

NEW JERSEY INTERGOVERNMENTAL INSURANCE FUND



REQUEST FOR PROPOSAL

**Position of: THIRD PARTY ADMINISTRATOR FOR THE
WORKERS COMPENSATION INSURANCE FUND**

Submission Deadline: November 14, 2019

**Submission Location: NJIIF, Co-Administrators
Mr. John Serapiglia
Polaris Galaxy Insurance, LLC
777 Terrace Avenue, Suite 309
Hasbrouck Heights, New Jersey 07604**

RFP Number: 2020-004

New Jersey Intergovernmental Insurance Fund

GENERAL INFORMATION NOTICE (“GIN”) INTRODUCTION TO WORKERS COMPENSATION TPA AND RELATED SERVICES RFPs FOR 2020

Third Party Administrator (“TPA”) - RFP 2020-004
Medical Claims Manager (“MCM”) - RFP 2020-005
Healthcare Network Provider (“HNP”) - RFP 2020-006

This request (“RFP”)s seeks proposals for the following services for the NJIIF’s Workers Compensation Line of Insurance for 2020 for (1) Third Party Administrator (“TPA”), (2) Medical Claims Manager (“MCM”), and (3) Healthcare Network Provider (“HNP”). Interested parties (“Applicants” or “Vendors”) may submit proposals for one or more of the listed positions.

Applicants who include the services described in two or more of the listed RFPs within the fee structure of their single proposal must clearly explain that their proposal covers the additional services and must provide substantive responses to the requirements listed in each of the subsumed RFPs. For example, if an Applicant for the position of TPA includes the services described under the Medical Claims Management RFP (2020-005) as an integral part of its proposal, Applicant’s proposal must clearly state that MCM services are included within its fee structure and its proposal must respond to the same set of requirements for “Vendor Response” as set forth in Section III of the MCM RFP.

Applicants who submit individual proposals in response to more than one of the listed RFPs shall indicate in the NJIIF form of fee proposal all discounts that are applicable in the event Applicant is selected for two or three of the positions for which Applicant has submitted proposals. Sealed proposals for **RFP (2020-004, 2020-005, 2020-006)** for the NJIIF’s Workers Compensation Fund will be received by the **New Jersey Intergovernmental Insurance Fund** (NJIIF), Attention: John A. Serapiglia and Eric J. Nemeth, Esq., Co-Administrators, Polaris Galaxy Insurance, LLC, 777 Terrace Ave., Suite 309, Hasbrouck Heights, NJ 07604 until 2:00 P.M. prevailing time, November 14, 2019. All proposals will be opened at 2:00 P.M. at the same address.

RFP’s must be received in a sealed envelope bearing the name and address of the bidder and shall be endorsed with the title of the Professional Service being quoted and the applicable RFP number, addressed to the **New Jersey Intergovernmental Insurance Fund, Attention Co-Chairmen**, at the place and hour mentioned above.

Please note that proposals received after the above dates or which fail to comply with the listed Minimum Proposal Requirements will not be considered.

All proposals shall address the “Minimum Requirements for Vendor Response” in the RFP, but may also include such other information that the interested parties believe will assist the NJIIF in evaluating the proposal.

All selections will be based on review of the documentation and information submitted as well as independent research performed by the NJIIF, such as review of references, an evaluation of performance with other governmental and non-governmental entities and/or all other available information. The NJIIF reserves the right to choose one or more professionals for each services, or to choose not to make a selection based on the Notice, or to post subsequent Notices for the same, similar or different services.

N.J. Pay to Play Compliance

Compliance with N.J.S. 19:44A-20.4 ET. Seq.

The NJIIF is a joint insurance fund whose whole operations fall within the ambit of legislation which became effective on January 1, 2006 known as the “Local Unit Pay to Play Law”, codified at N.J.S.A. 19:44A-20.4 et. Seq. (“PTP”). In Compliance with the PTP, the NJIIF has chosen to enter into contracts for its professionals in accordance with N.J.S.A. 19:44A-20.7, otherwise known as the “fair and open process”. In that regard, the NJIIF is soliciting proposals for the Professional services listed below. In addition, to the General Information, Notice, and Bid Document Check List provided; clicking on the Professional service link will provide a description of the services requested, proposal requirements and the criteria pursuant to which proposals will be evaluated by the NJIIF.

New Jersey Intergovernmental Insurance Fund

RFP Background Information

The New Jersey Intergovernmental Fund (NJIIF) is a New Jersey approved self-insured, reinsured Public Entity Insurance Pool serving twenty two members statewide. The NJIIF offers all New Jersey public entities multiple lines of insurance including; Workers Compensation, General Liability, Police Professional, Public Officials, Automobile, Property, Inland Marine, Cyber, Boiler Machinery, Blanket Accident for Emergency employees and volunteers, Crime and Environmental coverages.

2019 MEMBERSHIP

Township of Aberdeen	Borough of Riverdale
City of Asbury Park	Borough of Roseland
City of Bayonne	Borough of Teterboro
Township of Cedar Grove	City of Union City
Borough of Hasbrouck Heights	Union City Parking Authority
Borough of Mantoloking	Township of Verona
Township of Maplewood	Borough of Wanaque
Township of Mine Hill	County of Warren
Morristown Parking Authority	Warren County Mosquito Comm.
Borough of North Haledon	Township of Wayne
Township of Old Bridge	Borough of Woodland Park

These public entities collectively form the following data:

Building Values:	\$1,062,507,642	Number of Vehicles:	2,219
Full Time Employees:	3,289	Part Time Employees:	2,030
Resident Population:	503,881	Seasonal:	1,287
Payroll Information:	\$280,192,028	Budget:	\$676,842,166



RFP-2020-004
REQUEST FOR PROPOSAL
THIRD PARTY ADMINISTRATOR FOR WORKERS COMPENSATION LINE OF
INSURANCE FOR 2020

The NJIIF is soliciting proposals for the position of Third Party Administrator (“TPA”) to provide professional services for its Workers Compensation Insurance Fund for calendar year 2020 with the option to extend the contract for those services for 2021 and 2022. The NJIIF’s selection of a vendor (“Applicant”) for the position of TPA will be based upon a fair and open process, pursuant to N.J.S.A. 19:44A-20.4 et.seq. Please note that in order to have its proposal considered by the NJIIF, the applicant must satisfy the minimum requirements for the position of TPA as set forth in Section III hereof and comply with the proposal requirements set forth in the preceding General Information Notice (“GIN”).

- I.) **Appointment of TPA:** The Executive Board of the NJIIF intends to consider appointment of a TPA for the Workers Compensation Line of Insurance for a term of one year, with options to extend the term for as many as two additional years. The NJIIF may select an individual or firm for this position, so long as they are satisfied that the Minimum Requirements set forth in Section III hereof will be satisfied. No substitution for the services proposed by an applicant may be made by the applicant without the express written consent of the NJIIF Executive Board, which consent may be withheld in its sole discretion.

In addition to the information provided in the GIN, in order to support Applicants’ due diligence in preparing their proposals, the NJIIF will provide access to claims summaries for approximately 15 sample WC claims, however same will be provided for review only upon their execution of a confidentiality agreement satisfactory to the NJIIF. It should be noted that as of the date of this RFP, over the past five years (1/1/14 – to date) the NJIIF has covered 650 lost time claims, 2,017 medical only claims and 465 record only claims.

- II.) **Scope of Services:** In preparing its proposal in response to this RFP, the Applicant acknowledges that the NJIIF will require the selected TPA perform the following minimum duties as well as those prescribed by applicable law:
- A. Review all workers compensation (“WC”) “first notice of claim” forms and petitions submitted by Fund members and investigate each in order to determine the NJIIF’s obligation to pay or provide other benefits in accordance with applicable law.
 - B. Establish, maintain and revise estimated reserve figures for all WC claims. Initial reserves shall be established upon receipt of each new claim and same shall be updated regularly as dictated by the facts as they develop.
 - C. For each WC claim, determine if same is compensable, and proceed with the delivery of WC benefits (or denial), as appropriate, pursuant to applicable law.
 - D. For each accepted WC claim, provide proper notice to the State of New Jersey.

- E. Respond to all data requests from the NJIIF's professionals, including by way of example, its CFO, Actuary, General Counsel, Administrator(s) and Auditor.
- F. Provide all information required by the NJIIF's excess insurance carriers and obtain reimbursement from excess carriers of all sums that have been paid on WC claims that are in the excess layer.
- G. Maintain and provide to the NJIIF upon its request statistical evaluations of all claims, including by way of example and not limitation, monthly amounts paid on each open claim, claim experience for all Fund operating years, etc.
- H. Immediately notify the NJIIF and excess carrier where there is reason to believe that a given WC claim will meet the reporting criteria imposed by the NJIIF's WC excess carrier for the applicable claim year. Assign claims to defense counsel where WC petitions have been filed, which assignments shall be as directed by the NJIIF's Professionals Committee or General Counsel.
- I. Provide remote access by the NJIIF's professionals to all data and files maintained by the TPA. In addition, provide remote access to NJIIF members to view data for their claims.
- J. Notify the NJIIF's General Counsel of all WC claims where surveillance or related investigations may be warranted.
- K. Provide WC loss data, sorted by NJIIF member and otherwise, in the aggregate and on a monthly, quarterly and annual basis to the NJIIF's CMFO and as may be requested by its Actuary, Auditor or State of New Jersey.
- L. Communicate and coordinate work with all vendors retained directly by the NJIIF to provide ancillary Workers Compensation support services, including but not limited to Healthcare Network Providers, Managed Care network providers, Safety and Loss control consultants, etc.
- M. Respond to inquiries by the NJIIF's Administrator or General Counsel.
- N. Within thirty (30) days of receipt of each WC claim, provide the NJIIF's General Counsel with notice of the potential of a cost recovery/subrogation action for such claim. In addition, TPA shall serve initial lien notice letters on all potentially responsible third parties, which letters shall be copied to General Counsel. The TPA shall also serve as the NJIIF's designated representative for all litigated subrogation claims and shall provide General Counsel with litigation support, including but not limited to, providing deposition and trial testimony and executed interrogatory answers and file documents. TPA shall also support all requests by General Counsel for his pursuit and negotiation of Section 40 lien payments.
- O. Provide access to the TPA's network of service providers, as same may be requested by the NJIIF.
- P. Acknowledge and agree that in the event it is awarded a contract for service by the NJIIF for 2020 or any portion thereof, it shall be prohibited from receiving payment, reimbursement or any form of compensation from any person for services provided by Vendor on behalf of the NJIIF or its members, without first obtaining the prior, written consent of the NJIIF.



- Q. Attend monthly meetings of the NJIIF, and special meetings where requested by the Executive Board.
- R. Provide investigatory services when needed to establish compensability, the possibility of a third-party or subrogation actions or to investigate potential fraud.
- S. Ensure that proper financial controls are in effect for the NJIIF's account. In that regard, Applicant, if selected, shall conduct annual financial audits of the NJIIF's account in order to demonstrate that all claim receipts and payments have been fully and properly accounted for, and in conjunction with the NJIIF's CFO, shall ensure that the NJIIF's cash accounts are in balance on a monthly basis.
- T. Optional: At Applicant's option, it may provide safety and loss control services, including facility inspections, employee training and risk management assessments. If such services are being offered by Applicant, the proposal shall set forth the scope and details of such services, the number of labor hours allocated per year to the NJIIF and the credentials for the individuals performing the work. If a proposal for safety and loss control services is submitted, Applicant, in submitting its response to this RFP, shall represent and agree that in its contract with the NJIIF (should Applicant be retained) that any materials physically distributed or electronically transmitted to the NJIIF's insureds shall be boldly marked with the NJIIF logo and shall indicate that the materials are part of the safety services provided by the NJIIF. Further, in submitting its response to this RFP, the Applicant shall describe in detail all streaming and on-line safety training videos available to the NJIIF's insureds and if there is any additional cost associated with the NJIIF's access to such training materials (and if so, the applicable charges).

III.) **Minimum Qualifications and Vendor Response to this Solicitation of Proposals:** In order for its proposal to be considered by the NJIIF, interested parties submitting proposals in response to this solicitation must meet the following minimum requirements:

- A. **Minimum Qualifications:** In order to fulfill the duties of TPA, it must be demonstrated to the satisfaction of the NJIIF (unless the subject requirement is expressly waived by the NJIIF, which waiver, if any, may be provided at the sole discretion of the NJIIF) that the Applicant:
 - 1. Has served in the role of TPA for a New Jersey joint insurance fund for no less than five (5) years or has at least eight (8) years of experience working as an TPA for governmental entities in New Jersey.
 - 2. Has sufficient staff to satisfy the scope of services described in Section II hereof.
 - 3. Operates a claims database that allows remote access for clients.
 - 4. Has a high degree of knowledge of (a) finance and operation of local government units in New Jersey, (b) workers compensation matters involving NJ governmental entities, (c) the regulations and other requirements of the NJ Dept. of Banking and Insurance and NJDCA pertaining to joint insurance funds, and (d) financial matters relating to joint insurance funds.

5. Has served as a claims manager and adjuster for workers compensation matters for governmental entities for at least ten (10) years.
6. Carries statutory Worker Compensation insurance, Auto and General Liability coverage with limits of not less than \$2,000,000 per claim/\$2,000,000 aggregate, Professional Liability insurance with limits of not less than \$5,000,000 per claim/\$5,000,000 aggregate and Cyber Liability with limits of \$1,000,000 per claim for each of the following coverages: Media Content Insurance, Security and Privacy Liability Insurance, Regulatory Action Sublimit of Liability, Network Interruption Insurance, Event Management Insurance and Cyber Extortion Insurance. All policies except Workers Compensation and Professional Liability shall name the NJIIF as an additional insured.

B. Minimum Requirements for Vendor Response to the NJIIF's Solicitation of Proposals: Applicants wishing to provide a proposal in response to the NJIIF's solicitation shall provide the following minimum information in its proposal, which proposal must be submitted at the location and within the time constraints set forth above:

1. Full name, Federal I.D. number, business address, phone and fax number of entity or person submitting the proposal.
2. List of all individuals who, if selected, will provide services to the NJIIF, along with a summary of the post-high school education and licenses held by each such person and their number of years each person providing services has worked for New Jersey joint insurance funds, along with the identities of those funds and the services provided to each.
3. Completed Respondent's Information Sheet (Please use Exhibit A-1).
4. A description of the services to be provided in addition to those set forth in Section II hereof.
5. A list of all subcontractors or vendors through which applicant intends on providing service to the NJIIF.
6. In submitting its response to this RFP, the applicant shall make the affirmative representation that other than as set forth in Schedule FD, (Please use Exhibit F) attached to its proposal, within the last twelve months, it has received no payment, compensation or reimbursement in any form from any person, company or entity for the referral or assignment of work, business or for services provided to or on behalf of the NJIIF or any of its members. Applicant shall complete Schedule FD providing therein a detailed list of all individuals that have paid or reimbursed applicant during the past twelve months and the amounts of all such payments where such payment(s), compensation or reimbursement was/were derived from, based upon or related to the NJIIF.
7. A copy or description of the insurance policies set forth in section III (A) (6) hereof.

8. Proposed lump sum, annual cost to provide the services set forth in Section II and III (B) (4) hereof during 2020. The applicant shall also provide lump sum, annual pricing for calendar years 2021 and 2022 in the event the NJIIF, in its sole discretion, chooses to extend the contract with the selected applicant. Applicant shall also include pricing for safety and loss control services if same are being offered by Applicant. (Please use Exhibit A-2)
9. Any renewal Rate Guarantees or multi-year proposals.
10. The Bid Document Check List, initialed and all requirements on list attached. (Please use Exhibit B)
11. A statement that the applicant complies with N.J.S.A. 10:5-1 et. seq. (Law Against Discrimination) and P.L. 1975, C 127 (Affirmative Action) (Please use Exhibit C)
12. The name and address of at least three (3) references consisting of clients for which the applicant has provided in the past five (5) years.
13. A list and description of all professional liability claims, if any, brought against the applicant during the past five (5) years.
14. A copy or description of your Disaster recovery plan.
15. Completed Stockholder Disclosure Certification (Please use Exhibit D)
16. Completed Non-Collision Affidavit (Please use Exhibit E)
17. Completed Schedule (Please use Exhibit F)
18. The applicant shall provide the NJIIF with 5 copies of its proposal.
19. A list of all other insurance carriers, including joint insurance funds (collectively "Carriers"), to whom third party administrator and/or loss and safety control services are currently being provided in New Jersey, and describe the services Applicant proposes it will provide to the NJIIF that are distinct from the services provided to other Carriers and that will exclusively be provided to the NJIIF's members.
20. Details of all safety programs and videos available to the NJIIF and its members in an on-line or streaming format.
21. Applicants are encouraged to provide any supplemental information deemed important and the reason it should be considered in the overall evaluation.
22. To the extent Applicant includes HPN and MCM services (see defined terms below) in it proposal for TPA services, provide responses or be prepared to respond during a potential NJIIF Interview, to the questions in Exhibit G.

C. **Supplemental Services (optional):** Applicant may elect to offer additional services to the NJIIF in support of operation of the WC Fund consisting of access to healthcare network provider ("HNP") and Medical Case Management ("MCM"). Applicants are advised that the NJIIF may elect to unbundle these services, and at its sole option, may

choose to retain an Applicant for one or more of the listed services and not for TPA services. Those additional services that will be considered by the NJIIF are as follows:

1. **Healthcare Network Provider:** In the event Applicant is not providing access to its own healthcare network as part of the lump sum proposal for TPA services above but will provide access for a fee, applicant shall provide a separate proposal in response to RFP 2020-004. The HPN proposal shall include, at a minimum, the fee structure for access to the network, names of all providers included in the network, geographical locations of all providers, medical services provided and detailed description of the medical network. The proposal shall include pricing for any prescription plans that are available through Applicant or its proposed network.
2. **Medical Case Management:** In the event Applicant is not providing medical case management, including oversight of WC claims by nurse case managers, as part of the lump sum proposal for TPA services here in, but will provide access to such management programs for a fee, the fee structure and scope of services to be provided as a separate proposal in response to RFP-2020-003.

IV.) **Basis for Award of Professional Services Contract:** The NJIIF shall award the agreement for the professional services described herein, at its sole discretion, based upon numerous factors, including by way of example and not limitation, vendor qualifications, merit, proposal cost, references and experience with issues confronting the NJIIF. The NJIIF reserves the right to select a vendor and negotiate with said vendor the compensation to be paid for its services and other terms of the contract pursuant to which said services will be rendered to the Fund.. A final award shall be made by Resolution adopted by a majority of the Executive Board of the NJIIF based upon the proposal made to the NJIIF that has been determined to be **the most advantageous to the NJIIF, price and other factors considered.** The specific criteria will include, by way of example and not limitation:

- A. Responsiveness to the scope of services;
- B. Organization of the proposal;
- C. Experience, reputation, and qualifications of the principal assigned to service the NJIIF;
- D. History and experience with similar types of governmental entities;
- E. Knowledge of the operations of JIF's and Insurance Pools in N.J., the NJIIF and the services to be provided as TPA;
- F. Knowledge of N.J. Workers Compensation
- G. Favorable references from Public sector clients for whom similar services are/were provided;
- H. Supplemental information provided as part of the proposal;
- I. Other factors the Executive Board deems in the best interest of the NJIIF membership;

- J. The NJIIF reserves the right to reject any proposal(s), to waive any irregularities or technicalities and to accept the proposal deemed the most advantageous to the NJIIF;
- K. All awards are and shall be subject to the availability of funds.

Exhibit A-1

RESPONDENTS INFORMATION SHEET

Please fill in the following information and submit with your proposal:

COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

FEDERAL I.D. NUMBER: _____

NAME OF PERSON PREPARING BID: _____

PHONE NUMBER _____ EXT. _____

CONTACT PERSON FOR CORRESPONDANCE REGARDING THE PROPOSAL

NAME: _____

ADDRESS: _____

PHONE: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

PROJECT COORDINATOR

COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CELL PHONE NUMBER: _____

FAX NUMBER: _____

PERSON TO CONTACT: _____

EMAIL ADDRESS: _____



Exhibit A-2
NJIIF PROPOSAL FORM

Applicant name & title: _____

Signature: _____

Address: _____

Phone: _____ Fax: _____

Title/Number of RFP: _____

The following as applicable:

1.) TPA Services	2020	2021	2022
Flat/Annual rate for the proposal services:	\$_____	\$_____	\$_____
Per claim flat fee rate for the proposal services:	\$_____	\$_____	\$_____
Hourly Rate for providing services outlined herein:	\$_____	\$_____	\$_____
Hourly Rate for additional services/personnel:	\$_____	\$_____	\$_____

Description _____

2.) Safety and Loss Control Services	2020	2021	2022
Flat/Annual rate for the proposal services:	\$_____	\$_____	\$_____
Per claim flat fee rate for the proposal services:	\$_____	\$_____	\$_____
Hourly Rate for providing services outlined herein:	\$_____	\$_____	\$_____
Hourly Rate for additional services/personnel:	\$_____	\$_____	\$_____

Description _____

3.) Any other anticipated expenses/costs:	\$_____	\$_____	\$_____
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Description _____

Exhibit B

RFP DOCUMENT CHECKLIST

Instructions to Respondents and Statutory Requirements

Initial each checked entry to confirm applicant's review and response to each item

Required by NJIIF	Submission Requirement	Initial
X	RFP Document Checklist (Exhibit B)	
X	Business Registration Certificate Form (mandatory with RFP submission)	
X	Stockholder Disclosure Certification Form (Exhibit D)	
X	Non-Collusion Affidavit Form (Exhibit E)	
X	Photocopy of Affirmative Action Compliance - Evidence and Language Read and Acknowledged (Exhibit C)	
X	RFP Proposal Form (Exhibit A-2)	
X	Respondent's Information Sheet (Exhibit A-1)	
X	Financial Disclosure (Schedule FD)	

Place the following mandatory submissions at the beginning of the Proposal:

1. Business Registration Certificate

Exhibit C

**AFIRMATIVE ACTION COMPLIANCE NOTICE
N.J.S.A. 10:5-31 and N.J.A.C. 17:27**

**GOODS AND SERVICES CONTRACTS
(INCLUDING PROFESSIONAL SERVICES)**

This form is a summary of the successful bidder's requirement to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

The successful bidder shall submit to the public agency, after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

(a) A photocopy of a valid letter that the contractor is operating under an existing Federally approved or sanctioned affirmative action program (good for one year from the date of the letter);

OR

(b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-4;

OR

(c) A photocopy of an Employee Information Report (Form AA302) provided by the Division and distributed to the public agency to be completed by the contractor in accordance with N.J.A.C. 17:27-4.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) from the contracting unit during normal business hours.

The successful vendor(s) must submit the copies of the AA302 Report to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The Public Agency copy is submitted to the public agency, and the vendor copy is retained by the vendor.

The undersigned vendor certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27 and agrees to furnish the required forms of evidence.

The undersigned vendor further understands that his/her bid shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

COMPANY: _____ SIGNATURE: _____

PRINT NAME: _____ TITLE: _____ DATE: _____

N.J.S.A. 10:5-31 and N.J.A.C. 17:27
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
Goods, Professional Services and General Service Contracts
(Mandatory Affirmative Action Language)

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

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex. Except with respect to affectional or sexual orientation, the contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex. 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 Public Agency Compliance Officer setting for the provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable 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 age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex.

The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to employ minority and women workers consistent with the applicable county employment goals established in accordance with N.J.A.C. 17:27-5.2 or a binding determination of the applicable county employment goals determined by the Division, pursuant to N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the applicable employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Contract Compliance and EEO as may be requested by the Division from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Contract Compliance & EEO for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.

Exhibit D

STOCKHOLDER DISCLOSURE CERTIFICATION

Name of Business _____

I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

OR

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business organization:

- Partnership Corporation Sole Proprietorship
 Limited Partnership Limited Liability Corporation Limited Liability Partnership
 Subchapter S Corporation

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

(copy if need more space)

Stockholders:

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Subscribed and sworn before me this ____ day of _____, 2__.

(Notary Public)

My Commission expires:

(Affiant)

(Print name & title of affiant)

(Corporate Seal)



Exhibit E

NON-COLLUSION AFFIDAVIT

State of New Jersey
County of _____

ss:

I, _____ residing in _____
(name of affiant) (name of municipality)
in the County of _____ and State of _____ of
full age, being duly sworn according to law on my oath depose and say that:

I am _____ of the firm of _____
(title or position) (name of firm)
_____ the bidder making this Proposal for the bid

entitled _____, and that I executed the said proposal with
(title of bid proposal)

full authority to do so that said bidder has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the _____ relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by _____.

Subscribed and sworn to

before me this day _____ of

Signature

_____, 2 _____

(Type or print name of affiant)

Notary Public

My commission expires: _____
(Seal)

Exhibit G

The following questions should either be addressed in your proposal, or be answered should your firm be invited for an interview.

General Information

Please provide a complete list of current managed care services that you are submitting in your proposal.

Please explain how the above services work?

How do you select claims for clinical intervention?

How do you validate your impact at a claim level? At a program level?

Provide at least three current customer references?

Please provide a list of your current New Jersey clients.

Provide recent success stories involving the services you are proposing to provide. In which category of product? Clinical?

List your various applicable certifications, accreditations, licenses, etc.

Are you licensed to do Manage Care in NJ?

What key management staff in your organization will be assigned to NJIIF on an ongoing basis? What are their qualifications and experience? Have they handled Municipal/Public Entity WC claims ?

Does your firm belong to any industry organizations, advisory panels, councils, etc.? If so, please describe.

What are your organization's top developmental priorities? Describe top challenges your organization currently faces and how your organization is addressing these challenges.

What differentiates your company from your competitors? What innovative products and services will you offer as part of this RFP

Please describe the implementation team and the process you propose. Do you have dedicated implementation specialists? Include a sample implementation report.

Describe your stewardship process and provide a sample stewardship report.

Describe your customer service and account management model and proposal for managing the NJIIF account.



How does your work get to the NJIIF and to our clients?

How will the TPA, NJIIF administrators, and the member interface with your computer system?

Is paperless Case Management available?

How is your paperless system supported?

What is your electronic data transfer capabilities as far as maximum size and access?

INTAKE

Can you take initial reports directly from the TPA?

What is your staff hours of availability for the initial intake process?

What is the development of information for State reporting?

What is your transmittal to NJIIF in electronic access format?

What is your process for handling questionable cases?

What internet based interface or web portal capabilities are available to your clients?

FROI

Are you able to download these in a batch each day? Or can they be forwarded by e mail or fax to the TPA.

Nurse Telephonic Triage

Do you provide telephonic triage? Describe your program, including turnaround standards and reporting capabilities.

What is the turnaround time for written or verbal updates available to your clients and the insured?

What are your case manager's caseloads?

Will you provide dedicated nurses for the NJIIF WC claims?

Describe the integration of your telephonic triage program with other managed care program components.

Provide a workflow of your process.

What is the case managers workflow? Is it comparable to our request?

Do you offer outbound calls on self-care cases/claims?

Is the caller answered by a live person?

Is all triage performed by a nurse? What are their credentials?

Are your case managers RN's?

Describe your medical guidelines.

What are your diagnostic PT scheduling procedures?

How do you handle non-English speaking callers? Is there an additional cost?

What are the particularly unique advantages of your company's service offering in this area?

Do your Case Managers follow up on light duty with the employer?

What is the average duration of a case management case?

Do your supervisors or team leaders carry a case load?

Do you maintain a case diary system per case manager?

Do you schedule all medical appointments during non-work hours?

Pharmacy

Describe your pharmacy benefit management program.

Describe any relationships with subcontractors or other outside vendors. Describe your relationship with the subcontractor, how services are delivered, and the steps you take you maintain quality assurance.

Can you provide access to prescriptions through all pharmacies without the injured making payment? Can you then bill the NJIIF directly?

What is your specific strategy in managing narcotics? Is there a varying strategy for young claims? Older claims?

How do you manage specialty drugs? Can you identify specialty drugs that are being managed at the physician office? If so, how are you capturing and converting into the PBM network?

How do you manage out of network or third party bills?

Please describe your repackaged drug/physician dispensing solution.

How do you manage and control the formulary?



How do you manage generic drug substitution?

Durable Medical Equipment

Provide a brief description of your overall capabilities to provide DME services.

Describe any relationships with subcontractors or other outside vendors. Describe your relationship with the subcontractor, how services are delivered, and the steps you take you maintain quality assurance.

Describe the integration of your DME program with other managed care program components.

Describe your discharge planning process.

What clinical oversight do you provide?

Describe your process for assuring the medical necessity of a requested DME item or service.

Describe current policies and procedures related to timely delivery. Does your organization have the ability to inform NJIIF immediately of any potential problems in providing any DME/medical supplies in a timely manner under the provider agreement? If so, please describe.

The selected DME provider must verify claimant eligibility and obtain any required prior authorization before providing services to NJIIF's claimants. The selected DME provider must also notify NJIIF immediately upon receipt of a prior authorization, if the order cannot be filled as requested. Describe your internal processes for carrying out these functions.

Describe your organization's policies and procedures for working with physicians and other providers and insurers to ensure that care is coordinated, and that pertinent information is communicated to those entities.

What are the standard business hours for your customer service center? Are you available 24-7?

Telephonic Case Management

Describe your telephonic case management program.

Describe any relationships with subcontractors or other outside vendors. Describe your relationship with the subcontractor, how services are delivered, and the steps you take you maintain quality assurance.

Describe the suggested case management model (how and when you would apply nurse case management) triggers, duration, closure criteria, etc.) for NJIIF.

Do your telephonic case management nurses also handle utilization review?

How are utilization and case management nurses supervised?

What are your caseload standards?

Please provide a copy of your initial evaluation template.

Explain any requirement for referencing and documenting treatment and disability duration guidelines.

Specify the timing for the initial evaluation.

Describe how you manage catastrophic and chronic pain cases.

Describe your ongoing case management process, including criteria and timing for follow up.

Who will be the nurse case manager(s) assigned to this account? Are they in-house staff or contractors? How were they selected? What are their qualifications and WC experience?

Describe the role and authority of a case manager, including philosophy of case management, duration of involvement, face-to-face vs. telephone contact, and other relevant factors.

Are all cases screened for WC case management? Please list criteria for identifying potential problem cases and describe when and how criteria are applied.

How do you monitor and evaluate the quality and effectiveness of your case managers? How are the results communicated to providers, your management and staff, employers, and clients?

How does your case management model integrate with the rest of your program?

Medical and Injury Management

What is your return to work philosophy? Explain your approach.

Describe any relationships with subcontractors or other outside vendors. Describe your relationship with the subcontractor, how services are delivered, and the steps you take you maintain quality assurance.

Do you have medical directors and/or physician advisors on staff?

Please describe your recommended process for ensuring early return to work.

Are utilization review decisions linked to the bill review process? If so, please describe.

Please describe your recommended process for utilization review

Explain your capabilities to provide vocational assistance to an insured through TCM.

Describe your mid case referral process (the process to continually identify and triage claims that were not initially referred to medical case management, but qualified at a later time).

Describe your predictive modeling capabilities and methodology.

Please provide a detailed description of your early intervention services and process.

Field Case Management

Describe your field case management program(s).

Describe any relationships with subcontractors or other outside vendors. Describe your relationship with the subcontractor, how services are delivered, and the steps you take to maintain quality assurance.

What credentials and experience are your field case managers required to have?

Do field case managers have access to the claim and clinical management systems?

Describe your field case task assignment process.

How will you provide field case management services in the jurisdictions where NJIIF does business?

How are field case managers supervised?

What are your caseload standards? How are case managers assigned to new cases?

Describe your in-house training programs for nurse case managers.

Describe the guidelines used specific to disability/treatment plans (i.e., ODG, ACOEM, etc.). Include the source and how this is integrated within your system(s).

How do you handle rushes, or weekend referrals? Any extra charges?

What is your response time to new cases?

Unless otherwise directed by the client , NCM to contact he adjuster for authorization on all:

Diagnostic Testing

DME

Surgeries

Inpatient Stays

Out of network treatment

Home Health Services

FCE's

Unless otherwise directed by the client, NCM is to contact insured/adjuster to confirm:

Light Duty



RTW status

Obtain a job description

