## **Workers' Compensation Commission**

## **Procurement Plan for FY 2024-2026**

Program Name /Service Type	Contract Type	Location/Sub Program if Service Type is Used	Provider/Supplier	Is Procurement or Reprocurement Competitive?	Bid (if	Estimated Three Year Total Contract Amount
FACILITY FEE SCHEDULE UPDATE	PSA		OPTUMINSIGHT INC	N	2025	\$60,000