

NEW JERSEY INTERGOVERNMENTAL INSURANCE FUND



## **REQUEST FOR PROPOSAL**

**Position of: MEDICAL CLAIMS MANAGEMENT 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: 2020-005**

## New Jersey Intergovernmental Insurance Fund

### **GENERAL INFORMATION NOTICE (“GIN”) INTRODUCTION TO WORKERS COMPENSATION TPA AND RELATED SERVICE 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** (NJJIF), C/O John A. Serapiglia and Eric J. Nemeth, Administrators, Polaris Galaxy Insurance, LLC, 777 Terrace Ave., Suite 309, Hasbrouck Heights, NJ 07604 until 2:00 P.M. prevailing time, Wednesday, November 14, 2019. All proposals will be opened at 2 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

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

These public entities collectively form the following data:

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



## RFP 2020-005

### REQUEST FOR PROPOSAL (“RFP”): MEDICAL CLAIMS MANAGEMENT FOR WORKERS COMPENSATION LINE OF INSURANCE FOR 2020

The NJIIF is soliciting proposals for the position of Medical Claims Manager (“MCM”) to provide professional services for its Workers Compensation Insurance Fund for calendar year 2020 with options to be exercised at the sole discretion of the NJIIF for 2021 and 2022. The NJIIF’s selection of a vendor (“Applicant”) for the position of Medical Claims Manager 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 Medical Claims Manager as set forth in Section III hereof and comply with the proposal requirements set forth in the GIN.

- I.) **Appointment of Medical Claims Manager:** The Executive Board of the NJIIF intends to consider appointment of a Medical Claims Manager 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 overview of claims information provided in the GIN, in order to support Applicant’s due diligence in preparing its proposal, the NJIIF will provide access to claims summaries for approximately 15 sample WC claims, however same will be provided for Applicant’s review only upon their execution of a confidentiality agreement whose terms are satisfactory to the NJIIF.

- II.) **Scope of Services:** In preparing its proposal in response to this RFP, the Applicant hereby acknowledges that the NJIIF will require that the selected Medical Claims Manager shall 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 received by the NJIIF’s Third Party Administrator and investigate each in order to determine the level of medical care needed for the claim.
  - B. Following initial evaluation of each claim, ensure that medical care is provided by medical providers within the network of panel providers established for the applicable member by the NJIIF’s TPA (See RFP 2020-004 and/or Healthcare Network Provider RFP 2020-006).
  - C. Establish, maintain and revise treatment programs for all covered employee claims, with an emphasis on providing each claimant with quality medical care consistent with the nature of his/her medical condition.

- D. Become familiar with the modified duty programs maintained by each NJIIF Member and based upon each employee's medical condition, arrange for a prompt return to work, either to regular duty or modified duty, as appropriate based upon the employee's job duties and any medical limitations.
- E. Coordinate with the TPA, and the Healthcare Network Provider and NJIIF Administrators to establish a panel list of physicians and medical providers tailored to each Member.
- F. For all lost time injuries, communicate to the Member's representative and the TPA the nature of the injury, the recommended course of treatment, and the schedule for return to work. This information will be provided on a regular and ongoing basis during the course of medical treatment provided to the employee. Provide nurse case management, both by telephone and in-person where appropriate.
- G. Advise the NJIIF's TPA and General Counsel immediately in cases where fraud is suspected.
- H. Provide feedback to the NJIIF's TPA and Administrator's as to the performance of the NJIIF's assigned medical providers.
- I. Provide remote access by the NJIIF's professionals to all data and files maintained by the Medical Claims Manager.
- J. 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, Third Party Administrator, Safety and Loss control consultants, etc.
- K. Respond to inquiries from defense counsel assigned to claim petitions by the NJIIF and provide deposition and trial testimony where requested.
- L. Respond to inquiries by the NJIIF's Administrator or General Counsel.
- M. 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.
- N. Attend monthly meetings of the NJIIF, and special meetings where requested by the Executive Board.

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 Medical Claims Manager 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 Medical Claims Manager for a New Jersey joint insurance fund and has experience working as a Medical Claims Manager for governmental entities. 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 and 2,017 medical only claims and 465 record only claims.
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, and (c) the regulations and other requirements of the NJ Dept. of Banking and Insurance and NJDCA pertaining to joint insurance.
5. Has served as a medical claims manager and adjuster for workers compensation matters for governmental entities for at least five (5) 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, 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.
3. Number of years each person providing services has worked for New Jersey joint insurance funds, the identities of those funds and the services provided to each.
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),

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. Completed Respondent's Information Sheet (Please use Exhibit A-1)
8. Proposed lump sum, annual cost to provide the services set forth in Section II and III (B) (4) hereof during 2020. If available, Applicant shall also provide a proposal on a per claim basis. Applicant shall provide pricing for each of calendar years 2021 and 2022 in the event the NJIIF, in its sole discretion, chooses to extend the contract with the selected Applicant. (Please use Exhibit A-2)
9. Bid Document Check List, initialed and all requirements on list attached. (Please use Exhibit B)
10. 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) (Use Exhibit C)
11. 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.
12. A list and description of all professional liability claims, if any, brought against the applicant during the past five (5) years.
13. A copy or description of Applicant's Disaster Recovery Plan.
14. Completed Stockholder Disclosure Certificate (Please use Exhibit D), Non-Collusion Affidavit (Please use Exhibit E) and Schedule FD (Please use Exhibit F)
15. The Applicant shall provide the NJIIF with 5 copies of its proposal
16. Applicants are encouraged to provide any supplemental information deemed important and the reason it should be considered in the overall evaluation.
17. Applicant is encouraged to respond as a written supplement to its proposal (or be prepared to respond in a potential interview by the NJIIF) to the questions and request for information presented as Exhibit G to this RFP.

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:

1. Responsiveness to the scope of services;
2. Organization of the proposal;
3. Experience, reputation, and qualifications of the principal assigned to service the NJIIF;
4. History and experience with similar types of governmental entities;
5. Knowledge of the operations of JIF's and Insurance Pools in N.J., the NJIIF and the services to be provided as Medical Claims Manager;
6. Knowledge of N.J. Workers Compensation
7. Favorable references from Public sector clients for whom similar services are/were provided;
8. Supplemental information provided as part of the proposal;
9. Other factors the Executive Board deems in the best interest of the NJIIF membership;
10. 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;
11. 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.) Medical Claims Management	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.) Any other anticipated expenses/costs: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

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 F

**Schedule FD  
Vendor Financial Disclosure Form**

Entity Name / Source of Compensation	Amount Received from a.) 1/1/19 – 12/31/19 Anticipated to be Paid From b.) 1/1/20-1/31/20	
	a.)	b.)

By submitting its response to this RFP, \_\_\_\_\_ hereby represents and warrants that other than as set forth in this Schedule FD, other than payments that listed above, it has received no payment, compensation or reimbursement and anticipates receiving no future payments, compensation or reimbursement, in any form from any person, company or entity for the referral or assignment of work, business or services provided to or on behalf of the NJIIF or any of its members.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Witnessed by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EXHIBIT G

### **General Information**

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

Please explain how you intend to implement the Medical Claims Management Services program for the NJIIF, including how you will coordinate with the NJIIF's TPA and HNP.

Please explain what criteria are employed to 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.

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 to the NJIIF?

Please describe the implementation team that will be assigned to the NJIIF 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 managers' 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.

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?

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?