



Town of Oyster Bay
DEPARTMENT OF HUMAN RESOURCES
54 AUDREY AVENUE OYSTER BAY, NY 11771-1592

John Canning
Commissioner

Vicki Spinelli
Deputy Commissioner

(516) 624-6425
FAX: (516) 624-6489
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September 11, 2017

Business Name
Business Address
City, State, Zip code

Dear Sir or Madam:

The Town of Oyster Bay is requesting proposals from qualified firms to provide medical bill auditing services relative to its self-insured worker's compensation program for the year 2018, with an option to continue for a second and third year at the Town's request.

Knowledge of laws, regulations, fee scheduling, and reporting requirements is required. The following services are to be provided and carried out under the direction of the Town of Oyster Bay, specifically the Department of Human Resources, and the Town's Worker's Compensation Claims Administrator: performance of treatment review and auditing of worker's compensation physician and provider claims for services, to determine that said bills meet all the provisions of the New York State Workers' Compensation Board schedule of medical fees, and that treatment is appropriate and indicated, and identify applicable claims for the New York State Health Care Reform Act surcharge. Please refer to Attachment No. 1 for the criteria to be used in evaluating submissions.

Your organization is invited to submit a proposal to provide these services to the Town of Oyster Bay. Quotations should include an option to continue for an additional second and third year, and must include a fee schedule with pricing per year of the agreement. Please be sure to indicate your firm's qualifications, experience, references, and proposed fee structure in your proposal. Certificates of Insurance for Liability and Worker's Compensation naming the Town as a Certificate Holder will be required if successful. Proposals will be accepted from firms that demonstrate experience and effectiveness in this field for not less than three years.

Proposals must be received by 4 p.m., Friday, October 6, 2017, via mail or FAX (our FAX number is (516) 624-6489). Please be sure to follow-up your fax with an original, signed, proposal and two copies for review by our committee. Upon receipt of your proposal, your organization may be contacted to schedule an in-house presentation, time permitting. Please contact Monica Bujnowski of our staff at (516) 624-6436, if you are interested in submitting a proposal and/or if you should have any questions pertaining to this Request for Proposals.

Very truly yours,

JOHN CANNING
COMMISSIONER


Richard LaMarca
Director of Labor-Management Relations

JC:MJB
attach.

REQUEST FOR PROPOSALS ATTACHMENT NO. 1:

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Please be advised that the criteria to be used in evaluating proposals shall include, but 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 project;
4. Special equipment or facilities relevant to project;
5. Size, staffing, resources, and financial capability of the firm vs. the size of the assignment;
6. Knowledge and experience with Town facilities and programs involved in the assignment;
7. Past performance with the department (where applicable);
8. Time constraints and deliverability of service; and
9. Firm's current workload with the Town (where applicable);
10. Fee structure.