

September 11, 2018

«AddressBlock»

Dear Sir or Madam:

On behalf of the Town of Oyster Bay, the Department of Human Resources is requesting proposals from qualified firms to provide workers' compensation administration services relative to its self-insured workers' compensation program, pursuant to the Town of Oyster Bay's Procurement Policy. Extensive knowledge of New York State Worker's Compensation Law is required. Relevant experience working with municipalities who provide sanitation services is strongly preferred. The services we wish to procure and the criteria to be used in evaluating submissions are listed on the attached sheets.

Should your organization be interested in submitting a proposal to provide these services to the Town of Oyster Bay, it must be received on or before October 1, 2018, via fax, US Post Service or email. Our fax number is (516) 624-6489. Proposals sent via email should be directed to Monica Bujnowski at mbujnowski@oysterbay-ny.gov. Upon receipt of your proposal, your organization may be contacted to schedule a meeting to discuss the same.

Please contact Monica Bujnowski at (516) 624-6436 if you should have any questions regarding this request for proposal of service.

Very truly yours,

/s/ JOHN CANNING
COMMISSIONER

JC:MJB
attach.

WORKERS' COMPENSATION CLAIMS ADMINISTRATION
REQUEST FOR PROPOSALS ATTACHMENT NO. 1

The following is a list of the services the Department of Human Resources wishes to procure. The contract period is from January 1, 2019 through December 31, 2019, with an option to renew for a second and third year. Please provide a detailed cost proposal for all proposed services to be provided, and identify all services which are included in the basic fee, and those services which would be subject to an additional charge.

All information provided or obtained through the Request for Proposals process is to be kept confidential, and compliance is to be maintained regarding applicable privacy law statutes. The successful candidate will be required to provide proof of the following, including, but not limited to, general/professional liability insurance w/errors and omissions rider, worker's compensation, and an endorsement naming and indemnifying the Town as an additionally insured:

1. Review of all Form C-2's, and forwarding of same to the Worker's Compensation Board. Claims reserving in accordance with N.Y.S. mandates and appropriate insurance industry guidelines, and provide computer generated claim status/loss exposure reports. These reports shall conform to industry standards and shall be supplied to the Town on a regular basis. Please describe your company's methodology for determining and setting appropriate reserves.
2. Review of all medical documentation pertaining to each claim (i.e., C-4's, narratives, medical histories and reports). Describe how your company reviews and processes medical claims, and advise the Town as to the compensability of the claim by letter.
3. Filing with the Worker's Compensation Board of all required forms (i.e. C-6, C-7, C-8, C-9, C-11) and requests for case file information.
4. Perform treatment review and auditing of worker's compensation physician and provider claims for services, to determine that said claims meet all the provisions of the N.Y.S. Worker's Compensation Board Schedule for medical fees.
5. Schedule and review of all necessary, consultant or independent medical examinations (IME's), as required.
6. Identify and direct all necessary claims investigative and surveillance activities..
7. Preparation and maintenance of all claim files and provide representation for Town at hearings, and provide a description of how files scheduled for hearing are prepared. Provide attorney to discuss sensitive claims and conduct and describe attorney selection and evaluation process.
8. Advise Town (via letter) subsequent to hearings, as to current status of claims,

and any action to be taken pursuant to the findings of an Administrative Law Judge at the Worker's Compensation Board.

9. Provide expert consultation and recommendations to Town regarding self-insured worker's compensation program and related issues, and conduct training for Town staff, on an as-needed basis.
10. Filing with the Worker's Compensation Board of all Section 15-8, 25-A, and Section 5105 cases, appeals with Worker's Compensation Board and the Courts. Coordination and management of concurrent employment claims, negotiation of lump sum settlements; represent and provide pertinent case file information regarding third-party actions against the Town, and any other related worker's worker's compensation matters and issues, including non-employee claims against the Town.
11. Provide necessary notification to all excess carriers on claims which may penetrate self-insured retention levels and provide updates to carriers on claim status as needed.
12. Assist the Town with budgetary projections on the cost of the program.
13. Provide a summary of your company describing claims administration experience and background, and be sure to indicate your firm's qualifications, experience, and references. Please provide the names and resumes of principals and personnel who would be assigned to this program, and describe the overall makeup of the claims processing department. Please provide a list of three current clients that your company has provided third-party administrative services to for at least three years. Please be sure to include the name of a contact person, address, and telephone number. Please indicate all municipal work experience. In addition, please provide the name(s) of any subcontractors and/or 1099 employees who may be utilized for this project.
14. Please describe how your company would handle the transition of the Open "Tail" claims.
15. Provide recommendations regarding various municipal cost containment programs and describe various procedures in place to minimize costs (i.e. access to networks to reduce costs associated with expensive medical tests and procedures) and exposure on large catastrophic claims.
16. Provide expert consultation and assist the Town in maintaining compliance with its filing requirements under the MMSEA.

WORKERS' COMPENSATION CLAIMS ADMINISTRATION
REQUEST FOR PROPOSALS ATTACHMENT NO. 2

Please be advised that the criteria to be used in evaluating proposals shall include, but shall not be limited to:

1. Magnitude, scope, and complexity of the services to be rendered;
2. Experience of the firm in assignments of similar size, scope, and Complexity;
3. Special knowledge relevant to the project;
4. Special equipment or facilities relevant to the project;
5. Size, staffing, resources, and financial capability of the firm vs. the size of the assignment;
6. Knowledge and experience with Town facility(ies) and programs involved in the assignment;
7. Past performance with the Department of Human Resources;
8. Time constraints and deliverability of service;
9. Firm's current workload with the Town;
10. Utilization of subcontractors;
11. Fee structure/renewal option.