

# COUNTY OF BOONE - MISSOURI



## REQUEST FOR PROPOSAL FOR THIRD PARTY ADMINISTRATOR FOR SELF INSURED WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE

**RFP #48-05SEPO6**  
**Release Date: August 16, 2006**

**Submittal Deadline:**  
**September 05, 2006**  
**not later than 10:30 a.m. CST**

Boone County Purchasing  
601 E. Walnut Street, Room 208  
Columbia, Missouri 65201

Melinda Bobbitt, CPPB, Director  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)



## **NOTICE OF REQUEST FOR PROPOSAL**

Boone County is accepting Request for Proposals for the following:

**PROPOSAL #: 48-05SEP06 – Third Party Administrator for Self Insured Workers’ Compensation and Employers’ Liability Coverage**

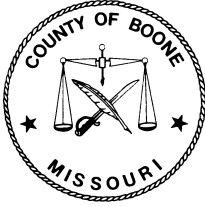
Sealed proposals will be accepted until **10:30 a.m. on Tuesday, September 05, 2006** in the Boone County Purchasing Office, Boone County Johnson Building, Room 208, 601 E. Walnut Street, Columbia, MO 65201.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

Vendors may obtain further information on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPB  
Director of Purchasing

Insertion: August 17, 2006  
COLUMBIA MISSOURIAN



## 1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 **Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) **Proposal Closing:** All proposals shall be **delivered before 10:30 A.M.,** C.S.T., on Tuesday, September 05, 2006 to:

Boone County Purchasing Department  
Melinda Bobbitt, CPPB, Director  
601 E. Walnut Street, Room 208  
Columbia, Missouri 65201-4460

- b) The County may not accept any proposals received after 10:30 A.M. and will return such late proposals to the Offeror.
- c) Offerors must submit one (1) original, and seven (7) copies of the proposal (total of eight). Proposals will be opened publicly but only names of Offerors will be read aloud. All proposal responses will be considered public information and following contract execution or rejection of all proposal responses, all responses will become a part of public record and will be released to any person or firm who requests it.
- d) Proposals must be submitted in a sealed envelope identified with the proposal number and date of closing. List the proposal number on the outside of the box or envelope and note "Response to Request for Proposal enclosed."
- e) If you do not care to submit a proposal, please return the *No Bid Response Page* and note your reason. No fax or electronic transmitted proposals will be accepted.
- f) If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.



## **2. INTRODUCTION AND GENERAL INFORMATION**

### **2.1 Introduction:**

- 2.1.1 This document constitutes a request for sealed proposals for **Third Party Administrator for Self Insured Workers' Compensation and Employers' Liability Coverage** as set forth herein.
- 2.1.2 Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following parts:
- 1) Instructions and General Conditions
  - 2) Introduction and General Information
  - 3) Scope of Services
  - 4) Proposal Submission Information
  - 5) Response/Pricing Page

### **2.2. Guideline for Written Questions:**

- 2.2.1 All questions regarding this Request for Proposal shall be submitted in writing, prior to the bid opening and no later than 5:00 p.m., Tuesday, August 29, 2006. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPB, Director of Purchasing. All such questions will be answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet by the County by posting the addendum on the County Web site at [www.showmeboone.com](http://www.showmeboone.com) (Select Purchasing, then Current Bid Opportunities). Submit questions to:
- a. Melinda Bobbitt, CPPB  
Director of Purchasing  
601 E. Walnut Street, Room 208  
Columbia, Missouri 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)
- 2.2.2 In the event that it becomes necessary to revise any part of this RFP, written addenda will be issued. Any addendum to this RFP is valid only if in writing and issued by the Boone County Purchasing Department. Verbal conversations or agreements with any officer, agent, or employee of the County which modify any terms or obligations of this RFP are invalid.



## SCOPE OF SERVICES

### **3.1. Project Description:**

The County of Boone – Missouri, hereafter referred to as the *County*, seeks **Third Party Administration Services for Self Insured Worker's Compensation and Employer's Liability Coverage.**

### **3.2. County Background Information:**

The County has been self-insured since July 2005. The County is currently utilizing a contract for Third Party Administrator services with Uhlemeyer Services Administrators, Inc. This contract expires on December 31, 2006.

The County's self-insured workers' compensation coverage will cover approximately 401 county employees. Payroll for the period July 1, 2005 through June 31, 2006 was \$15,537,803.45. (See attached *Self-Insurer's Payroll Report*).

County website address for research: [www.showmeboone.com](http://www.showmeboone.com)

#### **3.2.1. Current Provider Information:**

#### **3.2. Scope of Work:**

### **TPA Organizational Profile**

#### **3.3.1. Offeror Background:**

- a. Provide a brief summary of your firm including its history, mission statement, values, the number of years in business, office locations, and any other relevant promotional material or information. Enclose your latest financial report.
- b. Please indicate whether or not you are owned by another organization. If you are, state the name and address of your parent company. If the organization is an insurance company, indicate the A. M. Best Ratings for the last three years.

#### **3.3.2. Workers' Compensation Staff:** Please identify the company locations that will service client. Answer the following questions specifically for each office.

- a. Describe the structure of the claim department.
- b. List the total number of employees.

- c. Identify the supervisors and claim handlers to handle client's claims for each servicing location. Indicate how many offices will service account. Indicate the staff experience level. Provide resumes.
- d. Discuss current caseload of staff and how case assignments are made.
- e. Indicate the annual office turnover rate.
- f. Indicate whether or not "dedicated" claims handlers would be assigned to service claims. How many maximum adjusters would be assigned to the client account? Do they report to one manager?
- g. Designate the responsible party for overall management of the client account. Describe the primary roles of that person.
- h. Describe loss control support for client.

**3.3.3. Internal Practices: Please describe your internal company practices in the following areas:**

- a. Initial employee training
- b. On-going educational programs or support
- c. Quality Assurance practices
- d. Loss prevention

**3.3.4. Results: Please indicate if you have statistics on the following, noting the state or servicing location the data comes from:**

- a. Average length of time claim is open (indemnity claims)
- b. Number of days to pay medical bills
- c. Number of days to process partial wages, benefits or requests for payments made by claimants.
- d. Number of late initial payments annually, if applicable.
- e. Discount structures. Do you guarantee specific discounts?

<b>Account Service &amp; Implementation</b>
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**3.3.5. Financial:** Describe escrow provisions and policies, billing procedures, wire transfer capabilities, and supporting documentation used to reconcile the transfer of funds between your company and client.

**3.3.6. Implementation:**

- a. Describe your proposed plan for implementation of this service contract complete with timetables.
- b. What do you expect of client during the transition and implementation phase, and on a continuing basis?
- c. How do you propose to get to know client?
- d. How will you measure whether there is effective delivery of services to client during the term of this contract?
- e. Do you have any systems in place to measure effectiveness of medical management, litigation and defense activities or other results?

**3.3.7.** List any other services you provide to assist customers in becoming informed, including but not limited to:

- Employer Seminars
- Environmental and Legal Updates
- Legislative Updates

## **Management Information Systems and Services**

**3.3.8.** Please briefly describe your Claims Administration System in reference to the following:

- a. Automated processes
- b. Benefit calculations
- c. System generated checks
- d. Claim file notes
- e. System generated diaries and correspondence
- f. System generated reserving

**3.3.9. Internal Controls/Financial requirements:** Please briefly comment on your claim check security procedures with regard to:

- Handling/access to check stock;
- Authorization/signature procedures;
- Handling of voided checks.

**3.3.10.** Was your claim administration system developed specifically for your company? If not, whose system are you using? How long has it been operating for your company?

**3.3.11.** Address client access with respect to the following:

- a. Adjuster's notes, all claimant information including financial summary and payment detail
- b. On-line modification of pre-defined fields
- c. Down-load capabilities, (please identify which formats are available)
- d. Built-in graphics capabilities
- e. On-line query and ad hoc report capacities
- f. Historical claims data and "as-of" reporting

**3.3.12.** Describe your system's ability to translate data from other sources.

**3.3.13.** Provide a record layout of all captured fields of information, including cumulative financial fields, and all required supporting documentation. Indicate your ability to provide detail payments and reserve transaction history in tape or other medium format. Indicate the number of available field for clients to capture special-need information.

- 3.3.14.** Describe your procedures and controls used for ensuring data integrity, verification, validation, and steps for making corrections to data entry errors, coding errors, etc.. Describe your back-up system and your data storage.
- 3.3.15.** Indicate your ability to provide pertinent claim records and summary data as requested, and assist with all filings and documentation client and their administrators/agents/brokers/insurance companies in completing all required state reports, filings, assessments, etc., on a timely and accurate basis.
- 3.3.16.** List any other interactive software or system features you have available to clients on-line (i.e. OSHA 200 logs, E-Mail, etc.)
- 3.3.17.** Provide a sample of standard loss reports and any summary information that is normally provided or available to clients.
- 3.3.18.** Indicate whether plans are being made to expand or revise system capabilities, and the timing of these system updates.
- 3.3.19.** Describe how you determine reserve requirements for your clients.

## **Workers' Compensation Claims Management**

Describe your approach and capabilities in the following areas:

**3.3.20. Initial Processing and Investigation of Claims**

- a. Confirm on-line claim reporting capability
- b. Time guidelines/requirements for setting up claims
- c. Investigation of claim, including three-point contact, recorded statements and time guidelines for file assignment
- d. Medical only vs. Indemnity Claims
- e. Determination criteria for compensability
- f. Procedure for denied or disputed claims
- g. Ongoing contact with the injured worker and employer (diary system)

**3.3.21. Claims and Medical Management:**

- a. Coordination of medical care (including Return-To-Work and Independent Medical Examinations)
- b. Managed care, PPO's, RX management, internal programs and all other medical cost containment (indicate which vendors you have worked with)
- c. Selection of a disability case manager and coordination of a Return-To-Work plan
- d. Process for payment of medical bills, turnaround time
- e. Process for applying for second injury funds and recovery

**3.3.22. Litigation Management and Case Resolution:**



- a. Litigation control or procedures
- b. Assignment of counsel. Provide copy of approved attorneys list.  
Choice of counsel.
- c. Strategies for resolving cases, developed with the client and pertinent evaluations sent to client

**3.3.23. Communication:**

- a. Communication with client's operating locations
- b. Periodic claim or service meetings
- c. Narrative claim reports
- d. On-line access to adjuster notes and financial information

**3.3.24. Financial Impact Practices:**

- a. Potential fraud
- b. Reserving procedures
- c. Recoveries/subrogation

**3.3.25. Account Servicing Instructions:** Please indicate the amount of flexibility you have in accommodating the following examples of special handling instructions:

- a. **Initial Notice of Claim** - Notice of any claim set up, indicating claim number and adjuster assigned. Please note if summary information is available via your RMIS to isolate new files on a monthly basis.
- b. **Reserve/Status Advisory Report** – Status report to be completed on initial case exposure greater than \$5,000 and on reserve changes of \$5,000 or more.
- c. **Settlement Authority** - Contact client Workers' Compensation Coordinator at the Corporate Location prior to settlement of any indemnity claim.
- d. **Litigated Cases** – Workers' Compensation Coordinator at the Corporate Location should be copied on pertinent legal correspondence.
- e. **Claim Reviews** - Semi-annual Claim Reviews to be the first 15 days of the month in September and February.

**3.3.25.** Please provide samples of the following:

- Initial Acknowledgment of Claim
- Reserve Advisory Letters
- Closure Notice

**3.3.26. Report Filing:** Provide all other forms and reports believed appropriate for the efficient administration of ---Claims. (i.e. reserve advisory, claim review format, - if applicable).

**3.4. Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such

insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**3.4.1. Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Worker's Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers' Liability Insurance for the protection of their employees not otherwise protected.

**3.4.2. Comprehensive General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage.

**3.4.3. Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which **name the County of Boone – Missouri as additional insured** in an amount as required in this contract, contain a description of the project or work to be performed, and requiring a thirty (30) day mandatory cancellation notice. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**3.5. INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however,

require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**3.6. Contract Terms and Conditions:**

**3.6.1.** The successful Offeror is prohibited from assigning, transferring, conveying, subletting, or otherwise disposing of this agreement or its rights, title or interest therein, or its power to execute such agreement to any other person, company or corporation without the prior consent and approval in writing by the County.

**3.6.2.** Offeror must clearly state in writing any restrictions or deviations from these specifications. In the absence of such statement, the County will assume that all items/services offered are in strict compliance with the technical and financial requirements, contract terms and conditions as described in these specifications. The proposal of the Contractor will be included as part of the final contract.

**3.7. Contract Period:**

The contract period with the successful firm shall begin **from January 1, 2007 through December 31, 2007**. The contract shall have four, optional one-year renewal periods following the completion of the initial contract term. Each renewal option is exercisable at the sole discretion of the County. After the completion of the final renewal term, this Agreement will continue on a month-to-month basis until either party terminates this Agreement by providing the other party with 30 days prior written notice.

**3.8. Cancellation Agreement:**

The County reserves the right to cancel the contract without cause by giving not less than thirty (30) days prior notice to the Contractor in writing of the intention to cancel, or with cause, if at any time the Contractor fails to fulfill or abide by any of the terms or conditions specified. Failure of the Contractor to comply with any of the provisions of this contract may be considered a material breach of contract and shall be cause for immediate termination of the contract at the discretion of Boone County. Boone County may allow Contractor reasonable opportunity to cure material breach, but is not required to do so.

**3.9. Fiscal Non-Funding Clause:**

In the event sufficient budgeted funds are not available for a new fiscal period, the County shall notify the provider of such occurrence and contract shall terminate on the last day of current fiscal period without penalty or expense to the County.



## 4. PROPOSAL SUBMISSION INFORMATION

### 4.1. RESPONSE TO PROPOSAL

#### 4.1.1. Submission of Proposals:

4.1.1.1. When submitting a proposal, the Offeror should include the **original and seven (7) additional copies**.

a. The Offeror shall submit the proposal to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPB, Director of Purchasing  
601 E. Walnut Street, Room 208  
Columbia, MO 65201

b. The proposals must be delivered no later than **10:30 a.m. on September 05, 2006**. Proposals will not be accepted after this date and time.

4.1.1.2. To facilitate the evaluation process, the Offeror is encouraged to organize their proposal into distinctive sections that correspond with the individual evaluation categories described herein.

a. Each distinctive section should be titled with each individual evaluation category and all material related to that category should be included therein.

b. The signed response page from the original RFP and all signed amendments should be placed at the beginning of the proposal.

c. The Proposal must, at a minimum, address all mandatory and desired services, equipment, materials, etc. Responses will fully describe how the service will be performed and what hardware/software (if any) is required at the County to access the service.

4.1.1.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the evaluation categories, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.1.1.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

**4.1.2. Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

4.1.2.1. Negotiations may be conducted in person, in writing, or by telephone.

4.1.2.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.

4.1.2.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

4.1.2.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.

**4.1.3. Evaluation and Award Process:**

4.1.3.1. After determining a responsible Offeror and a responsive proposal through the determination that the proposal satisfies the mandatory requirements stated in the Request for Proposal, the evaluator(s) shall use both objective analysis and subjective judgment in conducting a comparative assessment of the proposal in accordance with the evaluation criteria stated below:

- a. **Method of Performance**
- b. **Experience/Expertise**
- c. **Cost**

4.1.3.2. After an initial evaluation process, a question and answer interview may be conducted with the Offeror, if deemed necessary by the County. In addition, the Offeror may be asked to make an oral presentation of their proposal to the evaluation team at a designated Boone County location. Attendance cost shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.

**4.1.4. Evaluation:**

4.1.4.1. Experience and reliability of the Offeror's organization are considered subjectively in the evaluation process. Therefore, the Offeror is advised to submit any information, which documents successful and reliable experience in past performances, especially those performances related to the requirements of this RFP.

4.1.4.2. **Qualifications Statement/References:** The Offeror should provide the following information related to previous and current services/contracts performed by the Offeror's organization and any proposed subcontractors which are similar to the requirements of this RFP

- a. State the names and capacity of the professional staff assigned to work on the County account and a brief resume of their background and experience including certifications in the State of Missouri. Indicate professional staff familiar with Missouri and federal legislation. The proposal should also include how the professional personnel will operate organizationally and the name and the title of the person who will direct the work.
- b. Name other government agencies/municipalities (at least three) for which you have provided similar services in the last five (5) years and provide a current contact name, email address, phone number for each account and indicate the number of years as a client.
- c. Provide a total list of three clients that you have lost during the past three years, providing client name, contact person, and reason for the loss of business.
- d. Detail any experience you have with similar industries, including past and current clients, and the number of years you actively serviced the account.

4.1.4.3. The Offeror should submit a copy of all licenses, certifications, accreditation, and/or permits, which may be required by state, federal, and/or local law, statute, or regulation in the course of conduct of the Offeror's business. If not submitted with the proposal, the County reserves the right to request and obtain a copy of any license or certification required to perform the defined services prior to contract award.

- 4.1.4.4. Proposals will be subjectively evaluated based on the Offeror's distinctive plan for performing the requirements of the RFP. Therefore, the Offeror should present a written narrative, which demonstrates the method or manner in which the Offeror proposes to satisfy these requirements. The language of the narrative should be straightforward and limited to facts, solutions to problems, and plans of action.
- 4.1.4.5. Where the words "shall" or "must" are used, they signify a required minimum function of system capacity that will heavily impact the Bidder's final response rating.
- 4.1.4.6. Where the words "should", "may" or "desired" are used, they signify that the feature or capacity is desirable but not mandatory; therefore, the specifications in question will possess minimal impact on the Bidder's final response rating.
- 4.1.4.7. The method by which the proposed method of performance is written will be left to the discretion of the Offeror. However, the Offeror should address each specific paragraph and subparagraph of the Specifications by paragraph and page number as an item for discussion. Immediately below these numbers, write descriptions of how, when, by whom, with what, to what degree, why, where, etc, the requirements will be satisfied.

#### **4.1.5. Rejection / Withdrawal of Proposals Reponse:**

Rejection of Proposals The right is reserved by the County at its discretion to reject any or all proposals or parts thereof. The County reserves the right to waive defects or informalities, to negotiate with bidders and to accept the proposal deemed to be in the best interest of the County.

Withdrawal of Proposals Proposals may be withdrawn on written request from the bidder at the address shown in the solicitation prior to the time of acceptance.

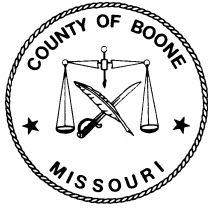
Negligence on the part of the bidder in preparing the proposal confers no right of withdrawal after the time fixed for the acceptance of the proposals.

#### **4.1.6. Validity of Proposal Response:**

Bidders agree that proposals will remain firm for a period of ninety (90) calendar days after the date specified for the return of proposals.

#### **4.1.7. Confidentiality:**

The Contractor shall be responsible for maintaining the confidentiality of the County records and data, which cannot be sold, shared or otherwise disclosed to other companies or individuals without written permission from the County Employee Benefits Plan officials.



## 5. Response/Pricing Page

In compliance with this Request for Proposal and subject to all the conditions thereof, the Offeror agrees to furnish the services/equipment/supplies requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of this proposal and is authorized to contract on behalf of the firm named below. (Note: This form must be signed. All signatures must be original and not photocopies).

Company Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address:  
\_\_\_\_\_

**5.1.** Claims administration quotations should be based on estimated claims. Detailed loss runs are attached.

### **Number of Workers' Compensation Claims Expected:**

#### **1. Per Case Pricing Options/ Workers' Compensation:**

- "Record only" Pricing/claim \$ \_\_\_\_\_
- "Medical Only" Pricing/claim \$ \_\_\_\_\_
- Lost-Time Pricing/claim \$ \_\_\_\_\_
- Auto Liability/claim \$ \_\_\_\_\_
- Hired Auto Phys. Damage/claim \$ \_\_\_\_\_

Indicate pricing options for administration of claims as life of the contract, life of the claim. Provide pricing accordingly for run-off claims should they be rolled into the new program.

Please define the terms "Record Only", "Medical Only", and "Lost Time".

**2. Other Methods:** \$ \_\_\_\_\_



**5.2. Supplemental Charges:**

**5.2.1.** Please list separately any other charges that are associated with requests in this proposal, which are not included in the price quoted above.

This includes but is not limited to managed care charges, medical fee reviews, medical bill review, PPO network charges, RMIS, claim indexing, toll free reporting, Internet reporting.

State if there is a minimum fee in which the total per year fee due to the Contractor be less than this minimum.

State if there is a Account Set-Up Fee – a one-time fee paid to the Contractor at the signing of the TPA Service Agreement.

**5.3.** Please provide a copy of your standard contract and comment on your flexibility in negotiating contract language.

**5.4. Renewal Option:**

The County shall have the sole option to renew the contract in one year increments for a total accumulated period of four additional years following the initial term. If the options are exercised, the Contractor shall charge the County the same prices as quoted originally except as modified in the paragraph below. Offerors are to state if prices are firm for these renewal periods.

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please indicate the maximum percentage of increase or decrease off pricing for each renewal:

<b>First Renewal: January 1, 2008 – December 31, 2008</b>	+ ___%	- ___%
<b>Second Renewal: January 1, 2009 – December 31, 2009</b>	+ ___%	- ___%
<b>Third Renewal: January 1, 2010 – December 31, 2010</b>	+ ___%	- ___%
<b>Fourth Renewal: January 1, 2011 – December 31, 2011</b>	+ ___%	- ___%

Note: These renewal options will be used in the evaluation.



***“No Bid” Response Form***

**Boone County Purchasing**  
601 E. Walnut, Room 208  
Columbia, MO 65201

Melinda Bobbitt, CPPB, Director  
(573) 886-4391 – Fax: (573) 886-4390

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**“NO BID RESPONSE FORM”**

**NOTE: COMPLETE AND RETURN THIS FORM ONLY IF YOU DO NOT WANT TO  
SUBMIT A BID**

If you do not wish to respond to this bid request, but would like to remain on the Boone County vendor list **for this service/commodity**, please remove form and return to the Purchasing Department by mail or fax.

If you would like to FAX this “No Bid” Response Form to our office, the FAX number is (573) 886-4390.

**Bid: 48-05SEP06 – Third Party Administrator for Self-Insured  
Workers’ Compensation and Employers’ Liability Coverage**

Business Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Contact: \_\_\_\_\_

Date: \_\_\_\_\_

Reason(s) for Not Submitting Proposal Response :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**See Attached Exhibit A for the following reports:**

Self-Insurer's Payroll Report – 2005

Individual Self-Insured Employer Information

Self-Insurer's Annual Financial Statement – 2004

Self-Insurer's Statement of Outstanding Losses – July 1, 2005 – December 31, 2005

Workers' Compensation and Employer's Liability Audit – July 1, 2001 – June 30, 2002

Workers' Compensation and Employer's Liability Audit – July 1, 2002 – June 30, 2003

Workers' Compensation and Employer's Liability Audit – July 1, 2003 – June 30, 2004

Loss Run for July 1, 2005 – January 1, 2006

Self-Insurer's Report of Compensation Payments - 2005