

**EMERALD COAST
UTILITIES AUTHORITY**

**PROPOSAL FORMS PACKAGE
FOR
WORKERS' COMPENSATION INSURANCE
AND
THIRD-PARTY ADMINISTRATOR SERVICES FOR
WORKERS' COMPENSATION
LEGACY CLAIMS**

RFP 2022-15

**PROPOSALS DUE
TUESDAY, MAY 10, 2022 AT
2:00 P.M., CENTRAL TIME**

PROPOSAL FORMS PACKAGE
Emerald Coast Utilities Authority
RFP 2022-15 Workers' Compensation Insurance and
Third-Party Administrator Services for Workers' Compensation Legacy Claims

This proposal forms package is constructed to facilitate the Emerald Coast Utilities Authority's review of proposals received. **Respondents should submit one (1) paper original, two (2) paper copies and one (1) USB flash drive containing the complete original proposal.** The USB flash drive must contain your proposal in Microsoft Word, and all proposal attachments in the appropriate format, Microsoft Word and/or Microsoft Excel, and a scanned copy of your original submittal. The paper original shall be the governing document.

No one is authorized to use the proposal forms for RFP 2022-15 for any purpose other than to respond to this specific RFP. No one is authorized to alter the proposal form content; such alteration could result in disqualification of the proposal. Thank you for your cooperation. It will greatly facilitate the Emerald Coast Utilities Authority's review of your proposal.

To be responsive, complete these Proposal Forms for your proposal, as the information applies. Your Proposal Forms should be typed. You may request the Word version of the Proposal Forms from Bob Pacenta, Purchasing & Stores Manager via email at robert.pacenta@ecua.fl.gov. Corrections, if any, to your typed forms should be made in ink and initialed.

COVERAGE DETAILS AND CLAIMS DATA

The loss reports for the period of October 1, 2018 through February 3, 2022 are available upon request. The report will be provided in Excel format. If you have any issue with receipt of the information, contact Bob Pacenta, Purchasing & Stores Manager at robert.pacenta@ecua.fl.gov.

AVOID VAGUE TERMS

The use of N/A should be avoided. N/A can mean several things: Not Available; Not applicable; Not applicable for varied reasons, etc. Instead, please use "Included," "Not Included," or "Not Proposed."

Avoid using "See Proposal." This Proposal Forms Package is your proposal. When referring to an appendix or schedule, please note where in your proposal the information can be found.

EXCEPTIONS

All exceptions, if any, shall be clearly identified, and written explanations shall include the scope of the exceptions, the ramifications of the exceptions for the ECUA and a description of the advantage to be gained or disadvantages to be incurred by the ECUA as a result of these exceptions. (See page PF-10, "Exceptions," to provide detail)

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ECUA's FY2021 Operating Budget

The report can be accessed via ECUA's Internet site at www.ecua.fl.gov. Hover your mouse over "News & Reports" to view the drop-down menu and select "Reports," then scroll to locate "FY2022 Operating Budget."

**EMERALD COAST UTILITIES AUTHORITY
RFP 2022-15 WORKERS' COMPENSATION INSURANCE AND THIRD-
PARTY ADMINISTRATOR SERVICES FOR WORKERS'
COMPENSATION LEGACY CLAIMS**

QUESTIONNAIRE

For evaluation of the proposals, it is essential that the following be included in the submission:

1. Insurer/Broker Entity Name
2. Name and Title of Contact
3. Email Address
4. Phone
5. Fax
6. Street Address

General Information Required of All Proposers

7. Did the proposer receive the Loss Reports for the period of October 1, 2018 – February 23, 2022?
8. Did the proposer access ECUA's FY2022 Operating Budget?
9. Is the proposer licensed to do business in Florida? If so, a copy of licensure must be included in proposal submission.
10. Has the proposer, as of the proposal due date, been successfully operating as an insurer or broker for a minimum of five (5) consecutive years?
11. Do you agree to provide a rate guarantee for the quoted premium/pricing and term of coverage/contract effective dates?
12. Do you agree that the proposal submitted includes one (1) original, two (2) copies and a USB flash drive, and will be valid for ninety (90) days from the proposal due date?
13. Is a **sample** insurance policy and TPA service agreement provided (attached) for analysis?
14. Is a 60-day notice to the ECUA of any renewal rate increases for the specified insurance and services included in your proposal?
15. Is a 90-day notice of termination to the ECUA of the insurance policy and/or TPA services included in your proposal?
16. Is a 30-day notice of termination of the insurance policy or TPA service agreement by ECUA acceptable?
17. Can the insurance policy or the TPA service agreement with the ECUA be cancelled mid-year for any reason other than non-payment? If so, for what reason(s)?

18. Have you provided a quote(s) which discloses all fees?
19. Describe in detail the qualifications of the proposer and the staff or team to perform services under the policy to be established with ECUA. Details should include:
- a. Description of the experience of the proposer, including the number of years providing workers' compensation insurance & TPA services
 - b. Detail of past client service performance including size of entity
 - c. Names of Primary Adjuster and Back-up Adjuster assigned to ECUA in relation to this request for proposal
 - d. Detailed description of local network coverage and physician/facility by specialty
 - e. Qualifications and experience of the adjusters that will be assigned to service ECUA
 - f. Proof of State of Florida licensure (attach copy of license)
20. If you are the successful proposer, will you agree to hold harmless and pay on behalf of ECUA any liability and/or legal costs arising out of any claims and litigation related to the services provided, including actions that may arise from errors and omissions related to the service provided by your employees?
21. Do you agree to the insurance requirements listed in the RFP?
22. Have you completed and submitted the Workers' Compensation and TPA References form?
23. Will records, documents, and evidence derived from the insurance company or broker services be presented at no cost to ECUA for audit purposes?
24. List here the name(s) of any officer, director or agent of your company who is also an employee of ECUA. (If none, state "None.")
25. Will you provide ECUA with at least all of the services requested in this RFP? Explain any variation here or by attachment.
26. How many fraudulent claims for workers' compensation has the proposed insurance company or TPA investigated in 2019, 2020, and 2021 (if available) for its governmental entities?

27. Does the insurance company or broker refund a portion of the premium for workers' compensation insurance? What circumstances constitute a refund of a portion of the premium?
28. What credits or incentives has the proposer provided to organizations that have a drug-free workplace program and/or safety program?
29. What is your claims per adjuster ratio?
30. What is the maximum number of claims assigned to each adjuster?
31. Specify current caseloads for Lost Time Adjusters and for Medical Only Adjusters.
32. Do your services include a 24-hour claims reporting service? If not, how are after-hours claims reported?
33. What are your hours of operation? (Stipulate Time Zone) Will your claims staff be available to consult with ECUA during those hours?
34. Briefly describe how you set reserve limits.
35. Will your claim management reports include the following?
- a. Breakdown by work location, position and by name which reflects to-date incurred expenses, reserves, and time loss.
 - b. Breakdown by claimant of all claims received by work status-full duty release, restricted or different duty release, lost days within waiting period and lost-time (exceeding waiting period).
 - c. Ability to pull both above-mentioned reports in a year-to-date format.
 - d. Breakdown by claimant of next physician's appointment, physical therapy appointment or next medical treatment, also listing appointments missed.
36. Will the ECUA receive monthly claim reports? Please provide sample reports.

37. Will the ECUA receive quarterly claim reports? Please provide sample reports.
38. Attach copies of claims reporting guidelines and methods used, that ECUA must comply with, as well as samples of all claims reporting forms used.
39. Did you include your Provider network list?
40. What is the geographical area serviced by Providers in your network?
41. Please provide the number of providers in your network for the Escambia County area who accept workers' compensation and provide services in the following areas of treatment: Orthopedic surgery, cardiologist, physical therapy, neurologist, and pain management.
42. Are legal services included in the quoted premium? If so, describe the legal services you provide.
43. Do you select the law firm or will the ECUA have the ability to select the law firm of its choosing?
44. If the attorney is selected by you, is the attorney a member of the Florida Bar Association and licensed to practice law in the State of Florida?
45. If you are the selected proposer, will you accept a 10/01/22 effective date?
46. What services do you provide regarding a Return to Work program?
47. Do you have a risk control consultant on staff? What is the location of the consultant that would be assigned to assist ECUA? What services can ECUA expect the consultant to provide?
48. Describe the safety programs, if any, provided to governmental entities. How are the programs implemented? What specific safety practices were instituted?
49. What training is included in the services you provide ECUA? How is training provided (e.g., on-site, web, etc.)?

50. Describe your internal process for determining settlement authority of a claim. How will you involve ECUA in that process?
51. Describe your history for transitioning organizations from another insurer.
52. Describe your history for transitioning an organization's self-insured legacy claims from another TPA.
53. Describe how you provide medical case management as needed on all compensable workers' compensation claims, including but not limited to all cases involving light duty releases, lost time greater than three (3) days, coordination of medical treatment, in-patient hospitalization, etc. for claimants covered under workers' compensation plan.
54. Will you provide requested materials to the Department of Financial Services on ECUA's behalf? What materials will you provide, including the frequency and basis for providing the materials?
55. Will you meet with ECUA staff monthly for the first three months, then bimonthly, to review and discuss claims, loss control, exposure, changes, and administrative concerns?
56. What fieldwork is included in your quoted services? How do you determine when fieldwork is warranted?
57. Does your proposal include Workers' Compensation Insurance for the period of October 1, 2022 to September 30, 2023? If not, provide explanation.
58. Does your proposal include TPA claims administration services for ECUA'S approximately 12 self-insured legacy claims? If not, provide explanation.
59. Will you require ECUA to maintain an imprest account to cover the claims expense of its self-insured legacy claims? If so, explain who owns the imprest account, what is required of ECUA to setup an imprest fund, the reconciliation process, and to what level the imprest account must be funded by ECUA.
60. How did you find out about this formal solicitation? Choose one of the following:
___ ECUA Website ___ BidNet Direct ___ ECUA Email ___ Other (Please specify _____)

**PREMIUM/FEES PROPOSAL
RFP 2022-15**

61. State your premium and TPA fees below. Disclose all fees.

<i>Workers' Compensation Insurance</i>	<i>Policy Period 10/01/2022 to 09/30/2023</i>	<i>Premium</i>
Provide premium quotes for Workers' Compensation Insurance with the following deductibles:		
\$10,000 Deductible		
\$25,000 Deductible		
\$35,000 Deductible		
<i>TPA Claims Service Fees for 12 Self-Insured Legacy Claims with loss date prior to July 1, 2015</i>	<i>Contract Period 10/01/2022 to 09/30/2023</i>	<i>Fees - Include all fees associated with TPA services provided</i>
Medical Only Claims:		
Lost Time/Litigated Claims:		
Administration Fee:		

62. What does the deductible cover? What is not covered by the deductible?

63. Does the deductible include legal fees?

64. For what period are the quotes guaranteed?

65. Is a longer premium/fee guarantee available?

66. Do you agree to extend the contract for two additional one-year periods with no increase in Florida Workers' Compensation Class Rates?

67. If quoting as a broker, what is your experience with the insurer?

68. What contingencies are attached to the premium and fees you are proposing?

69. Is claim information available on-line and will training be available if needed? Is there additional cost for training of ECUA staff in your quoted premium? If not, list the training you offer and any associated fees.

70. Based on ECUA's loss history, what fee arrangement is more cost effective for ECUA and why?

71. State your preferred method for billing and accepted means of payment.

EXCEPTIONS

	Yes	No
Does your proposal include exceptions? If yes, list the exceptions with explanation below.		

Exceptions include the whole RFP document, our specifications, Instructions to Proposers and General Provisions.

Please list and explain the exceptions below:

AUTHORIZED REPRESENTATIVE

I read the Emerald Coast Utilities Authority Request for Proposals 2022-15, I understand the scope of services requested and requirements stated, and I am either complying with the scope of services and requirements or indicating the specific items with which I cannot comply. In cases of noncompliance, where possible, I offered an alternate solution.

The Request for Proposals by the ECUA is understood to be a request for proposal from providers of Workers' Compensation Insurance and Third-Party Administrator Services for Workers' Compensation legacy claims which may be accepted by ECUA for formation of a valid and binding contract. I represent that I am authorized to make such an offer on behalf of the proposed firm.

I understand and acknowledge that **all addenda issued by ECUA must be acknowledged by signature and returned in proposal package to meet bid requirements.**

NAME: _____
Signed Printed

TITLE: _____

ADDRESS: _____

TELEPHONE: () _____

FAX NUMBER: () _____

(VERY IMPORTANT) EMAIL: _____

EMERALD COAST UTILITIES AUTHORITY
RFP 2022-15
REFERENCES FORM

To be responsive, proposers are required to provide reference information for three (3) clients you currently provide workers' compensation insurance and/or third-party administrator services along with three (3) former clients for which you provided workers' compensation insurance and/or third-party administrator services. References should be organizations similar in industry type and size to ECUA.

Current Clients

1. Organization:

Contact Person and Title:

Email Address:

Phone:

Contract Period:

Scope of Service:

2. Organization:

Contact Person and Title:

Email Address:

Phone:

Contract Period:

Scope of Service:

3. Organization:

Contact Person and Title:

Email Address:

Phone:

Contract Period:

Scope of Service:

Former Clients

4. Organization:

Contact Person and Title:

Email Address:

Phone:

Contract Period:

Scope of Service:

State reason(s) for the discontinuance:

5. Organization:

Contact Person and Title:

Email Address:

Phone:

Contract Period:

Scope of Service:

State reason(s) for the discontinuance:

6. Organization:

Contact Person and Title:

Email Address:

Phone:

Contract Period:

Scope of Service:

State reason(s) for the discontinuance:

EQUAL OPPORTUNITY CLAUSE

During the performance of this contract, the contractor agrees as follows:

(1) The contractor will not discriminate against any employee or applicant for employment because of race, color, creed/religion, sex, national origin, disability/handicap, age, marital status, veteran status, or any other legally protected status. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, creed/religion, sex, national origin, disability/handicap, age, marital status, veteran status, or any other legally protected status. Such action shall include, but not be limited to the following: Employment, upgrading, demotion, or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.

(2) The contractor will in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, creed/religion, sex, national origin, disability/handicap, age, marital status, veteran status, or any other legally protected status.

(3) The contractor will send to each labor union or representative of workers which he/she has a collective bargaining agreement or other contract or understanding, a notice advising the labor union or workers' representative of the contractor's commitments under Section 202 of Executive Order 11246 of September 24, 1965, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(4) In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of such rules, regulations, or orders, this contract may be cancelled, terminated or suspended in whole or in part and the contractor may be declared ineligible for further contracts with the Emerald Coast Utilities Authority. Provided, however, that no such action shall be taken without prior notice to the contractor and an opportunity for a hearing before the governing Board of the Emerald Coast Utilities Authority or its designee.

(5) The contractor will include the provisions of paragraphs (1) through (4) in every subcontract or purchase order for an amount exceeding ten thousand dollars (\$10,000) in any twelve (12) month period, so that such provisions will be binding upon each subcontractor or vendor.

Signature

Date

Name & Title of Signer

CERTIFICATION OF NON-SEGREGATED FACILITIES

By the submission of this bid, the bidder, offeror, applicant, or subcontractor certifies that he/she does not maintain or provide for his/her employees any segregated facilities at any of his/her establishments, and that he/she does not permit his/her employees to perform their services at any location under his/her control, where segregated facilities are maintained. He/she certifies further that he/she will not maintain or provide for his/her employees any segregated facilities at any of his/her establishments, and that he/she will not permit his/her employees to perform their services at any location, under his/her control, where segregated facilities are maintained. The bidder, offeror, applicant, or subcontractor agrees that a breach of this certification is a violation of the Equal Opportunity Clause in this contract. As used in this certification, the term "segregated facilities" means any waiting rooms, work areas, rest rooms and wash rooms, restaurants and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees which are segregated by explicit directive or are in fact segregated on the basis of race, color, creed/religion, national origin, age, marital status, or veteran status because of habit, local custom, or otherwise. He/she further agrees that (except where he/she has obtained identical certifications from proposed subcontractors for specific time periods) he/she will obtain identical certifications from proposed subcontractors prior to the award of subcontracts or purchase orders exceeding \$10,000; that he/she will retain such certifications in his/her files and make them available to the Emerald Coast Utilities Authority upon request.

Provided, however, that such certifications shall not be required in the case of purchase orders or contracts which, in case of a Federal Government contract or subcontract, would be exempt from compliance with the Equal Opportunity Clause by 41 CFR S60-1.5. This section provides for the exemption of transactions not exceeding \$10,000, contracts and subcontracts for indefinite quantities established not to exceed \$10,000 in any contract year, contracts with certain educational institutions, work on or near Indian reservations, facilities (including, but not limited to, agencies, instrumentalities or subdivision of state or local government) which are separate and distinct from activities of the prime contractor or subcontractor related to the performance of the contract or subcontract, and emergencies involving national security.

Signature

Date

Name & Title of Signer

DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that _____ does:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 1893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Bidder's Signature

Date

Company: _____

Bid/RFP/PO: _____

E-VERIFY STATEMENT OF COMPLIANCE

Contractor hereby certifies compliance with the following:

Pursuant to § 448.095(2) Florida Statutes (2020), Contractor shall register with and use the E-Verify system operated by the United States Department of Homeland Security to verify the work authorization status of all new employees hired by Contractor while performing work or providing services for ECUA. Contractor shall also include in any related subcontracts a requirement that subcontractors performing work or providing services for ECUA on its behalf register with and use the E-Verify system to verify the work authorization status of all new employees hired by the subcontractor while performing work or providing services for ECUA. Additionally, Contractor shall include in any related subcontracts a requirement that subcontractors performing work or providing services for ECUA on its behalf provide Contractor with an affidavit stating that the subcontractor does not employ, contract with, or subcontract with any unauthorized alien as defined in 8 U.S.C. § 1324a(h)(3). Contractor shall maintain a copy of such affidavit for the duration of its contract with ECUA.

Bidder's Signature

Date

Company: _____

Bid/RFP/PO: _____