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# ***Anywhere ISD***

## **Request for Proposal**

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# **Workers' Compensation Administrative Services Only**

### **Self-Insured Services:**

- Claims Administration
- Excess Stop Loss Coverage
- Loss Prevention

### **Package includes:**

- Bid Specifications
- Underwriting Data
- Questionnaire
- Proposal Response Forms

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# SECTION 1

## General Information

### General Conditions

- A. The School District or Community College (**hereafter referred to as Entity**) is requesting proposals for services to administer a plan of self-insurance for workers' compensation. The Entity currently utilizes the following vendors/companies for these services:

Claims Administration (TPA) \_\_\_\_\_

Excess Stop Loss Coverage \_\_\_\_\_

PPO Network/Medical Provider Network \_\_\_\_\_

Pharmacy Benefit Management \_\_\_\_\_

Cost Containment and/or Bill Review \_\_\_\_\_

Loss Prevention Services \_\_\_\_\_

- B. The Entity prefers to place all services with a single vendor for ease of administration, however, Proposers may quote any or all of the services requested. The proposal must clearly identify all services that must be purchased as a package and those services that may be purchased as a stand-alone service. All relationships between the Proposer's firm and vendor companies must be revealed, as well as any commission payments or fees that will be paid to the Proposer as a result of this bid award.
- C. Proposers are expected to examine the complete RFP document. Failure to do so will be at the Proposer's risk. Written questions about this RFP and requests for additional information shall be provided no later than \_\_\_\_\_ (5:00 p.m.) to the Purchasing Department, Attn: \_\_\_\_\_, (address) \_\_\_\_\_, Texas, (zip code) \_\_\_\_\_ or fax your request to (\_\_\_\_) \_\_\_\_/\_\_\_\_. The district will not respond to verbal inquiries.
- D. Proposers must submit one original and \_\_\_\_\_ copies (\_\_\_\_ complete sets) of the proposal.
- E. Proposals will be received until \_\_\_\_\_ PM on \_\_\_\_\_, at the Entity office. The mailing address of this office is \_\_\_\_\_  
The physical location of this office is \_\_\_\_\_.
- F. Proposals must be plainly marked on the outside of the envelope: "SEALED PROPOSAL FOR WORKERS' COMPENSATION."

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- G. The Entity reserves the right to accept or reject any or all proposals, waive any formalities and/or technicalities in the proposal and award the contract to best serve the interests of the Entity. The Entity may negotiate with Proposers as deemed advisable or necessary.
  - H. All Proposals must be submitted on the attached **Proposal Forms**, in accordance with all specified conditions. Pricing shall be for one-year beginning \_\_\_\_\_, and the rates quoted shall be guaranteed for that period. Multiple year proposals may be offered as an additional option and must be fully explained.
  - I. Any restrictions, deviations or other modifications must be shown separately and explained in writing. Failure to attach any modifications or deviations to the specifications of this proposal will indicate the Proposer's acceptance of the specifications as written.
  - J. Proposers are required to submit sample policies with endorsements and any agreements/contracts the Entity will be required to sign in order to participate in the Proposer's program.
  - K. Due care and diligence have been used in the preparation of these specifications and the information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the exposure and the verification of all information presented herein shall rest solely on the Proposer. The Entity and its representatives will not be responsible for any errors and omissions in the specifications nor for the failure on the part of the Proposer to determine the full extent of the exposures.

## **Minimum Qualifications**

- A. Proposers responding to this RFP must be licensed and/or authorized to do business in Texas and have at least 5 years experience in providing Texas workers' compensation claims administration services. Proposer qualifications must be included as an exhibit to the proposal.
- B. Proposers must have an Errors and Omissions policy with a minimum limit of \$1,000,000 per occurrence and attach proof thereof.

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## SECTION 2

### Underwriting Information

#### Payroll Summary (complete only if requesting stop loss)

Payroll Information by Fund Year and Classification Code						
Fund Year	Bus Drivers 7380	Police Officers 7720	Clerical 8810	Professional 8868	All Others 9101	Total Annual Payroll
2020/21 (estimated)						
2019/20 (estimated)						
2018/19 (audited)						
2017/18 (audited)						
2016/17 (audited)						
2015/16 (audited)						

#### Claims History

Fund Year	# of Record Only Claims	# of Medical Claims	# of Indemnity Claims	Experience Modifier	Total Paid Claims Amount	Total Incurred Claims Amount
2020/21						
2019/20						
2018/19						
2017/18						
2016/17						
2015/16						

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## SECTION 3

### Loss History for Past Five Years

#### **Detail Claims Report**

A currently valued five-year Loss History Report, plus the current year current year to date, requested in this RFP is attached. See Exhibit I.

#### **Severity Report of Workers' Compensation Claims in Excess of \$50,000**

A currently valued five-year Loss History Report, plus the current year to date, requested in this RFP is attached. See Exhibit II.

### Excess Stop Loss Quote Levels

	Option 1	Option 2	Option 3
Specific Retention Requested	\$ _____	\$ _____	\$ _____
Specific Limit	Statutory		
Aggregate Retention	Coverage Optional		
Aggregate Limit	\$ _____		

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## **SECTION 4**

### **Proposal Questionnaire**

#### **General**

1. Please describe the governing structure of the program.
2. How are policy decisions and other operational matters determined for the program?
3. How many years has the Proposer been in the business of workers' compensation administration? In Texas?
4. Does the Proposer have its own staff, or are services provided by a broker or other third-party vendors? List all providers associated with the Proposer and any associated relationships.
5. How many public entities does the Proposer serve? Of those public entities, how many Texas public educational entities does the Proposer serve?
6. Describe termination provisions and criteria.
7. Does the Proposer have legal counsel available for general legal questions regarding workers' compensation? If yes, what is the charge for this service? (i.e. per call, per hour)
8. Does the Proposer anticipate any mergers, transfer of company ownership, sale, management reorganization, or departure of key personnel within the next twelve-eighteen months that might affect the ability to carry out proposal obligations, if it results in a contract with the Entity?

#### **Claims Administration**

1. List the address and phone number of the claims office that will provide the administration of claims for Entity.
2. Does the Proposer have the capability to answer general questions concerning workers' compensation claims outside of normal business hours? If yes, what are the methods of communication and hours of availability?
3. What is the fee for claims administration? Please describe the unit pricing for this fee.
4. What services are included in the claims administration fee? What services incur additional charges?
5. Are the fees quoted for claims investigation and management for the life of the claim? If not, then please explain what length of time the fee covers and what additional fees can be expected.

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6. List all items which the Proposer allocated to the claims file and provide unit pricing, as well as, an annual estimated cost (i.e. pre-authorizations, investigations, copies, subrogation, case management, etc.).
  7. Describe the quality control process provided for the administration of claims. Provide a description of the quality controls, checks and balances currently in place, including the approach to and frequency of internal audits.
  8. Describe the Proposer's claims management philosophy, processes, and approach.
  9. Describe the Proposer's investigative procedures. Provide information on criteria used, and type of experts used in the management of a claim.
  10. Describe the Proposer's claim reserving practices.
  11. Provide the qualifications and experience of Claims Adjusters, Supervisors, and Staff who will be assigned to our account. Also describe the qualifications of the person designated to represent our Entity in matters before Division of Workers' Compensation (DWC).
  12. What is the Proposer's average claim load per adjuster, supervisor, and manager? Please specify for record only, medical only, and indemnity claims.
  13. Will the Proposer's staff, Third Party Claims Adjusters, or Independent Adjusters adjust losses?
  14. Clearly state the Proposer's definitions for an Indemnity Claim, a Medical Only Claim and Report Only Claim.
  15. Are payments allowed to be made on closed files? If so, are they monitored?
  16. What is the average length of time a medical only file and indemnity file is open?
  17. Describe the method utilized in tracking medical reports, disability determination and similar areas.
  18. Are cost containment services offered (i.e. bill review, utilization management)? If so, please describe.
  19. Is the Proposer a certified Utilization Review Agent? If the Proposer vends out Utilization Review, is the designated vendor a certified Utilization Review Agent?
  20. What are the Proposer's procedures for authorizing hospital admissions and/or medical treatment?
  21. Provide information on the Proposer's peer review processes, criteria used for peer review, levels of peer review used, and qualifications/experience of the personnel.
  22. Does the bill review staff apply treatment guidelines to the bill? Is every bill specifically audited for relatedness, over-coding, and correct coding?
  23. By what method is the bill processing charged (i.e. per bill, per line, % of savings, or combination)?



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24. What savings does the Proposer offer on medical bill reimbursements? Are those savings measured from fee schedule dollars or from billed charges?
  25. List the services and the name of the sub-contractor that the Proposer anticipates sub-contracting to other firms.
  26. In what ways does the Proposer assist the Entity in subrogation? Is the service provided in-house or contracted? What is the fee for this service?
  27. How does the Proposer identify claims with subrogation potential and what procedures are used for recovery?
  28. Does the Proposer have a Pharmacy Benefit Manager (PBM)? If yes, please state the name of the PBM, any additional costs associated with it, a description of the services, and the average annual savings.
  29. Does the Proposer utilize a Provider Network (i.e. PPO)? If yes, please state the name of the network, any additional costs associated with it, and a description and the effectiveness of the services. If a percent of savings per bill is charged, what is the average percent of savings?
  30. Does the Proposer have procedures in place to assist us with a Return-To-Work Program? If yes, please describe.
  31. What were the Proposer's results of the Performance Based Oversight review by Texas Department of Insurance (TDI) – Department of Workers' Compensation (DWC) measuring timeliness and accuracy of claim data for 2007, 2009, 2010 and 2011?
  32. Does the Proposer provide an Austin DWC representative? Is there a fee for DWC representative services? If yes, what is that fee? Is there a fee for the required filings at DWC, (i.e. PLN 11)? If yes, what is that fee?
  33. Has the Proposer been cited or been threatened with a citation within the last five years by State Regulators for violations of the State laws and implementing regulations? If yes, please explain. Please provide copies of any TDI-DWC audits (and the Proposer's answers to such audits) that the Proposer may have been subjected to.
  34. Please name and describe the Proposer's claims adjudication system.
  35. Identify on-line capabilities and any costs or fees related to bringing the Entity on-line with the software.
  36. Should the Entity decide to terminate the plan, would the Proposer handle open claims? Also, please explain any financial obligations related to the termination of the plan.
  37. Describe the method(s) utilized during the initial transition of moving to the new TPA and in educating Entity personnel in regard to changes and/or interpretation of the workers' compensation law.
  38. Provide the top reasons the Proposer's firm is the best choice and should be selected.

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## **Excess Stop Loss Coverage**

1. Please indicate the name and address of the excess stop loss carrier.
2. If the Proposer uses a broker, indicate the name and address, as well as, if any commission is charged.
3. List the carrier's financial ratings. If not rated, please explain why.  
A.M. Best: \_\_\_\_\_
4. Indicate the terms, limits, and retentions of the proposed excess stop loss coverage.
5. Describe any special benefits or features offered to enhance the coverage.
6. Is the specific retention on a per occurrence or a per claim basis?
7. Describe the process for payment of a claim when the claim is in excess of the specific retention. Does the Entity continue to pay and then seek reimbursement? Will the Proposer file the claim with the stop loss carrier for the excess amount?
8. Who is responsible for meeting the claim reporting requirements listed in the stop loss policy?

## **Loss Prevention**

1. Attach a description of Loss Prevention services provided. Include a recent example of a Loss Prevention service completed by the Proposer's firm.
2. Provide the Proposer's experience and professional qualifications.
3. Describe any charges and the unit pricing of these services.
4. Describe the Proposer's philosophy on Loss Prevention.
5. List the name of the Loss Prevention representative(s) who will make scheduled appointments to the Entity. Indicate the frequency or schedule for these appointments.
6. Where is this Loss Prevention representative located?
7. Include a biography of the Loss Prevention representative(s) who would be assigned to our account.
8. Describe the specific risk management materials/resources that are available to the Entity. Indicate the additional charges, if any.
9. Describe the specific education and training provided to Entity personnel. Indicate additional charges, if any.

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## **Claim Reports**

1. Describe the types of standard reports that are available to Entity for analyzing claims. Attach samples and list any additional charges for these reports.
2. Please describe the frequency of these reports.
3. Are customized reports available on request? Is there a charge for customized reports?
4. What is the turnaround time for customized reports when requested?

## **Financial Management**

1. Please provide a copy of the Proposer's most recent audited financial statement.
2. Are the Proposer's financial statements prepared in adherence with GAAP, GASB, GASB 10, and FASB? If not, please explain.
3. Are the services of an independent actuary available? If yes, what is the fee and is it in compliance with GASB 10?
  - a. Provide the name and address of the firm providing the annual actuarial review and/or annual report on the estimate of ultimate loss and Allocated Loss Adjustment Expense Reserves.
  - b. Provide the name and credentials of the individual preparing the actuarial review and/or report.
4. State the length of time in which this proposal is guaranteed. Will any administrative fees, rates or other fees change mid-year or mid-contract? Outline the proposal dates of the contract.
5. Please indicate how Entity will be billed. Specify administration charges, claim reimbursements and stop loss premiums.

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## SECTION 5

### Proposal Response Forms

#### Company Information

Name of company: \_\_\_\_\_

Phone number: \_\_\_\_\_

Facsimile number: \_\_\_\_\_

Address: \_\_\_\_\_

Primary business: \_\_\_\_\_

Type of company:  
(corp., partnership, etc.): \_\_\_\_\_

Year started in business: \_\_\_\_\_

Number of years administering  
workers' compensation in Texas: \_\_\_\_\_

Number of years administering  
workers' compensation for  
public educational entities: \_\_\_\_\_

Proposers must include in the proposal a notice as to whether the person submitting the bid or an owner or operator of the business entity has been convicted of a felony and the description of the conduct resulting in the conviction. The contract may be terminated if it is determined that the person or business entity failed to give notice or misrepresented the conduct resulting in the conviction.

The Proposer, in compliance with the invitation for proposal on workers' compensation funding, having examined the specifications and being familiar with all conditions in the specifications, hereby proposes to provide the services in accordance with the proposal documents on the attached response sheets.

"The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other Proposer, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal."

Having reviewed the specifications, we have complied with all requirements and conditions except as noted on the attachment labeled "Deviations."

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Signature and title of authorized representative

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Proposing Company

Date

**Workers' Compensation Pricing**  
**Program Administration Pricing**

	Included? (Yes/No)	Describe fee basis (annual, monthly, per hour, flat fee, etc.)	Fee
General Program Fees			
Annual Actuarial Services			
On-Line Claims Viewing			
Standard Monthly Reports			
Other			
			\$

**Claims Administration Pricing**

	# of claims	Per claim fee	How long will this fee cover the administration of the claim? (life of claim, 1 year, 2 years, etc.)	Total = (# of claims X Fee)
Record Only – per claim				
Medical – per claim				
Indemnity – per claim				
Catastrophic – per claim				
				\$

**Miscellaneous Claims Administration Pricing**

	Included? (Yes/No)	Fee Description	Total
DWC BRCs, CCHs, and SOAHs			
Medical Dispute Resolution (MDR)			
DWC Proposed Employer Violations Negotiation			
DWC Representation			
Litigation Management			
DWC/CMS Electronic Reporting			
Stop Loss Filing/Reporting			
All DWC Forms			
Subrogation			
External Investigation			
Legal Fees (regulated by DWC)			
Other			

## Cost Containment Services

	Included? (Yes/No)	Allocated to Claim? (Yes/No)	Unit Description	Unit Fee
Pre-authorization (RN)				
Pre-authorization (Physician)				
External Case Management (ECM)				
ECM Travel & Waiting Time				
Bill Review				
Peer Review by Physician Advisor				
Other				
Other				

## Other Services

	Included? (Yes/No)	Allocated to Claim? (Yes/No)	Unit Description	Unit Fee
Internal Investigation				
Photocopying/Fax				
Photographs				
Phone Charges				
Checking and Banking Fees (Check Writing)				
On-line Data access				
Claims Liaison and Quality Control Service				
Non-standard Customized Reports				
Other				
Other				

## Loss Prevention

	Included? (Yes/No)	Describe basis for unit pricing. (per book, per manual, per hour, per visit, etc.)	Fee per Unit	Total
Loss Prevention Services				
Safety Consultation Visits				
Safety Training & Facility Surveys				
Reports/Presentations				
Safety Kit				
Video and Resource Library				
Manual				
Employee Safety Handbooks				
Customized Employee Safety Handbooks				
Other				
Other				

## Excess Stop Loss Pricing

1. Carrier Name: \_\_\_\_\_
2. A.M. Best Rating: \_\_\_\_\_
3. Specific Retention (SIR):

	<b>\$ SIR</b>	<b>\$ SIR</b>
Limit	<i>Statutory</i>	<i>Statutory</i>
Premium		
Rate		
Policy Term		

4. Optional Aggregate Coverage:

Policy Term	_____
Self-Insured Retention	_____
Premium Rate	_____
Minimum Loss Fund (Attachment Point)	_____
Aggregate Limit	_____
Cash Flow Limit	_____
Deposit Premium	_____
Commission	_____

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## **Felony Conviction Notice**

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony."

Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

**THIS NOTICE IS NOT REQUIRED OF A PUBLICLY HELD CORPORATION**

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

VENDOR'S NAME: \_\_\_\_\_

AUTHORIZED COMPANY OFFICIAL'S NAME (PRINTED): \_\_\_\_\_

- A. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

Signature of Company Official: \_\_\_\_\_

- B. My firm is neither owned nor operated by anyone who has been convicted of a felony:

Signature of Company Official: \_\_\_\_\_

- C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): \_\_\_\_\_

Detail of Conviction(s): \_\_\_\_\_

Signature of Company Official: \_\_\_\_\_





# Conflict Of Interest Questionnaire

**FORM CIQ**

For vendor or other person doing business with local governmental entity

**This questionnaire reflects changes made to the law by H.B. 1491, 80<sup>th</sup> Leg., Regular Session.**

OFFICE USE ONLY

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

Date Received

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7<sup>th</sup> business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Governmental Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

1. **Name of person who has a business relationship with local governmental entity.**

2.  **Check this box if you are filing an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7<sup>th</sup> business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3. **Name of local government officer with whom filer has employment or business relationship.**

\_\_\_\_\_  
Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes       No       NA

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes       No       NA

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes       No       NA

D. Describe each employment or business relationship with the local government officer named in this section.

4.

\_\_\_\_\_  
Signature of person doing business with the governmental entity

\_\_\_\_\_  
Date

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## **SECTION 6**

### **Exhibits**

#### **Exhibit I – Detail Claims Report**

##### **Detail Claims Report of Workers' Compensation Claims**

*(Insert a currently valued loss history report for the last five years, plus the current year to date)*

#### **Exhibit II – Severity Claims Report**

##### **Severity Report of Workers' Compensation Claims in Excess of \$50,000**

*(Insert a currently valued loss history report for the last five years plus the current year to date)*