Support Services Committee

Self- Insurance Department

AGENDA

May 19, 2026

COMMITTEE MEMBERS: Supervisors Gilligan, Strough, Turner, Driscoll, Strainer, Maday and Etu - *Chair of the Board shall serve as an Ex-Officio member when needed in accordance with the Section C(4) of the Rules of the Board*

I. Committee meeting called to order by Chair

II. Approval of minutes of prior Committee Meeting

III. Privilege of the floor and public comment

IV. Action Agenda/New Business:

1. **Request:**
   Resolution requested to approve a new contract with Prodigy Care Services as pharmacy network vendor for the Self-Insurance Plan.
   Rationale:
   Our current vendor, AWPRx is no longer able to provide pharmacy benefit management for the Plan. RFP 18-26 was issued and Prodigy Care Services submitted the only proposal. Payment is made based on injured worker utilization. Contract term is 6/1/26 – 5/31/27 with the option to renew for two additional one-year terms.

2. **Request:**
   Resolution requested to approve a new contract with Nicosia Law, PC for legal representation of the Self-Insurance Plan's Workers' Compensation cases.
   Rationale:
   Our current law firm, Lemire Higgins LLC has closed and they are no longer able to represent the Plan. RFP 19-26 was issued. Nicosia Law was one of six law firms to submit a proposal and was selected based on the scoring criteria outlined in the RFP. Contract term will commence upon execution of an agreement and terminate one year thereafter with the option to renew for two additional one-year terms.

V. Information Items:

VI. Referrals/Pending Items:

VII. Privilege of the floor and public comment

VIII. Motion to adjourn

Attachments:

1. Pharmacy Network Vendor:
   Resolution request

2. Legal Services Vendor:
   Resolution request

RESOLUTION REQUEST FORM NO. 3

Request for <u>New</u> Contract

DEPARTMENT NAME: Self Insurance

DATE: 5/19/26

(a) Is this a Result of a Bid or Request for Proposal? **WC 18-26 - RFP for Pharmacy Network Vendor for Self-Insured Workers' Compensation Program**

(b) Purpose of Contract: **Pharmacy network vendor for pharmacy benefits management**

(c) Name of Contractor: **Prodigy Care Services**

(d) Address of Contractor: **5900 Balcones Drive, Suite 100, Austin, TX 78731**

(e) Contractor's Contact Person and Telephone Number: **Del Doherty, 713-332-6667**

(f) Has or will the Contract be provided, if so, please attach: **To be completed by County Attorney**

(g) Commencement Date of Contract: **6/1/26**

(h) Termination Date of Contract: **5/31/27 with the option to renew for 2 additional 1 year terms.**

(i) Payment Provisions:
- i) lump sum amount
- ii) hourly rate amount
- iii) total amount not to exceed
- iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Payments are made per utilization as invoiced.**

(j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **<u>OR</u>** Capital Project **<u>OR</u>** Capital Reserve Project Number, Title, and Amount: **S1720 495 Medical Awards**

Sample: A.1010 470 Legislative Board – Contract $xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations $xx.xx

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 3

Request for <u>New</u> Contract

DEPARTMENT NAME: Self Insurance

DATE: 5/19/26

(a) Is this a Result of a Bid or Request for Proposal? **WC 19-26 - RFP for Legal Representation of Warren County Self-Insurance Plan in Connection With Workers' Compensation Cases**

(b) Purpose of Contract: **Legal representation of Warren County Self Insurance Plan Workers' Compensation cases**

(c) Name of Contractor: **Nicosia Law, PC**

(d) Address of Contractor: **PO Box 88037, Rochester, NY 14618**

(e) Contractor's Contact Person and Telephone Number: **Edward Nicosia, 585-483-0990**

(f) Has or will the Contract be provided, if so, please attach: **To be completed by County Attorney**

(g) Commencement Date of Contract: **Upon execution of an agreement**

(h) Termination Date of Contract: **1 year after date of commencement with the option to renew for 2 additional 1 year terms.**

(i) Payment Provisions:
- i) lump sum amount
- ii) hourly rate amount
- iii) total amount not to exceed **Not to exceed $100,000**
- iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **Payments are made per utilization as invoiced.**

(j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **<u>OR</u>** Capital Project **<u>OR</u>** Capital Reserve Project Number, Title, and Amount: **S1710 440 Legal/Transcript Fees**

Sample: A.1010 470 Legislative Board – Contract $xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations $xx.xx

*as listed in budget and LOGOS