



Office of State Human Resources

ROY COOPER
Governor

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Director, State Human Resources

State of North Carolina Workers' Compensation Services Vendor Pricing Effective January 1, 2020

Third Party Administrator Claim Administration: CCMSI

Newly Reported Claims	Per claim cost including recorded statement (if applicable)
1. Indemnity: Claims with more than seven (7) days lost time, claims wherein employee receives salary continuation benefits, claims wherein employee receives permanent partial disability or disfigurement compensation, or claims wherein final settlement is approved by NCIC.	\$1,200 per claim first year - \$65 per month thereafter if claim remains open
2. Denied: Claims wherein NCIC Form 61 has been filed denying claim compensability.	\$500 per claim
3. Complex medical: Claims with less than seven (7) days lost time or medical compensation exceeding \$2,000.00, with or without subrogation.	\$250 per claim
4. Medical only: Claims with less than seven (7) days lost time, maximum of \$2,000 paid for medical compensation, no subrogation.	\$250 per claim
5. Report only claims (First aid, no medical treatment from third party, not reported to NCIC, no immediate TPA claim handling.)	\$10 per claim
Already Existing/Transferred Claims	Cost
Indemnity claims (includes denied claims)	Flat rate: \$_____; or Cost per claim transferred: \$1,100 first year - \$65 per month thereafter if claim remains open
Medical only or complex medical claims	Flat rate: \$165; or Cost per claim transferred: \$_____

Medical Bill Review: CCMSI

Description	Rate or Unit Cost
Vendor must specify which method will be utilized: 1) Flat rate per bill; or 2) Per line charge per bill	Method to be utilized: Flat rate per bill Flat rate per bill: \$8.00; or Per line charge per bill: \$_____
Will flat rate or per line charge per bill apply to duplicate bills received?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – there is no charge for duplicates.
Will flat rate or per line charge per bill apply to resubmitted bills that were previously received but not paid for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Normal bill review rates apply for reconsiderations.
Percentage of managed care network/PPO savings fee charged for savings per bill	25%

Pharmacy Benefit Management: CCMSI

Description	Rate or Unit Cost
Source of Average Wholesale Price (AWP) to be used in drug pricing calculations	Describe: AWP shall be computed based upon pricing information obtained from Wolter Kluwer Medi-Span. AWP for prescription legend drugs or other Covered Pharmacy Products or Services shall be based upon Wholesale Acquisition Cost or W.A.C. Retail.
Retail delivery – brand drug	88% of AWP
Retail delivery – generic drug	22% of AWP
Mail order delivery – brand drug	80% of AWP
Mail order delivery – generic drug	75% of AWP
Retail or mail order delivery - compound drug	Describe pricing: Compound pricing is the same as that for Brand drugs.
Dispensing fee – Retail delivery per prescription	\$2 Brand and \$3 Generic
Dispensing fee – Mail order delivery per prescription	\$0 Brand and \$2 Generic
Dispensing fee – Compound drug: retail or mail order delivery, per prescription	\$ Same as that for Brand
Other pricing methodology: Retail delivery of brand or generic drug	Describe pricing:
Other pricing methodology: Mail order delivery of brand or generic drug	Describe pricing: All the pricing methodology for Retail (brand/generic) and Mail (brand/generic) in the section above.
Bill review flat rate fee per prescription	\$8.00
Bill review percentage of savings fee per prescription	15%
Medication review report prepared as described in Exhibit 2 Third Party Administrator Specifications, Part 1. Technical Approach, Section 4. Pharmacy Benefit Management	\$175 per hour

Nurse Case Management and Vocational Rehabilitation

Carolina Case Management, Inc.

Description	Rate or Unit Cost
Field nurse case management Services	\$89 per hour
Telephonic nurse case management Services	\$89 per hour
Task nurse case management Services	\$89 per hour
Vocational case management Services	\$89 per hour
Travel time	\$68 per hour
Wait time	\$68 per hour
Mileage fee	\$0.58 for minimum miles \$ ___n/a___ additional charge per mile
Life care planning	\$150 per hour or \$ _____ flat rate

Nurse Case Management and Vocational Rehabilitation

Southern Rehabilitation Network, Inc.

Description	Rate or Unit Cost
Field nurse case management Services	\$88 per hour
Telephonic nurse case management Services	\$88 per hour
Task nurse case management Services	\$88 per hour
Vocational case management Services	\$88 per hour
Travel time	\$70 per hour
Wait time	\$70 per hour
Mileage fee	\$ 0.58 for minimum miles \$0 additional charge per mile
Life care planning	\$160 per hour or \$_____ flat rate

Physical Therapy and Functional Capacity Evaluation: One Call

Description	Rate or Unit Cost Primary Network	Rate or Unit Cost Primary Network
Physical therapy/occupational therapy initial evaluation/initial treatment	95% NC state fee schedule	95% NC state fee schedule
Physical therapy day rate	95% NC state fee schedule up to \$105 day rate*	95% NC state fee schedule
Occupational therapy day rate	95% NC state fee schedule up to \$105 day rate*	95% NC state fee schedule
Dry needling day rate	95% NC state fee schedule up to \$105 day rate*	95% NC state fee schedule
Work conditioning per hour	80% NC state fee schedule	80% NC state fee schedule
Other specific Services as described by Vendor:	Describe pricing: 95% NC state fee schedule	95% NC state fee schedule
Functional capacity evaluation (FCE)	95% NC state fee schedule up to \$600 day rate*	95% NC state fee schedule

*The following services are exempt from the date rate cap: Evaluations, Re-evaluations, Work Hardening and Work Conditioning.

Diagnostic Radiology: One Call

95% of NC state fee schedule for all services

Home Health and Durable Medical Equipment (DME): HomeCareConnect

PART A. HOME HEALTH SERVICES

Description	Rate or Cost
RN – registered nurse	\$64 per hour
LPN – licensed practical nurse	\$58 per hour
CNA – certified nursing assistant	\$27 per hour
HHA – home health aide	\$27 per hour
Companion care/sitter	\$27 per hour
Physical therapy, occupational therapy	\$____ N/A____ per hour; \$160 (per visit)
Speech therapy, respiratory therapy	\$____ N/A____ per hour; \$150 (per visit)
Medical social worker (MSW)	\$____ N/A____ per hour \$158 (per visit)
IV antibiotic therapy	\$72 per hour
Pain management	\$72 per hour
Certified high-tech RN	\$72 per hour
Pain pumps	\$72 per hour

Injectable therapy (IM and SQ)	\$72 per hour
Chronic wound care management	\$72 per hour
Travel time	\$ __ N/A __ per hour
Mileage Fee	\$0.58 for minimum miles \$ __ N/A __ additional charge per mile
Home Modification	
Initial home assessment/evaluation	\$ __ N/A __ per hour or flat rate \$ __ N/A __; **A Home OT assessment may charge a flat rate than can vary. They typically range from \$600 to \$800.**
Ongoing home modification consultation Services	\$ __ N/A __ per hour or flat rate \$ __ N/A __;

PART B. DURABLE MEDICAL EQUIPMENT (DME)

Description	Rate or Cost
Durable Medical Equipment & Supplies: Examples: walkers, canes, crutches, commodes, bath safety equipment, wheelchairs: standard, custom, electric scooters, bone growth stimulators, CPM machines, cold therapy, traction equipment, hospital beds, patient lifts, cushions and pillows, electromedical devices (TENS unit, galvanic, inferential muscle), hearing aids, temporary wheelchair ramps, etc.	10% discount off current NC Industrial Commission Fee Schedule
Orthotics	Describe pricing: 10% discount off NC state fee schedule or 15% discount off usual and customary whichever is applicable
Prosthetics	10% discount off NC state fee schedule or 15% discount off usual and customary whichever is applicable
Other Charges	10% discount off NC state fee schedule or 15% discount off usual and customary whichever is applicable
Other pricing methodology	Describe pricing: Standard flat rate for highest utilized products. Anything outside of those fall to 10% discount off NC state fee schedule or 15% usual and customary whichever is applicable. See attached for proposed product pricing.

Transportation and Translation: Transcom Solutions (subcontractor of CCMSI)

PART A. TRANSPORTATION

Description	Cost or Rate
Ambulatory transportation	23 round trip minimum miles
	\$55.00 for minimum miles \$2.35 additional charge per mile
	\$35.00 wait time per hour
	\$0.00 for "dead miles" i.e. miles travelled by the driver pursuant to an assignment when the injured worker is not being transported
	\$35.00 no show fee
	\$35.00 rush fee
	\$35.00 weekend/afterhours fee (Services on Saturday, Sunday, or weekdays prior to 5:00am or after 7:00pm)

Wheelchair transportation	40 round trip minimum miles
	\$180.00 for minimum miles \$4.50 additional charge per mile
	\$65.00 wait time per hour
	\$100.00 no show fee
	\$0.00 for "dead miles" i.e. miles travelled by the driver pursuant to an assignment when the injured worker is not being transported
	\$60.00 wheelchair load fee per segment of the trip
	\$35.00 rush fee
	\$35.00 weekend/afterhours fee (Services on Saturday, Sunday, or weekdays prior to 5:00am or after 7:00pm)
	\$0.00 wheelchair rental fee per hour

PART B. TRANSLATION

Description	Cost or Rate
In-person translation – any language; CERTIFIED	120 minimum minutes
	\$220.00 for minimum miles \$1.83 additional charge per minute
	\$0.00 travel time
	0 minimum miles
	\$0.00 for minimum miles \$0.55 charge per mile
	\$35.00 rush fee
	\$35.00 weekend/afterhours fee (Services on Saturday, Sunday, or weekdays prior to 5:00am or after 7:00pm)
In-person translation – any language; NON-CERTIFIED	90 minimum minutes
	\$97.20 for minimum miles \$1.08 additional charge per minute
	\$0.00 travel time
	0 minimum miles
	\$0.00 for minimum miles \$0.55 additional charge per mile
	\$35.00 rush fee

	\$35.00 weekend/afterhours fee (Services on Saturday, Sunday, or weekdays prior to 5:00am or after 7:00pm)
Telephonic interpreting – any language	No charge for first 10 minutes; \$1.80 per minute if call exceeds 10 minutes.
	\$0.00 for first 10 minutes \$1.80 per minute for calls exceeding 10 minutes; first 10 minutes will be charged if call exceeds 10 minutes
	\$0.00 rush fee
	\$0.00 weekend/afterhours fee (Services on Saturday, Sunday, or weekdays prior to 5:00am or after 7:00pm)
Document translation – any language	\$55.00 per page
	\$0.00 minimum fee
	\$0.00 rush fee

Surveillance

Advantage Surveillance, Inc.

Audio/video surveillance including licensed staff: Full day: 8 hours	\$600 per day
Audio/video surveillance including licensed staff: Less than full day	\$75 per hour
Audio/video surveillance <u>not</u> including licensed staff: Full day: 8 hours	\$600 per day
Audio/video surveillance <u>not</u> including licensed staff: Less than 8 hours	\$75 per hour
Cyber investigation report preparation	\$300 per report
Travel time	\$25 per hour
Mileage fee	\$0 per mile
Minimum mileage per service billed	0 minimum miles

DJG Investigative Services, Inc.

Audio/video surveillance including licensed staff: Full day: 8 hours	\$520 per day
Audio/video surveillance including licensed staff: Less than full day	\$65 per hour
Audio/video surveillance <u>not</u> including licensed staff: Full day: 8 hours	\$375 per day
Audio/video surveillance <u>not</u> including licensed staff: Less than 8 hours	\$46.87 per hour
Cyber investigation report preparation	\$165 per report
Travel time	\$35 per hour
Mileage fee	\$0.47 per mile
Minimum mileage per service billed	50 minimum miles