505 - INDEPENDENT ADJUSTING FIRM

Issue Date

02/18/2022

NOTICE - This non-resident license is limited to the classes of insurance reflected above and is further limited to ONLY those classes of insurance for which you are licensed in your home state.

Please Note: A licensee may only transact insurance with an active appointment by an eligible insurer or employer. If you are acting as a surplus lines agent, public adjuster, or reinsurance intermediary manager/broker, you should have an appointment recorded in your own name on file with the Department. If you are unsure of your license status you should contact the Florida Department of Financial Services immediately. This license will expire if more than 48 months elapse without an appointment for each class of insurance listed. If such expiration occurs, the individual will be required to re-qualify as a first-time applicant. If this license was obtained by passing a licensure examination offered by the Florida Department of Financial Services, the licensee is required to comply with continuing education requirements contained in 626.2815 or 648.385, Florida Statutes. A licensee may track their continuing education requirements completed or needed in their MyProfile account at <https://dice.fdfs.com>. To validate the accuracy of this license you may review the individual license record under "Licensee Search" on the Florida Department of Financial Services website at www.myfloridafco.com/division/agents.



Jimmy Patronis
Chief Financial Officer
State of Florida



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/21/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Central, Inc. 200 East Randolph Street Chicago, IL 60601	CONTACT NAME: Mike Hayes / Emily Truesdell PHONE (A/C, No, Ext): 312-381-0065 / 312-381-4259 FAX (A/C, No): E-MAIL ADDRESS:
---	--

	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED Old Republic International Corporation / PMA Management Corp. 307 North Michigan Avenue Chicago, IL 60601	INSURER A: Zurich American Insurance Co.	16535
	INSURER B: American Zurich Insurance Co.	40142
	INSURER C: Navigators Insurance Company	42307
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			GLO 0269598-11	06/15/2022	06/15/2023	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED. EXP (Any one person) \$5,000 PERSONAL & ADV. INJURY \$2,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$6,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 0269599-11	06/15/2022	06/15/2023	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			CH22UMRZ0128VIV	06/15/2022	06/15/2023	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERS/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC 0269596-11 (DED) WC 0269597-11 (RETRO)	06/15/2022 06/15/2022	06/15/2023 06/15/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE-EA EMPLOYEE \$2,000,000 E.L. DISEASE-POLICY LIMIT \$2,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
EVIDENCE OF INSURANCE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Aon Risk Services Central, Inc.

