City of Jacksonville, Florida

ONE CITY. ONE JACKSONVILLE.

Lenny Curry, Mayor
Division of Insurance and Risk Management
117 West Duval Street
Suite 335
Jacksonville, FL 32202
(904) 630-7521
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MEMORANDUM

October 10, 2018

TO: Gregory Pease, Chairman
Professional Services Evaluation Committee

FROM: Twane Duckworth, Chief
Finance and Administration Department/Risk Management Division

Bibinia Centeno, Manager, Finance & Administrative
Finance and Administration Department/Risk Management Division

Subject: Fee and Contract Negotiation Report Letter for P-42-18 Workers' Compensation and Casualty Claims Review

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The Risk Management Division has negotiated with Siver Insurance Consultants, Inc., the only firm that submitted a proposal for workers' Compensation and Casualty Claims Review and was selected to provide the services resulting in the attached Exhibit "A" Scope of Services and Exhibit B, Contract Fee Schedule.

Accordingly, Risk Management is recommending that the City of Jacksonville enter into a contract with Siver Insurance Consultants., to provide the Compensation and Casualty Claims Review Services as described in Exhibit "A" Scope of Services and Exhibit "B" Contract Fee Schedule. The initial contract period will be for twelve months from October 1, 2018 to September 30, 2019 with four (4) one-year renewals at terms and conditions mutually agreeable. The maximum indebtedness to the City will be for a not-to exceed amount of $45,000.00, to a new total maximum indebtedness of $45,000.00. All other terms and conditions of the Contract are per the City's standard contract language and as provided in the Request for Proposals.

Attachments:
Exhibit "A" Scope of Services
Exhibit "B" Contract Fee Schedule

Exhibit A

REQUEST FOR PROPOSAL

Workers' Compensation and Casualty Claims Review Services
RFP: P-42-18
For
City of Jacksonville, Florida

SECTION 1
(Specific Information Regarding this RFP)

1.1 Introduction

The City of Jacksonville ("**Buyer**") intends to hire an individual or firm ("**Consultant**" or "**Contractor**") to provide the professional services described in Section 1.2 of this Request for Proposal ("**RFP**"). Persons interested in submitting a response/proposal to this RFP (a "**Proposal**") should carefully review this RFP for instructions on how to respond and for the applicable contractual terms. This RFP is divided into the following sections:

Section 1	Specific Information Regarding This RFP
Section 2	General Instructions
Section 3	General Terms and Conditions of Agreement
Section 4	Description of Services (if referenced in Section 1.2 below)
Attachment A	Response/proposal Format
Attachment B	Evaluation Matrix
Attachment C	Equal Business Opportunity Program Requirements (JSEB Form 1, Form 2)
Attachment D	Sample Contract
Attachment E	Federal Funding Provisions (if applicable under Section 1.7 below)
Attachment F	Indemnification
Attachment G	Insurance
Form 1 -	Price Sheet
Form 2 -	Conflict of Interest Certificate
Form 3	Insurance Agent Acknowledgement
Form 4	Drug Free Workplace
Form 5	Mandatory Proposal Forms
Form 6	Responder's Warranty
Form 7	Deviation from Services Requested in RFP

In the event of conflicting provisions, the following sections of this RFP will have priority in the order listed: Section 1, Section 4, Section 2, Section 3, the Attachments, and the Forms.

1.2 Scope of Services.

The services sought under this RFP are generally described as follows: The purpose of this Request for Proposal is to contract with a qualified Consultant to provide an evaluation of the claims handling processes and procedures of the Self-Insurance Program (General and Automobile Liability, and Workers' Compensation) of the City of Jacksonville, Florida and the Independent Agencies that participate in the Self-Insurance Program in accordance with industry standards and best practices. The Claims Review should address claims practices and claim activity during the past three years. This Claims Review will review 90 WC claims and 150 AL/GL claims.

Please see Section 4 for a full description of the services and deliverables required under this RFP.

Exhibit 'A'

Section 4
Description of Services and Deliverables

Contents

4.1 Claims Review Services
4.2 Miscellaneous

4.1 CLAIMS REVIEW SERVICES

A Claims Review of the Risk Management Self-Insurance Program shall be conducted by reviewing a random sample of Workers' Compensation, General and Automobile liability claims. (Review will include 90 WC claims and 150 AL/GL Claims.) For the purposes of this Claims Review, General and Automobile liability shall be combined. The Claims Review should address claims practices and claim activity during the past three years.

The following list provides an outline of general expectations for the Consultant relating to the Claims Review:

1. Contractor must be available for discussions with representatives of Risk Management, both telephonically and in-person, to address desired goals of the claims review and selection criteria for claims to be reviewed, to establish specific dates for Consultant's on-site activities, and to determine what, if any, preparations are necessary on the part of the City to facilitate the Consultant's on-site activities.
2. Claim Review process will be conducted on-site at a mutually agreeable date.
3. In addition to the on-site execution of the Claims Review, the City expects to have an on-site initial visit and an on-site wrap-up visit. All travel costs associated with on-site visits will be at the full expense of the Consultant.
4. Management and claims adjuster interviews;
5. An analysis of staff utilization and needs;
6. An analysis of vendor and expert utilization;
7. Submission of an initial draft of the Claims Review report to the City's Risk Manager on **June 1, 2019**;
   a. Availability to discuss with the City's Risk Management representatives to review the draft of the Claims Review report;
   b. All information, assumptions, data and analysis used and relied upon, will be disclosed to the City during preparation and prior to the final claims review. The draft report should allow the City an opportunity to validate all assumptions;

8. A written final report of the results of the Claims Review shall be provided to the City's Risk Manager containing both findings and recommendations no later than **July 1, 2019**.
   a. Availability to discuss with Risk Management representatives the contents of the final claims review report, within thirty (30) days of the issuance of said written final report.
   b. The City reserves the right to have summarized in the final claims review report all information, assumptions, data and analyses that are relied upon.
   c.
9. Evaluation of supervisor/manager claims protocols, including providing direction and review of claims and adjusters according to industry standards.

Exhibit 'A'

10. Specific to workers' compensation claims procedures, evaluation should include, but not be limited to:

a. Timely reporting of claims to Risk Management (within 24 hours of notice to supervisor).
b. Timely setup and assignment to adjuster once received in Risk Management, including compliance with filing state required forms.
c. Initial contact with physician, claimant and/or employer within 48 hours, as appropriate to the claim type.
d. Adjuster note field documented.
e. Reserving appropriate to known exposure, with periodic reviews.
f. Subrogation/Recovery Unit progress and documentation.
g. Assignment to nurse case management documented in the notes.
h. Assignment for surveillance documented in the notes.
i. If appropriate, timely and detailed reporting to excess insurance.
j. Adjuster adherence to supervisor direction.
k. Settlement rationale discussed in the notes, as appropriate.
l. Timeliness of closure.

11. Specific to general and auto liability claims procedures, evaluation should include, but not be limited to:

General Losses:
a. Timely establishment of file after clam reported to Risk Management
b. Initial contact to claimant and/or their representative
c. Recorded statement taken; if not, documentation of rationale
d. Each System Tab properly Completed:
    - Claim properly reserved for risk factors known at time of report of claim
    - All info tabs completed: Claim, Employee, Claimant , Litigation Info tabs
    - Attachment Fields properly addressing the exposure: Damages, Liability
    - All legal sub tabs addressed if claim is in litigation
e. Reserving appropriate to known exposure, with periodic review.

Bodily Injury Claims: (in addition to the items listed under General Losses)
a. ISO reporting completed
b. Injury description outlined
c. Applicable Checklist provided by OGC in file (i.e. Slip and Fall)
d. Evaluation of attorney demand within 30 days of receipt
e. Negotiation strategy outlined, including worst and best possible outcomes
f. Authority to settle received from Management if offer above adjuster authority
g. Properly executed release of all claims in file

4.2 MISCELLANEOUS: Based upon the information made available to the City as a result of the scope of services ultimately rendered pursuant to the RFP, certain additional insurance consulting services related to the nature and scope of this RFP may be requested by the City. Accordingly, Proposals submitted in response/proposal to the RFP should provide an hourly rate applicable to future additional requested services not specifically requested in the RFP. These services would be similar in scope and nature to the claim review/claim administration and adjusting, etc. Should the City elect additional billed services, the new billed amount will increase the maximum indebtedness amount for services

(End of Section 4)

EXhibit 'A'

Exhibit B

Form 1 - Price Sheet

NAME OF CONSULTANT E. W. Siver & Associates, Inc. dba Siver Insurance Consultants

Proposal Number P-42-18 Workers' Compensation and Casualty Claims Review Services

SCHEDULE OF PROPOSED PRICES/RATES

1. Flat Fee Pricing: Annual fixed amount must account for all services listed in this RFP. Any services not listed with separate pricing or as deviations on Form 6 will be considered included in the fixed amount.

	Term	Annual Fixed Price
Claims Review only (including all Travel Expenses)	One (1) year with (4) additional (1) year periods	$45,000
Alternative Hourly Rate per staff level	One (1) year with (4) additional (1) year periods	$220/hour - Sr. Consultants $150/hour - Consultants

2. Other Direct Project Costs not included in above fixed pricing (please specify)

n/a

I certify that the information in this form is true and accurate.

Failure to sign this form shall result in disqualification of this proposal.

Responder's Signature

Title Executive Vice President

Date September 4, 2018

Exhibit 'B'

City of Jacksonville, Florida

Lenny Curry, Mayor

Procurement Division
Ed Ball Building
214 N. Hogan Street, Suite 800
Jacksonville, Florida 32202

ONE CITY. ONE JACKSONVILLE.

October 4, 2018

The Honorable Lenny Curry, Mayor
City of Jacksonville
4th Floor, St. James Building
Jacksonville, FL 32202

Dear Mayor Curry:

Ref: P-42-18 Workers Compensation Managed Care Services
Finance and Administration Department/Risk Management Division

The Professional Services Evaluation Committee met today in Conference Room 851 on the eighth floor of the Ed Ball Building, to conclude evaluation of one firm regarding the above-referenced project.

Recording of the deliberations of the committee meeting are available in the Office of the Chief of the Procurement Division.

It is the consensus of the committee that the one proposal received in response to the Request for Proposal (RFP), was found to be responsive, interested, qualified, and available to perform the required services and that company is:

1. **Siver Insurance Consultants**

If the above meets your approval, please notify the undersigned so that fee and contract negotiations may begin with **Siver Insurance Consultants,** the number one ranked firm.

Respectfully submitted,

GregoryEase, Chief
Procurement Division
Chairman, Professional Services
Evaluation Committee

APPROVED:

Lenny Curry, Mayor

This 8 day of October, 2018

Gl' ab

cc: Council Auditor
Jeff Close, OGC
Melba Gray GAD
Subcommittee Members