

County of McHenry  
Request for Qualifications

**RFQ# 15-12**

**THIRD PARTY WORKER'S COMPENSATION ADMINISTRATOR**

January 20, 2015

The County of McHenry, Illinois, hereby solicits qualified and interested firms to submit statements of qualifications ("Qualifications") for providing all services, supervision, labor and equipment necessary to provide the County with a Third Party Worker's Compensation Administrator in accordance with federal, state and local laws and regulations (both current and as amended).

**OVERVIEW OF THE COUNTY OF MCHENRY:** The County of McHenry is a unit of local government in the State of Illinois with a current population of 310,000 as estimated by the US Census Bureau, within its 611 square miles. It is ranked as being one of the fastest growing of Illinois' 102 counties. The governing body is the County Board, which is comprised of twenty-four elected members.

The County has thirteen (13) constructed facilities in various locations totaling approximately 688,000SF.

The County employs approximately 1,300 full and part-time employees in its twenty-eight departments, which are administrated by eight elected officials, and eighteen appointed department heads. McHenry County offers its citizens nursing home care, public health services, public safety through the Sheriff's Department and adult correctional facility, transportation planning, road improvement and maintenance by the Division of Transportation, administrative services available from various offices and a judicial system.

**GENERAL REQUIREMENTS:** This is a Request for Sealed Qualifications (see attached). Qualifications will be opened and evaluated in private and submittal information will be kept confidential until a selection is made. **One (1) original and Two (2) copies of the complete Qualifications are to be submitted.**

**SUBMISSION LOCATION:**

**MAILING ADDRESS:**

Purchasing Department  
McHenry County Administration Building  
2200 N. Seminary Avenue Room 200  
Woodstock IL 60098

**DROP OFF IN PERSON:**

Purchasing Department  
County Administration Building  
667 Ware Road Room 200  
Woodstock IL 60098

Phone: (815) 334-4818

Fax: (815) 334-4680

**CONTACT PERSON:**

Donald A. Gray, CPPB  
Director of Purchasing

**SUBMISSION DATE AND TIME:**

**2:00 PM (CST)—February 10, 2015**

Qualifications received after the submittal time will be rejected and returned unopened to the sender. (See attached schedule of events)

<b>SCHEDULE OF EVENTS</b>	
January 21, 2015.....	RFQ Available
January 26, 2015 by 4:00 PM.....	All Questions regarding RFQ faxed to Purchasing
January 30, 2015 by 4:00 PM.....	All Questions answered via Addendum
February 10, 2015 at 2:00 PM.....	RFQ due in Purchasing Office

**GENERAL INFORMATION**

**Request for Qualifications**

**Definition:** Request for Qualifications (RFQ) is a method of procurement permitting discussions with responsible Professionals and revisions to Qualifications prior to negotiation of a contract. Qualifications will be opened and evaluated in private. Selection will be based on the criteria set forth herein.

**Receipt and Handling of Qualifications:** Qualifications shall be opened in private by the Evaluation Committee to avoid disclosure of contents to competing Professionals.

**Evaluation of Submittal:** The Qualifications submitted by Professionals shall be evaluated solely in accordance with the criteria set forth in the RFQ.

**Evaluation:** Evaluation of Qualifications will be done by the County staff. Qualifications will be evaluated on experience in doing projects of a similar nature and adherence to specifications. These criteria are to be utilized in the evaluation of qualifications for development of the short list of Professionals to be considered for interviews and/or potential negotiations. Individual criteria may in all probability be assigned varying weights at the County’s discretion to reflect relative importance. Professionals are required to address each evaluation criteria in the order listed and to be specific in presenting their qualifications.

1. Experience/qualifications of Professional: Professional’s abilities and specific experience; proposed staff and specific staff experience; years in business experience with contracts for services similar in scope. (This includes resumes of all staff to be assigned to County projects).
2. Proposed methodology to complete the services.
3. Capabilities features of the proposed services and the degree to which the services meet the needs of the County.
4. References of only similar contracts. The Professional must have a demonstrated history of professional, reliable and dependable service to governmental entities.
5. Demonstrated quality assurance procedures and schedule to ensure a timely, effective and professional provision of services.

**Discussion of Submittal:** The Evaluation Committee may conduct discussions with one or more Professionals with whom the County has a previous satisfactory relationship and/or those Professionals

who submit acceptable or potentially acceptable Qualifications. Such Professionals shall be accorded fair and equal treatment with respect to any opportunity for discussion and revision of Qualifications. During the course of such discussions, the Evaluation Committee shall not disclose any information derived from one submittal to any other Professional. In the event that the County does not have a satisfactory relationship for services with one or more Professionals, the County shall evaluate the Professionals submitting Qualifications, taking into account qualifications, ability of professional personnel, past record and experience, performance data on file, willingness to meet time requirements, location, workload of the Professional, and such other qualification-based factors as the County may determine in writing are applicable. The County may conduct discussions with and require public presentations by Professionals deemed to be the most qualified regarding their qualifications, approach to the project, and ability to furnish the required services.

On the basis of the evaluations, discussions and presentations, the County shall, unless it has a satisfactory relationship for services with one or more Professionals, select no fewer than three Professionals which it determines to be the most qualified to provide services regarding the specific project. The County shall then contact the Professional ranked most preferred and attempt to negotiate a contract at a fair and reasonable compensation, taking into account the estimated value, scope, complexity, and professional nature of the services to be rendered. If fewer than three Professionals submit Qualifications and the County determines that one or both of those Professionals are so qualified, the County may proceed to negotiate a contract as set forth herein.

**Selection Procedure:** Selection shall be made of the Professional deemed to be fully qualified and best suited among those submitting Qualifications, on the basis of the factors involved in the RFQ.

**Selection:** It is the intent of the County of McHenry to select the Professional whose Qualifications meet or exceed the requirements as outlined herein. Information and/or factors gathered during interviews, negotiations and any reference checks, in addition to the evaluation criteria stated in the RFQ, and other information or factors deemed relevant by the County, shall be used in the final award decision.

**Negotiations:**

The County shall prepare a written description of the scope of the proposed services to be used as a basis for negotiations and shall negotiate a contract with the highest qualified Professional at compensation that the County determines in writing to be fair and reasonable. In making this decision the County shall take into account the estimated value, scope, complexity and professional nature of the services to be rendered.

If the County is unable to negotiate a satisfactory contract with the Professional which is most preferred, negotiations with that Professional shall be terminated. The County shall then begin negotiations with the firm which is next preferred. If the County is unable to negotiate a satisfactory contract with that Professional, negotiations with that Professional shall be terminated. The County shall then begin negotiations with the Professional which is next preferred.

If the County is unable to negotiate a satisfactory contract with any of the selected Professionals, the County shall re-evaluate the architectural, engineering or land surveying services requested, including the estimated value, scope, complexity, and fee requirements. The County shall then compile a second list of no fewer than three qualified Professionals and proceed in accordance with the foregoing procedures.

**Notice of Unacceptable Submittal:** When the Evaluation Committee determines a Professional's Qualification to be unacceptable, such Professional shall not be afforded an additional opportunity to supplement its Qualification.

**Authority:** This Request for Qualifications is issued pursuant to applicable provisions of the **McHenry County Purchasing Ordinance**, approved August 1, 2014 and the Local Government Professional Services Selection Act, 50 ILCS 510/1, et seq. If you desire a copy of the **McHenry County Purchasing Ordinance**, please visit the website at [www.co.mchenry.il.us](http://www.co.mchenry.il.us) (listed under BIDS/RFP Heading)

**Reserved Rights:** The County of McHenry reserves the right at any time and for any reason to cancel this Request for Qualifications, to reject any or all Qualifications, or to accept an alternate Qualification. The County reserves the right to waive any immaterial defect in any Qualification. ***Unless otherwise specified by the Professional, the County has no fewer than ninety (90) days to make a selection.*** The County may seek clarification from a Professional at any time and failure to respond promptly is cause for rejection.

**Incurred Costs:** The County of McHenry will not be liable in any way for any costs incurred by respondents in replying to this RFQ.

**Selection:** Selection shall be made by the McHenry County Board to the responsive, responsible Professional whose Qualification is determined to be the most advantageous to the County, taking into account the evaluation criteria set forth herein.

**ADDENDUM:** Should the Professional require any additional information about this RFQ, please fax to Purchasing (815-334-4680) any questions by the deadline as outlined in the schedule of events. ANY AND ALL changes to these specifications are valid only if they are included by Written Addendum to All Professionals. NO interpretation of the meaning of the plans, specifications, or other contract documents will be made orally. If required, all addenda will be faxed to Professional if a Notice of Intent to Submit Qualifications has been completed and faxed to the Purchasing Office. In addition, all addenda are posted on the County of McHenry's website. Failure of the Professional to receive any such addendum or interpretation shall not relieve the Professional from obligations under this RFQ as submitted. All addenda so issued shall become part of the Qualification. Failure to request an interpretation constitutes a waiver to a later claim that ambiguities or misunderstandings caused a Professional to improperly submit Qualification.

**Rejection Of Qualifications/RFQ's, Waiver Of Irregularities:** McHenry County reserves the right to reject any or all Qualifications, to waive irregularities, and to accept that Qualification which is considered to be in the best interest of the County. Any such decision shall be considered final.

**Compliance With Laws**

The bidder hereto covenants and agrees to comply with all applicable federal, state, and local laws, codes, ordinances, rules and regulations. Failure to comply with the terms of this provision shall constitute a breach of contract and permit the County to terminate this (Request for Sealed Proposal/Bid) in accordance with the termination provisions stated herein.

**References:** A minimum of three (3) references where services of a similar nature have been provided must be listed as required herein.

**DIRECTIONS FOR SUBMISSION:**

Qualified individuals or firms are to submit one (1) original and two (2) copies of the completed Qualifications along with any support documentation in a sealed envelope to:

Donald A. Gray, CPPB  
Director of Purchasing  
McHenry County Administration Building  
2200 N. Seminary Avenue, Room 200  
Woodstock, Illinois 60098

All data and documentation submitted as part of this RFQ shall become the property of McHenry County, Illinois. After a contract is executed, all Qualifications, responses, documents, and materials contained in the RFQ shall be considered public information and will be made available for inspection in accordance with the Illinois Freedom of Information Act.

All Qualifications must be received by **2:00 p.m. (CST) on February 10, 2015**. Absolutely no Qualifications will be accepted after the time specified. Late Qualifications shall be rejected and returned unopened to the sender. The County of McHenry does not prescribe the method by which Qualifications are to be transmitted; therefore, it cannot be held responsible for any delay, regardless of reason, in the transmission of Qualifications.

**QUALIFICATIONS ENVELOPES ARE TO BE CLEARLY MARKED WITH THE RFQ TITLE,  
TIME & DATE OF OPENING.**

**PURPOSE:**

McHenry County Risk Management is seeking proposals from qualified agencies or individuals interested in serving as the County's Workers' Compensation Program Third Party Administrator (TPA) from March 1, 2015 through November 30, 2015 with an optional two (2) one (1) year terms starting 12/01/15 thru 11/30/16 and 12/01/16 thru 11/30/17.

The County's Workers' Compensation Program is self-administrated with a self-insured retention of greater than \$650,000. All services of the County's Workers' Compensation Program are actively supervised and administrated through Risk Management. Under this Program, Risk Management partners with outside agencies to provide the services necessary to maintain a functional and compressive model. The primary goal of the Program is providing the medical care and treatment necessary to the injured worker at the time of injury and returning the injured worker to their pre-injury positions as soon as medically possible.

The Risk Management Specialist serves as the Program Manager. The Program Manager oversees the day-to-day operations and works closely with the TPA to ensure that the needs of injured County workers are being met, to monitor and maintain control over all expenditures under the Program, and to ensure that the vendors are providing appropriate and excellent services. The TPA will work directly with the Risk Management Specialist to ensure communication throughout an injured worker's claim.

McHenry County has about 1,300 employees covered under this Program in variety of positions ranging from administration to public safety / law enforcement.

**SCOPE OF SERVICES:**

The TPA is responsible for forming and administering a customized comprehensive program designed to provide all components including medical, claims management, medical case management, diagnostic testing, durable medical supplies, transportation, prescription services, and fee scheduled bill review, utilization review, and other services as may become necessary or requested by Risk Management.

**A. CLAIMS ADMINISTRATION**

The TPA is responsible for management of McHenry County injured employees claim in conjunction with the Risk Management Specialist, medical case manager and involved medical personnel, the claims adjuster monitor each injury claim with the objective of returning the injured employee to work as soon as medially possible following the injury.

In order to meet this objective, the claims adjuster shall be completely familiar with the fine details of each injury, and must work directly with the injured employee and the medical case manager. They must be familiar with the requirements of the Illinois Workers' Compensation Act and keep current and timely on all filings required. They must work with the County's legal counsel to provide information and documentation to assist in the processing of litigation of County claims.

The specific duties of claims administration are as follows:

1. Accept injury report from Risk Management and forward the appropriate information within a reasonable amount to time to a nurse case manager.
2. Evaluate all open claims and make recommendations to Risk Management as to their proper disposition in accordance to the Workers' Compensation Act.

3. Maintain complete records (hard copy and computerized) on all reported claims on behalf of and as custodian for the County.
4. Stay in contact with physicians and/or medical case manager as required to maintain a current perspective on the injury employee's progress toward his/her return to work.
5. Maintain contact with the injured employees as outlined by the Illinois Workers' Compensation Act.
6. Keep current on the employee's treatment plan and any barriers to the expected return to work date.
7. Schedule appointments for Independent Medical Exam (IME).
8. Arrange telephone conference with Risk Management Specialist, medical case manager, and adjuster to review cases of a complex nature and/or cases which require team decisions and thought.
9. Prepare in whole or in part (along with medical case manager) letters to physicians, letters regarding IMEs, or other documentation requiring a medical perspective.
10. Evaluate claims with the potential for litigation providing the Risk Management Specialist with direction on the most cost effective manner for resolution. Recommendations shall include expected legal outcome, settlement potential and/or cost savings.
11. Document in clear, concise, easily understood language all medical claims notes.
12. Participate in quarterly claims review and be prepared to discuss each claimant's medical progress.
13. Provide access to Computer Based Claims System to Risk Management Specialist.
14. Work with Risk Management to track and monitor trends relating to types of injuries, locations of injuries, length/severity of injuries in order to provide a safe work environment for McHenry County employees.
15. Work closely with McHenry County's selected legal counsel on Workers' Compensation claims currently in litigation to provide oversight on strategy and expenses related to the file (scheduling depositions, IME's, obtaining medical records, etc.).
16. Review all medical billings, in conjunction with the medical case manager, for appropriateness to employee injury and diagnose.
17. Provide assistance, as requested, to Risk Management in preparation of annual self-insurance renewal filings. In addition, having the ability to identify and/or omit certain County departments/division from the data.
18. Set reserves in conjunction with the Risk Management Specialist based on the most probable case outcome. Reserves must be monitored and updated (both indemnity and medical) as required by history and reserve protocols.

19. Review each file for subrogation potential and provide meaningful documentation of the results.
20. Review each file for potential fraud and keep the Risk Management Specialist alerted to any findings.
21. Section 111 Medicare Secondary Payer Mandatory reporting.

## **B. MEDICAL MANAGEMENT**

The TPA must agree to provide all services and assume all responsibilities in this section.

The County seeks a qualified TPA that can:

1. Offer and manage an established credentialed and complete provider network capable of treating the work-related injuries experience by County workers, and assist injury workers in achieving maximum medical improvement and safe return to work.
2. Review and set pricing that is within the County's approve budget. Medical case management cannot charge for both mileage and travel time. Waiting time shall be at reduced rate of professional time. There should be no charge for verbal or written communications between the County, TPA, and medical case manager.

## **C. SERVICES**

### 1) EXAMINATIONS

- Independent Medical Evaluations (IME)
- All claims on TTD over thirty (30) days with no specific time frame specified for return to work should have an IME. All claims for permanent and total disability should have an IME at least one (1) IME.
- No IME shall be scheduled in McHenry County.
- IME must be performed before authorizing surgery.
- Employee shall be notified of IME no less than two (2) weeks prior to appointment. Check for lost work time, meals and travel shall be enclosed in the IME notification letter.
- All medical records and diagnostic studies shall be submitted to the IME physician along with a list of questions regarding the claim in a timely manner or as required by the IME physician.

### 2) ANCILLARY SERVICES

- Diagnostic testing
- Medical equipment and supplies
- Pharmaceuticals
- Specific list of referral to specialist
- Rehabilitation
  - i. Physical therapy
  - ii. Occupational therapy
  - iii. Hand therapy
  - iv. Pool therapy



- v. Functional Capacity Evaluation
  - vi. Work conditioning/hardening
- Other services that may be needed in the County's determination to review, investigate and / or monitor claims.
- Specialized Services
  - i. Evaluation and treatment of Sub-acute/Chronic Occupational Diseases
  - ii. Analysis of Epidemiological Data
  - iii. Impairment Rating
  - iv. Utilization/Peer Review
  - v. Use of its best effort to furnish expert testimony services or depositions when appropriately requested by Risk Management at an additional reasonable charge to be agreed upon by the parties not to exceed \$150.00 per hour.

### 3) HEALTH CARE SERVICE REQUIREMENTS AND RESPONSIBILITIES

- TPA will be responsible to coordinate with the Risk Management Specialist for the case management of all work related injuries.
- All independent medical evaluations (IME) are to be performed by board certified or eligible physician in the appropriate specialty. All medical care and treatment must be provided under the on site supervision of a physician who is board certified or eligible in an appropriate field. No medical students or residents are to provide any definitive treatment to County employees.
- Medical care, including emergency medical care, should be provided through Mercy Urgent Care and/or Centegra Emergency Department for an employee who reports having been involved in an on-the-job injury. If the employee reports that he/she has not filed his first report of injury, he should be directed to do so following the County's policy. Medical issues not related to the injury on duty are to be referred to the patient's medical provider.

## **WORKERS' COMP TPA SPECIFICATIONS**

The primary objective of McHenry County's Workers' Compensation Program is to provide prompt and equitable services to eligible employees, to return them to productive work as safely and quickly as possible, to provide prompt payment to providers for reasonable and necessary medical treatment, and to ensure that the fund resources are managed effectively and prudently.

McHenry County Risk Management is looking to obtain a Workers' Compensation TPA to ensure efficient and proper claims administration in the following principal areas: 1.) initial claim review for determination of compensability; 2) ongoing benefit management, including payment of medical charges and TTD; and 3) proper negotiation of settlements based on partial or total permanent disability.

The following questions shall be addressed in writing:

- Can the TPA provide other public sector client references?
- What are the credentials of the TPA staff assigned to manage the County's claims? Please include staff case load, experience in WC arena and years with TPA.
- Is TPA capability of producing a standard monthly loss runs? Time frame for special report requests including individual and group financial reports?
- Can TPA provide us with your privacy policy?
- Do you have a documented fraud policy? Are your adjusters trained to identify potentially fraudulent claim expenses and claiming patterns?
- What services are included in your administration fees?
- Is your agency capability of subrogating claims including auto damage claims? If so, please give details.
- What support services do you utilize? (i.e.: medical case management, fee schedule repricing, medical groups, and IME groups)
- What service organizations are you affiliated with?

A TPA is an important partner in the administration of McHenry County's Workers' Compensation Program. There should be a high level of comfort and trust between the TPA and Risk Management. The above questions will assist Risk Management in selecting the right TPA for our program.

***THIS PAGE IS MANDATORY.***

**REFERENCES**

List three (3) references that you have done similar work, service or supplied similar products to within the last twelve (12) months (Only correct contact names and phone numbers will be acceptable).

Entity:

Address:

City, State, Zip Code:

Telephone Number:

Contact Person:

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Entity:

Address:

City, State, Zip Code:

Telephone Number:

Contact Person:

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Entity:

Address:

City, State, Zip Code:

Telephone Number:

Contact Person:

AUTHORIZED NEGOTIATORS:

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Title: \_\_\_\_\_

**SUBMITTER OF QUALIFICATIONS CERTIFICATION**

I have carefully examined the Request for Qualifications, and any other documents accompanying or made a part of this Request for Qualifications.

I verify that all information contained in this Qualification is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this Qualification on behalf of the firm as its act and deed, and that the firm is ready, willing, and able to perform if awarded the contract.

I further certify, under oath, that this submittal of Qualification is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting a submittal for the same product or service. No officer, employee or agent of the County of McHenry or any other Professional is interested in this Qualification and that the undersigned executed this Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

\*\*State of Incorporation \_\_\_\_\_

\_\_\_\_\_  
(Individual - Partnership - Company - Corporation)

\_\_\_\_\_  
(Business Address)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
(By Printed Name and Signature) (Title)

\_\_\_\_\_  
(Witness Signature) (Title)

\_\_\_\_\_  
(Telephone No) (Fax No.)

\_\_\_\_\_  
(Date)

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