

**THIRD PARTY ADMINISTRATION SERVICES FOR RISK MANAGEMENT  
EVENT NO. 6494**

**SECTION II  
SCOPE OF WORK**

**2.0 Broad Description of Project:** The City of Savannah (the “City”) is seeking proposals from qualified firms to provide third party administration (TPA) services to ensure the prompt and equitable disposition of all Workers’ Compensation and Auto Liability claims. The City is seeking a quality claims service provider who is technically proficient, automated, flexible and effective with competitive pricing.

**2.1 Scope of Services**

The successful proposer shall provide the following services:

The population of the City is approximately 138,000, with 2,500 municipal employees. In addition to providing governmental services, the City also operates an extensive Water and Wastewater Utility System.

The City is committed to a strong, pro-active safety and loss prevention program directed by the City’s Loss Control Coordinator and various active safety committees throughout the organization.

City-wide insurance and loss prevention activities are directed by the Risk Management Administrator, who reports to the Human Resources, Director.

The City is self-funded for all lines of coverage with the exception of Property and Excess Employer’s Liability for the worker’s compensation program. The City is a certified self-insured in the State of Georgia. The City utilizes the services of a third party claim administrator to assist in the delivery of services for this program and to ensure that it complies with all applicable state statutes.

**Risk Management:** The City’s Risk Management Division has a staff of six (6) professionals, an administrator, claims analyst, one (1) loss control coordinator, and three (3) technicians. The administrator directs and oversees all workers compensation, automobile and general liability claims. This includes managing TPA and broker relationships, directing outside counsel, and coordinating in-house resources. The claims analyst and technicians work with the TPA and the day-to-day oversight and claims handling processes.

**Third Party Administration:** The City is looking to partner with a TPA that is committed to customer service. This TPA should have an understanding of the City’s business and a dedication to managing and caring for our employees in a professional matter. The successful TPA will be committed to meeting or exceeding its best practices guidelines and will be continually looking for opportunities to improve processes even when such opportunities are not identified by the City. The TPA must utilize experienced claims

adjusters who are effectively trained in all aspects of claim management including the information systems platform. The staff administering claims must maintain a mutually agreed upon caseload. Adjusters must have a demonstrated ability to effectively manage the claims in a timely and efficient fashion. The TPA must have demonstrated success in establishing a working relationship with an experienced, responsive, problem solving and dedicated Account Executive that will be attentive to our account needs.

## 2.2 Proposal Format

Proposals shall be submitted in the following format and include the following information:

- 1) Cover letter stating the intent of the Proposer for this event. Cover letter must include acknowledgement of all addenda issued for this proposal. **If addenda are not acknowledged in the cover letter, proposals will not be considered further.**
- 2) **Account Management Structure** – Provide the contact information and resume of the proposed account manager for this program. Describe the specific roles and responsibilities of this individual and how these (1) benefit the City of Savannah and (2) how they differentiate you from your competitors.
- 3) **Quality initiatives** – Outline your company’s internal quality control initiatives to include the qualifications of the auditing staff, content utilized for the quality audits being performed, frequency of reviews/audits, what percentage of the City’s annual frequency will be reviewed and whether the results will be shared with the City. This section should also outline your company’s best practices for supervisory review and direction, the ratio of supervisors to adjusters and what percent, if any, of the City’s annual frequency will be reviewed by the account manager for compliance with best practices.
- 4) **Industry Segmentation** - Please outline your company’s experience with major public entities comparable to the City and describe in detail how your partnership has assisted in the overall reduction of their cost of risk.
- 5) **Loss Data** – Included with this RFP is loss analysis data for the City to assist you with submitting your proposal (See Attachment B). Please provide detail on how you would structure this program based on the City’s data. Please be specific to include which office locations would administer the claims, along with any recommendations you may have from an account management perspective based on your causal analysis of the loss data.
- 6) **Analytics** - Outline your company’s capabilities in providing relevant benchmarking data, claims analysis and other dynamic tools to support program administration.
- 7) **Managed Care** – Based on the loss data provided, please outline your recommendations for managed care services. Please be specific with respect to medical severity reviews, when nurse case management will review the files, the assignment process for nurse case management, etc.

- 8) **Implementation** - Describe the process, with time frames, for implementation should you be the successful candidate. Please include any team members that would assist in this process, along with the number of implementations that have been completed by each team member.
- 9) **Medical Bill Review/PPO** - Included with this RFP is a list of the top ten medical providers utilized by the City (See Exhibit A). Please review and advise (1) which medical providers are in your PPO and (2) the aggregate percentage discount that will be obtained through the continued use of these medical providers. Please list your company's 2016 and 2017 aggregate savings for medical bill review to include the total # of bills processed, the total billed, total paid and total savings amounts sorted by network and non-network providers. Please include a proportion of savings chart/table showing what percentage of the overall savings was from FS/U&C, PPO, duplicate charges and savings below FS/U&C and PPO.
- 10) **Claims Handling Specifications Questionnaire**– Included with this RFP is a list of claims handling specifications. (See Attachment A). Please respond as appropriate to the specifications.
- 11) **Fee Proposals** per instructions in Section III signed by responsible party. Fee proposals shall be in a separate, sealed envelope. Fee proposals or references to fees shall not be included in the body of the proposal. Inclusion of fees in the body of the proposal may be grounds for rejection of that proposal.
- 12) **References:** Please provide the name, address and phone number of at least three current accounts and at least three references including name, address and phone number of past accounts.
- 13) Proposed Schedule of DBE Participation and Non-Discrimination Statement.

**2.3 Basis of Award:** Proposals will be evaluated according to the following criteria and weight:

- a) Specialized Experience and Technical Competence *(35 points)*
- b) Program Management, Coordination, and Quality Assurance *(20 points)*
- c) Capacity and Functionality of Claims Management Information System *(15 points)*
- d) Fees *(25 points)*
- e) Local vendor (Within the city limits of Savannah and has a City of Savannah Business Tax Certificate) participation *(5 points)*

Proposals shall be evaluated by a selection committee. The selection committee may, at its option, request any or all proposers to provide on-site demonstrations of the proposed system. A short list may be developed and interviews conducted with those proposers deemed to be most qualified. The City reserves the right to conduct interviews of any or all proposers at the City's discretion. The City also reserves the right to request a best and final offer (BFO) and to re-score evaluations based on the best and final offer. Proposers may be required to provide clarification of their proposal as part of the BFO response.

**2.4 Copies:** One (1) unbound, printed and signed original, one (1) electronic copy on CD or flash drive, and six (6) identical, printed copies of the proposal and supporting documents must be submitted in response to the RFP. All responses must relate to the specifications as outlined.

**2.5 Contacts:** Proposers must submit proposals in accordance with the instructions contained in this RFP. All requested information must be submitted with the proposal. Instructions for preparation and submission of proposals are contained in this package. All questions regarding this request for proposal should be submitted in writing and emailed to the person listed on the summary event page

**2.6 Local Vendor Definition**

A bidder or business shall be considered a local vendor if it meets all of the following requirements:

- a) The bidder or business must operate and maintain a headquarters, distribution point, division, office, or locally-owned franchise with a physical address within the corporate limits of the city, and
- b) The bidder or business must, at the time of bid, proposal, or quotation submission, have a current city business tax certificate issued by the City for at least one (1) year prior to the issuance of the requested competitive quote, bid, or proposal by the city (a post office box or temporary office shall not be considered a place of business);
- c) The business owner must serve a commercially useful function, meaning performance of real and actual service in the discharge of any contractual endeavor. The contractor/vendor must perform a distinct element of work for which the business owner has the skills, qualifications, and expertise, as well as the responsibility for the actual performance, management and supervision of the work for which he/she has been contracted to perform.

**2.7 Qualifications:** Each proposer shall submit a summary of their qualifications and experience, per the specifications. Additional information such as agency brochures, resumes, etc. may be submitted as appropriate.

**2.8 Fees:** Proposer shall submit fees based on the detailed listing in Section 3 of the RFP. Fee proposals shall be in a separate, sealed envelope. Fee proposals or references to fees shall not be included in the body of the proposal. Inclusion of fees in the body of the proposal maybe grounds for rejection of that proposal.

**2.9 Acknowledgement of Addenda:** Vendor is responsible for determining and acknowledging any addenda issued in connection with this RFP. Addenda must be acknowledged in the cover letter in order for proposals to be considered.

**SECTION III  
FEE PROPOSAL**

**\*\*\*PROPOSALS MUST BE SUBMITTED ON THIS FORM IN A SEPARATE, SEALED ENVELOPE\*\*\***

- PLEASE REGISTER AS A CITY SUPPLIER AT WWW.SAVANNAHGA.GOV.
- ALL PROPOSERS MUST BE REGISTERED SUPPLIERS ON THE CITY’S WEBSITE TO BE AWARDED AN EVENT.
- DUE TO THE NATURE OF THIS EVENT, ELECTRONIC PROPOSAL SUBMISSIONS WILL NOT BE ACCEPTED

Fee proposals shall be submitted on this form in a separate, sealed envelope clearly marked Fee Proposal for Third Party Administration Services, RFP Event # 6494 and include the name of the proposer. Fee proposals will only be opened if after the initial evaluation, proposer is deemed to be qualified. Fee proposals will then be considered in relation to the qualification points awarded to determine the overall best proposal in terms of fees and qualifications. Fee proposals shall be in a separate, sealed envelope. Fee proposals or references to fees shall not be included in the body of the proposal. Inclusion of fees in the body of the proposal maybe grounds for rejections of that proposal.

All addenda must be acknowledged in the cover letter according to the terms set forth in Section 2.2 and 2.9 of this RFP.

**Pricing**

Pricing must include a listing of those allocated charges not included in your pricing. A detailed written explanation of your offer can be provided to support your position or plan. Complete parts I, II, and III.

**Part I: Claims Administration of New Claims and Runoff Claims.**

Propose the rate per claim for the initial term of the anticipated agreement, for each claim type below, for new claims, existing claims and runoff claims.

*New Claims.* The historical claims counts set forth in the appendices are a good indication of the future claims counts. Pricing quoted must be for “life of claim” services, also known as “cradle to grave” services in that a per claims charge is incurred one time and the claim is handled until closure.

*Runoff Claims.* The selected TPA may be required to accept and manage all existing claims, both open and closed, from the incumbent TPA. The selected TPA may be required to accept all existing claims, open and closed, for a period going back as far as 1999 or later.

TYPE OF CLAIM	New Claims	Runoff Claims
Worker’s Compensation	<i>Flat Fixed Fee for Life of the Claim</i>	
Lost Time		
Medical Only		
Incident Only		
Subsequent Injury Trust Fund		

<b>TYPE OF CLAIM</b>	<b>New Claims</b>	<b>Runoff Claims</b>
Automobile Liability	<i>Flat Fixed Fee for Life of the Claim</i>	
Property Damage Claim		
Bodily Injury Claim		
Combined PD/BI		
Subrogation: Provide % of Recovery		
Incident Only		

**PART II: DATA CONVERSION OF RUNOFF CLAIMS.**

Propose the data conversion rate per transfer of claims files for the initial term of the anticipated agreement, for each claim type for runoff claims. The rate should be based off of the historical number of claims, by type and location, set forth in the appendices provided.

The selected TPA will accept and electronic transfer of data for existing claims including: payment and reserve transactions, claims activity notes and claims data. The integrity of this data must be assured during the transfer process, and the ability to report historical valuations must be preserved.

- Data Conversion Rate: \$\_\_\_\_\_ Flat Fee Per Transfer Of A Runoff Claims File.

**Part III: Other Allocated Costs.**

Propose the flat fee or rate, as applicable, for each of the following. The selected TPA contractor shall not invoice the client nor shall the client pay for review of any duplicated bill reviews.

- PPO Network: \$\_\_\_\_\_ Flat fee per non-duplicated bill review.
- Medical Bill Review: \$\_\_\_\_\_ Flat fee per non-duplicated bill review, or \$\_\_\_\_\_ flat fee per billed line item.
- Hospital bill audit: \$\_\_\_\_\_ Flat fee per non-duplicated bill review, or \$\_\_\_\_\_ flat fee per billed line item.
- Utilization review: \$\_\_\_\_\_ Per review, including pre-certification and concurrent ur during hospitalization.
- Telephonic case management: \$\_\_\_\_\_ Flat fee per claim.
- Field case management: \$\_\_\_\_\_ Per hour.
- Peer review: \$\_\_\_\_\_ per half-hour, to be billed in 15-minute increments.
- Administrative Fee: Annual flat fee of \$\_\_\_\_; OR  
Percentage \_\_\_\_\_% of \_\_\_\_What?\_\_\_\_\_

- RMIS Fees: \$\_\_\_\_\_ Per Id or flat annual fee of \$\_\_\_\_\_ regardless of users. Please Outline Any Additional Fees Associated With Access To Your System And Report Writing Capabilities.
- Describe any other RMIS systems/reports, etc. and fees for each.
- Expected annual fee per claim increase of %\_\_\_\_\_after initial contract year.

**SUBMITTED BY:** \_\_\_\_\_

**PROPOSER:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**NAME (PRINT):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TELEPHONE:** ( \_\_\_\_\_ ) \_\_\_\_\_  
**Area Code**

**EMAIL:** \_\_\_\_\_

**FAX:**( \_\_\_\_\_ ) \_\_\_\_\_  
**Area Code**

I certify this proposal complies with the General and Specific Specifications and Conditions issued by the City except as clearly marked in the attached copy.

\_\_\_\_\_  
 Please Print Name                      Authorization Signature                      Date

**INDICATE MINORITY OWNERSHIP STATUS OF BIDDER (FOR STATISTICAL PURPOSES ONLY):  
 CHECK ONE:**

- |                                   |  |
|-----------------------------------|--|
| _____ <b>NON-MINORITY OWNED</b>   | _____ <b>ASIAN AMERICAN</b>                |
| _____ <b>AFRICAN AMERICAN</b>     | _____ <b>AMERICAN INDIAN</b>               |
| _____ <b>HISPANIC</b>             | _____ <b>OTHER MINORITY Describe</b> _____ |
| _____ <b>WOMAN (non-minority)</b> |  |

**CONTRACTOR AFFIDAVIT AND AGREEMENT**

**Employment Eligibility Verification**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with the City of Savannah has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the City of Savannah, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the City of Savannah at the time the subcontractor(s) is retained to perform such service.

\_\_\_\_\_  
EEV / Basic Pilot Program\* User Identification Number

BY:

\_\_\_\_\_  
Contractor Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

\_\_\_\_\_  
Title of Authorized Officer or Agent of Contractor

\*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

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## **Instructions for Completing Contractor Affidavit and Agreement Form**

As required under Senate Bill 529 – “Georgia Security and Immigration Compliance Act” of 2006, O.C.G.A. Section 2, Article 3 13-10-91, public employers, their contractors and subcontractors are required to verify the work eligibility of all newly hired employees through an electronic federal work authorization program. The Georgia Department of Labor has added a new Chapter 300-10-1, entitled "Public Employers, Their Contractors and Subcontractors Required to Verify New Employee Work Eligibility Through a Federal Work Authorization Program," to the Rules and Regulations of the State of Georgia. (See website: [http://www.dol.state.ga.us/pdf/rules/300\\_10\\_1.pdf](http://www.dol.state.ga.us/pdf/rules/300_10_1.pdf).) The new rules designate the “Employment Eligibility Verification (EEV) Basic Pilot Program” operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security as the electronic federal work authorization program to be utilized for these purposes. The EEV/Basic Pilot Program can be accessed at: <https://everify.uscis.gov/enroll/StartPage.aspx?JS=YES>. Bidders shall comply with this new rule and submit with your bid the attached “Contractor Affidavit and Agreement.”

## ***Affidavit Verifying Status for City of Savannah Benefit Application***

By executing this affidavit under oath, as an applicant for a City of Savannah, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract or other public benefit as reference in O.C.G.A. Section 50-36-1, I am stating the following with respect to my bid for a City of Savannah contract for \_\_\_\_\_ . [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1.) \_\_\_\_\_ I am a citizen of the United States.

**OR**

2.) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older.

**OR**

3.) \_\_\_\_\_ I am an otherwise qualified alien (8 § USC 1641) or nonimmigrant under the Federal Immigration and Nationality Act (8 USC 1101 *et seq.*) 18 years of age or older and lawfully present in the United States.\*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\* \_\_\_\_\_  
Alien Registration number for non-citizens.

Notary Public

My Commission Expires:

***Instruction for Completing Systematic Alien Verification  
for Entitlement (SAVE) Form***

O.C.G.A. § 50-36-1, requires Georgia's cities to comply with the federal **Systematic Alien Verification for Entitlements (SAVE) Program**. SAVE is a federal program used to verify that applicants for certain "public benefits" are legally present in the United States. Contracts with the City are considered "public benefits." Therefore, the successful bidder will be required to provide the Affidavit Verifying Status for City of Savannah Benefit Application prior to receiving any City contract. The affidavit is included as part of this bid package but is only required of the successful bidder.

## **Exhibits and Attachments**

Exhibit A – Panel of Physician’s List

Attachment A – Claims Handling Specifications (Excel attachment)

Attachment B - Loss Data (Excel Attachment) for Workers Compensation  
and Automobile Liability

**Exhibit A**

**City of Savannah Panel of Physicians**

<p><b>NOVA MEDICAL CENTER</b></p> <p>1128 EAST DERENNE AVE SAVANNAH, GA 31406 (912) 231-7900</p> <hr/> <p><b>ST. JOSEPH'S/CANDLER IMMEDIATE CARE</b></p> <p><u>Midtown</u> 361 Commercial Drive Savannah, GA 31406 (912) 355-6221 P / 355-6914 F</p> <p><u>Pooler</u> 107 Canal Street Pooler, GA 31322 (912) 450-1945 P (912) 450-1949 F</p>	<p><b>CHATHAM ORTHOPAEDIC ASSOCIATES</b> 4425 Paulsen Street Savannah, GA 31405</p> <p>Spencer Wheeler James Holtzclaw Mark Jenkins Robert Hoffinan Greer Noonburg Raphael Roybal John Prather Ronald Levit D'Mitri Sofianos Chetan Deshpande</p> <p>(912) 525-1312 or (912) 355-6615 (912) 525-1320 FAX</p> <hr/> <p><b>OPTIM ORTHOPEDICS</b></p> <p>Mark Kamaleson David Palmer</p> <p>210 East DeRenne Avenue Savannah, GA 31406 (912) 644-5384 or (912) 644-5300 (912) 644-6190 FAX</p>	<p><b>GEORGIA EYE INSTITUTE OF THE SOUTHEAST</b> 4720 Waters Ave Savannah, GA 31405 (912) 354-4800</p> <p><b>Ophthalmology Associates</b> (Now a part of Georgia Eye Inst) 2 Jackson Boulevard Savannah, GA 31405 (912) 352-7941</p> <hr/> <p><b>GEORGIA INSTITUTE FOR PLASTIC SURGERY</b> 5361 Reynolds Street Savannah, GA 31405 (912) 355-8000</p> <hr/> <p><b>RICKY TIMMS, M.D.</b> General Surgeon 310 Eisenhower Drive Building 3 Savannah, GA 31406 (912) 354-2104 P / 351-0598 F</p>
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