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

**Third Party Administrator**
**Claim Administration: CCMSI**

<table>
<thead>
<tr>
<th>Newly Reported Claims</th>
<th>Per claim cost including recorded statement (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>$1,200 per claim first year - $65 per month thereafter if claim remains open</td>
</tr>
<tr>
<td>2. Denied: Claims wherein NCIC Form 61 has been filed denying claim compensability.</td>
<td>$500 per claim</td>
</tr>
<tr>
<td>3. Complex medical: Claims with less than seven (7) days lost time or medical compensation exceeding $2,000.00, with or without subrogation.</td>
<td>$250 per claim</td>
</tr>
<tr>
<td>4. Medical only: Claims with less than seven (7) days lost time, maximum of $2,000 paid for medical compensation, no subrogation.</td>
<td>$250 per claim</td>
</tr>
<tr>
<td>5. Report only claims (First aid, no medical treatment from third party, not reported to NCIC, no immediate TPA claim handling.)</td>
<td>$10 per claim</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Already Existing/Transferred Claims</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indemnity claims (includes denied claims)</td>
<td>Flat rate: $________; or Cost per claim transferred: $1,100 first year - $65 per month thereafter if claim remains open</td>
</tr>
<tr>
<td>Medical only or complex medical claims</td>
<td>Flat rate: $165; or Cost per claim transferred: $________</td>
</tr>
</tbody>
</table>

**Medical Bill Review: CCMSI**

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate or Unit Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor must specify which method will be utilized: 1) Flat rate per bill; or 2) Per line charge per bill</td>
<td>Method to be utilized: Flat rate per bill Flat rate per bill: $8.00; or Per line charge per bill: $________</td>
</tr>
<tr>
<td>Will flat rate or per line charge per bill apply to duplicate bills received?</td>
<td>_ Yes <em>X</em>_ No – there is no charge for duplicates.</td>
</tr>
<tr>
<td>Will flat rate or per line charge per bill apply to resubmitted bills that were previously received but not paid for any reason?</td>
<td>_ X__Yes ______ No – Normal bill review rates apply for reconsiderations.</td>
</tr>
<tr>
<td>Percentage of managed care network/PPO savings fee charged for savings per bill</td>
<td>25%</td>
</tr>
</tbody>
</table>
### Pharmacy Benefit Management: CCMSI

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate or Unit Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source of Average Wholesale Price (AWP) to be used in drug pricing calculations</td>
<td>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.</td>
</tr>
<tr>
<td>Retail delivery – brand drug</td>
<td>88% of AWP</td>
</tr>
<tr>
<td>Retail delivery – generic drug</td>
<td>22% of AWP</td>
</tr>
<tr>
<td>Mail order delivery – brand drug</td>
<td>80% of AWP</td>
</tr>
<tr>
<td>Mail order delivery – generic drug</td>
<td>75% of AWP</td>
</tr>
<tr>
<td>Retail or mail order delivery - compound drug</td>
<td>Describe pricing: Compound pricing is the same as that for Brand drugs.</td>
</tr>
<tr>
<td>Dispensing fee – Retail delivery per prescription</td>
<td>$2 Brand and $3 Generic</td>
</tr>
<tr>
<td>Dispensing fee – Mail order delivery per prescription</td>
<td>$0 Brand and $2 Generic</td>
</tr>
<tr>
<td>Dispensing fee – Compound drug: retail or mail order delivery, per prescription</td>
<td>$ Same as that for Brand</td>
</tr>
<tr>
<td>Other pricing methodology: Retail delivery of brand or generic drug</td>
<td>Describe pricing:</td>
</tr>
<tr>
<td>Other pricing methodology: Mail order delivery of brand or generic drug</td>
<td>Describe pricing: All the pricing methodology for Retail (brand/generic) and Mail (brand/generic) in the section above.</td>
</tr>
<tr>
<td>Bill review flat rate fee per prescription</td>
<td>$8.00</td>
</tr>
<tr>
<td>Bill review percentage of savings fee per prescription</td>
<td>15%</td>
</tr>
<tr>
<td>Medication review report prepared as described in Exhibit 2 Third Party Administrator Specifications, Part 1. Technical Approach, Section 4. Pharmacy Benefit Management</td>
<td>$175 per hour</td>
</tr>
</tbody>
</table>

### Nurse Case Management and Vocational Rehabilitation

**Carolina Case Management, Inc.**

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate or Unit Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field nurse case management Services</td>
<td>$89 per hour</td>
</tr>
<tr>
<td>Telephonic nurse case management Services</td>
<td>$89 per hour</td>
</tr>
<tr>
<td>Task nurse case management Services</td>
<td>$89 per hour</td>
</tr>
<tr>
<td>Vocational case management Services</td>
<td>$89 per hour</td>
</tr>
<tr>
<td>Travel time</td>
<td>$68 per hour</td>
</tr>
<tr>
<td>Wait time</td>
<td>$68 per hour</td>
</tr>
<tr>
<td>Mileage fee</td>
<td>$0.58 for minimum miles</td>
</tr>
<tr>
<td></td>
<td>$n/a additional charge per mile</td>
</tr>
<tr>
<td>Life care planning</td>
<td>$150 per hour or $________flat rate</td>
</tr>
</tbody>
</table>
### Nurse Case Management and Vocational Rehabilitation

**Southern Rehabilitation Network, Inc.**

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate or Unit Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field nurse case management Services</td>
<td>$88 per hour</td>
</tr>
<tr>
<td>Telephonic nurse case management Services</td>
<td>$88 per hour</td>
</tr>
<tr>
<td>Task nurse case management Services</td>
<td>$88 per hour</td>
</tr>
<tr>
<td>Vocational case management Services</td>
<td>$88 per hour</td>
</tr>
<tr>
<td>Travel time</td>
<td>$70 per hour</td>
</tr>
<tr>
<td>Wait time</td>
<td>$70 per hour</td>
</tr>
<tr>
<td>Mileage fee</td>
<td>$0.58 for minimum miles</td>
</tr>
<tr>
<td>Life care planning</td>
<td>$160 per hour or $________flat rate</td>
</tr>
</tbody>
</table>

### Physical Therapy and Functional Capacity Evaluation: One Call

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

*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

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate or Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN – registered nurse</td>
<td>$64 per hour</td>
</tr>
<tr>
<td>LPN – licensed practical nurse</td>
<td>$58 per hour</td>
</tr>
<tr>
<td>CNA – certified nursing assistant</td>
<td>$27 per hour</td>
</tr>
<tr>
<td>HHA – home health aide</td>
<td>$27 per hour</td>
</tr>
<tr>
<td>Companion care/sitter</td>
<td>$27 per hour</td>
</tr>
<tr>
<td>Physical therapy, occupational therapy</td>
<td>$___ N/A___ per hour; $160 (per visit)</td>
</tr>
<tr>
<td>Speech therapy, respiratory therapy</td>
<td>$___ N/A___ per hour; $150 (per visit)</td>
</tr>
<tr>
<td>Medical social worker (MSW)</td>
<td>$___ N/A___ per hour $158 (per visit)</td>
</tr>
<tr>
<td>IV antibiotic therapy</td>
<td>$72 per hour</td>
</tr>
<tr>
<td>Pain management</td>
<td>$72 per hour</td>
</tr>
<tr>
<td>Certified high-tech RN</td>
<td>$72 per hour</td>
</tr>
<tr>
<td>Pain pumps</td>
<td>$72 per hour</td>
</tr>
<tr>
<td>Injectable therapy (IM and SQ)</td>
<td>$72 per hour</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Chronic wound care management</td>
<td>$72 per hour</td>
</tr>
<tr>
<td>Travel time</td>
<td>$N/A per hour</td>
</tr>
</tbody>
</table>
| Mileage Fee | $0.58 for minimum miles  
$N/A additional charge per mile |

**Home Modification**

<table>
<thead>
<tr>
<th>Initial home assessment/evaluation</th>
<th>$N/A per hour or flat rate $N/A; <strong>A Home OT assessment may charge a flat rate than can vary. They typically range from $600 to $800.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing home modification consultation Services</td>
<td>$N/A per hour or flat rate $N/A;</td>
</tr>
</tbody>
</table>

**PART B. DURABLE MEDICAL EQUIPMENT (DME)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate or Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable Medical Equipment &amp; 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.</td>
<td>10% discount off current NC Industrial Commission Fee Schedule</td>
</tr>
</tbody>
</table>

| Orthotics | Describe pricing:  
10% discount off NC state fee schedule or 15% discount off usual and customary whichever is applicable |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prosthetics</td>
<td>10% discount off NC state fee schedule or 15% discount off usual and customary whichever is applicable</td>
</tr>
<tr>
<td>Other Charges</td>
<td>10% discount off NC state fee schedule or 15% discount off usual and customary whichever is applicable</td>
</tr>
<tr>
<td>Other pricing methodology</td>
<td>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.</td>
</tr>
</tbody>
</table>

**Transportation and Translation: Transcom Solutions (subcontractor of CCMSI)**

**PART A. TRANSPORTATION**

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost or Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory transportation</td>
<td>23 round trip minimum miles</td>
</tr>
</tbody>
</table>
| | $55.00 for minimum miles  
$2.35 additional charge per mile |
<p>| | $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) |</p>
<table>
<thead>
<tr>
<th>Description</th>
<th>Cost or Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheelchair transportation</td>
<td>40 round trip minimum miles</td>
</tr>
<tr>
<td></td>
<td>$180.00 for minimum miles</td>
</tr>
<tr>
<td></td>
<td>$4.50 additional charge per mile</td>
</tr>
<tr>
<td></td>
<td>$65.00 wait time per hour</td>
</tr>
<tr>
<td></td>
<td>$100.00 no show fee</td>
</tr>
<tr>
<td></td>
<td>$0.00 for “dead miles” i.e. miles travelled by the driver</td>
</tr>
<tr>
<td></td>
<td>pursuant to an assignment when the injured worker is not being transported</td>
</tr>
<tr>
<td></td>
<td>$60.00 wheelchair load fee per segment of the trip</td>
</tr>
<tr>
<td></td>
<td>$35.00 rush fee</td>
</tr>
<tr>
<td></td>
<td>$35.00 weekend/afterhours fee (Services on Saturday, Sunday, or weekdays</td>
</tr>
<tr>
<td></td>
<td>prior to 5:00am or after 7:00pm)</td>
</tr>
<tr>
<td></td>
<td>$0.00 wheelchair rental fee per hour</td>
</tr>
</tbody>
</table>

**PART B. TRANSLATION**

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost or Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-person translation – any language; CERTIFIED</td>
<td>120 minimum minutes</td>
</tr>
<tr>
<td></td>
<td>$220.00 for minimum miles</td>
</tr>
<tr>
<td></td>
<td>$1.83 additional charge per minute</td>
</tr>
<tr>
<td></td>
<td>$0.00 travel time</td>
</tr>
<tr>
<td></td>
<td>0 minimum miles</td>
</tr>
<tr>
<td></td>
<td>$0.00 for minimum miles</td>
</tr>
<tr>
<td></td>
<td>$0.55 charge per mile</td>
</tr>
<tr>
<td></td>
<td>$35.00 rush fee</td>
</tr>
<tr>
<td></td>
<td>$35.00 weekend/afterhours fee (Services on Saturday, Sunday, or weekdays</td>
</tr>
<tr>
<td></td>
<td>prior to 5:00am or after 7:00pm)</td>
</tr>
<tr>
<td>In-person translation – any language; NON-CERTIFIED</td>
<td>90 minimum minutes</td>
</tr>
<tr>
<td></td>
<td>$97.20 for minimum miles</td>
</tr>
<tr>
<td></td>
<td>$1.08 additional charge per minute</td>
</tr>
<tr>
<td></td>
<td>$0.00 travel time</td>
</tr>
<tr>
<td></td>
<td>0 minimum miles</td>
</tr>
<tr>
<td></td>
<td>$0.00 for minimum miles</td>
</tr>
<tr>
<td></td>
<td>$0.55 additional charge per mile</td>
</tr>
<tr>
<td></td>
<td>$35.00 rush fee</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Telephonic interpreting – any language</strong></td>
<td>No charge for first 10 minutes; $1.80 per minute if call exceeds 10 minutes</td>
</tr>
<tr>
<td><strong>Document translation – any language</strong></td>
<td>$55.00 per page</td>
</tr>
</tbody>
</table>

**Surveillance**

**Advantage Surveillance, Inc.**

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audio/video surveillance including licensed staff: Full day: 8 hours</td>
<td>$600 per day</td>
<td></td>
</tr>
<tr>
<td>Audio/video surveillance including licensed staff: Less than full day</td>
<td>$75 per hour</td>
<td></td>
</tr>
<tr>
<td>Audio/video surveillance not including licensed staff: Full day: 8 hours</td>
<td>$600 per day</td>
<td></td>
</tr>
<tr>
<td>Audio/video surveillance not including licensed staff: Less than 8 hours</td>
<td>$75 per hour</td>
<td></td>
</tr>
<tr>
<td>Cyber investigation report preparation</td>
<td>$300 per report</td>
<td></td>
</tr>
<tr>
<td>Travel time</td>
<td>$25 per hour</td>
<td></td>
</tr>
<tr>
<td>Mileage fee</td>
<td>$0 per mile</td>
<td></td>
</tr>
<tr>
<td>Minimum mileage per service billed</td>
<td>0 minimum miles</td>
<td></td>
</tr>
</tbody>
</table>

**DJG Investigative Services, Inc.**

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