

REQUEST FOR QUALIFICATIONS

Monroe County Water Authority



**WORKERS' COMPENSATION CLAIMS ADMINISTRATION
AND LOSS CONTROL SERVICES**

MONROE COUNTY WATER AUTHORITY

OCTOBER 10, 2025

Monroe County Water Authority
475 Norris Drive
Rochester, New York 14610

INSTRUCTIONS TO PROPOSERS

1. SUBMISSION OF PROPOSALS

The Monroe County Water Authority is requesting proposals for its Workers' Compensation Third Party Administrator and Loss Control Services renewal effective January 1, 2026. Proposals are to be sent to:

Diane Hendrickson
Monroe County Water Authority
475 Norris Drive
Rochester, New York 14610-0999

- A. Five copies of your proposal are due no later than 12:00 P.M. on **Friday November 7, 2025**. Proposals received after the Proposal Due Date will not be considered, nor will faxed or e-mailed proposals, whenever received. **Failure to submit a proposal on time will not be waived by the Authority under any circumstances (e.g., traffic conditions, mail or courier failure, etc.).**

The MCWA reserves the right to reject any or all proposals submitted. **Requests for extension of the submission date will not be granted.**

- B. To be considered, Proposers must submit a complete response to this RFP. Proposers not responding to all information requested, or indicating exceptions to those items not responded to, may be rejected.
- C. All proposals must be submitted in a sealed envelope clearly labeled "RFP – Workers' Compensation Claims Administration and Loss Control Services". All proposals must be addressed to Diane Hendrickson and must be submitted via a delivery service, such as UPS or FedEx. Delivery service must also be instructed to **"Deliver to blue drop box located at Employee Entrance - Door 19"**. MCWA cannot accommodate deliveries requiring signatures to confirm receipt. Proposers shall have sole responsibility to contact the Diane Hendrickson to confirm receipt of proposal. Proposals hand delivered or submitted via US Postal Service will be returned unopened.

Proposals are sought for contracts of three years with one year options for up to two additional years, upon mutual agreement.

The Monroe County Water Authority reserves the right to reject any and all proposals, waive any informalities in any proposal and *to negotiate terms for such self-insurance services and/or insurance as, in its opinion, best serve the interest of the Authority*. It is the intent to select the provider on the combined basis of cost, service and qualifications.

Interviews with some providers may be held and the quality and extent of service and experience with municipalities and Public Authorities will be major factors in the decision making process.

2. ITEMS TO BE SUBMITTED WITH BIDS

Each proposal *must* include the following items.

- a. Completed Summary of Quotations*.
- b. Completed Proposer's Questionnaire*.
- c. Complete specimen of proposed policies, Claims Administration and/or Loss Control contracts.
- d. Resumes detailing the qualifications and experience of key personnel to be providing Claims Administration and/or Loss Control services.
- e. Sample loss runs.
- f. Offerer Certification.

* Forms for completion are included in this Request for Proposals.

3. ACCURACY OF INFORMATION IN REQUEST FOR PROPOSALS

The information contained in this Request for Proposals is furnished for the convenience of the proposer. Each proposer must carefully examine this Request for Proposals and make whatever reasonable inquiries or inspections of the operations that are necessary for quotation purposes.

If conditions or exposures are determined to be at variance with information contained herein, proposers are to use the information furnished herein (and subsequently by addenda only) for quotation purposes and submit proposed adjustments to contemplate the variances determined. All proposers obtaining the Request for Proposals must make certain that each insurer and/or service provider furnished with the Request for Proposals is also furnished with subsequent addenda, if issued.

4. CONTACT INFORMATION

Pursuant to State Finance Law sections 139-j and 139-k, this RFP includes and imposes certain restrictions on communications between the Authority and Proposers during the procurement process.

A Proposer is restricted from making "Contacts" (i.e., an oral, written or electronic communication which a reasonable person would infer as an attempt to unduly influence the award, denial, or amendment of a contract) from issuance of the RFP through final award and approval of the resulting Procurement Contract by the Authority ("restricted period") to any of the Authority's staff or consultants other than the Procurement Officers designated herein. Contact is included among certain statutory exemptions as set forth in State Finance Law section 139-j(3) (a). The Authority's Procurement Officers for this RFP, as of the date hereof, are Diane Hendrickson, Nicholas Noce, Laurel Neff. Impermissible contacts to other Authority employees during the restricted period will be documented and reported to the New York State Authority Budget Office. Such Contacts will be considered by the Authority when determining the responsibility of the Proposer pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award, and in the event of two findings within a four-year period, the Proposer will be debarred from obtaining governmental procurement contracts.

Questions regarding this RFP should be e-mailed to the Authority's designated primary contact, Diane Hendrickson at diane.hendrickson@mcwa.com on or before 4:30 p.m. on Friday, October 31, 2025.

Any contact beyond that allowed in this RFP may be grounds for disqualification from the RFP process.

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INSTRUCTIONS TO PROPOSERS – (Cont'd)

5. CONDITIONED PROPOSAL AND RECOMMENDATIONS

Every proposal must indicate the proposer's willingness to provide the service proposed at the price proposed without qualification. If acceptance of any service is predicated upon compliance with certain recommendations, they must be clearly indicated in the proposal together with an anticipated date of compliance.

If there are additional feasible recommendations which would result in cost savings, such recommendations should be separately stated together with the amount of savings for each.

6. DEVIATIONS AND ALTERNATE PROPOSALS

A declaration of all deviations from the Request for Proposals must be clearly stated in the Proposer's Questionnaire. Except for stated deviations, the service contract ultimately entered into must provide all Services and Modifications in this Request for Proposals with no unusual exclusions or limitations. The submission of specimen contracts shall not waive or modify the requirement to declare all deviations from this Request for Proposals.

Notwithstanding the above, alternate proposals and innovations are welcomed, but they must be specific. Deviations from this Request for Proposals must be declared in the Proposer's Questionnaire and the cost or savings must be included in the Summary of Quotations.

7. CLAIM AND LOSS INFORMATION

Each claims administrator must agree to give the Monroe County Water Authority monthly reports of claims made and losses paid on behalf of the Authority in connection with the Workers' Compensation exposure until such time as all claims are closed. Such reports must show all open and closed claims by year, and must contain sufficient detail to allow verification of such claims or losses and include any other reasonable information as may be required by the Authority.

In addition, each claims administrator must agree to prepare and file the periodic reports required by the New York Workers' Compensation Board, check and approve all assessments and prepare Authority vouchers for their payment, and report claims to the Authority's Excess insurer, as appropriate.

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INSTRUCTIONS TO PROPOSERS – (Cont'd)

8. **COMPUTATIONS AND ADJUSTMENTS**

Each proposer must make certain that all proposals are correct and that the service(s) proposed will be provided for the cost(s) indicated. Upon awarding of the contract(s), the successful proposer must provide a written statement of its acceptance of the insurance and/or service(s) as proposed and agreed to within three (3) working days.

9. **PROPOSER'S QUESTIONNAIRE**

As stated in item 2 of these instructions, a complete Proposer's Questionnaire must accompany all proposals. If there is insufficient room to provide information on items such as deviations, alternate proposals, etc., an additional page or pages may be attached. Please, however, refer to the question number of the Proposer's Questionnaire, giving appropriate reference from the appropriate Quotation.

MONROE COUNTY WATER AUTHORITY

QUOTATION NO. 1 - CLAIMS ADMINISTRATION

Services To Be Provided

1. Review Workers' Compensation claim or loss reports made by the Monroe County Water Authority, or employees thereof, of injury, sickness, disease or death incurred by an employee/volunteer submitted by the Monroe County Water Authority.
2. Provide Internet format to report claims only.
3. Process each claim or loss report in accordance with the applicable statutory and administrative notification requirements.
4. Investigate, report and follow up claims.
 - a. Arrange for independent investigations and/or medical examinations where deemed appropriate or requested by Monroe County Water Authority.
 - b. Perform reasonable and necessary administrative and clerical work in connection with reported claims.
 - c. Provide narrative or analytical reports for specific cases where requested by the Authority.
5. Prepare and maintain evidentiary claim files with complete documentation. (Files to be owned by the Authority if and when service is discontinued.)
6. Establish claim reserves.
 - a. Maintain a current estimate of the cost of all existing open claims and all new claims.
 - b. Provide the Authority with a computerized claim and expense report on a quarterly basis that indicates the following information for both open and closed claims, broken down by department and by year:
 - (1) Payments for medical and indemnity made for each claim.
 - (2) Medical and indemnity reserves established for each claim.
 - (3) Allocated expenses paid for each claim.
 - (4) Allocated expenses reserved for each claim.
 - (5) Total paid and reserved medical costs for the period.
 - (6) Total paid and reserved indemnity costs for the period.
 - (7) Total allocated expense costs paid and reserved for the period.
 - (8) Year-to-date totals, by claim year.

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QUOTATION NO. 1 - CLAIMS ADMINISTRATION (Cont'd)

7. Communicate with medical providers and monitor treatment programs recommended for employees.

Review all initial reports prepared by treating physicians and medical institutions. Contact treating physicians as may be deemed appropriate. As directed by the Authority, assist in interpreting medical reports to consider most appropriate return to work dates, modified work program, rehabilitation. Assist the Authority in arranging for rehabilitation or retraining of injured employees where appropriate. Arrange for independent medical exams of injured employees where necessary. Review DRG assignments for appropriateness.

8. Assist the Authority with the legal process, including assistance in the selection of legal counsel when requested, representation at Workers' Compensation Board hearings, assisting the Authority's counsel, when requested, and assisting the Authority in controlling legal expenses.
9. Pursue subrogation recovery where warranted.
10. Pursue recovery from Special Funds, as appropriate.
11. Notify Excess insurers of losses as required in any Excess insurance contracts.
12. Consult with key personnel of the Authority on the establishment of necessary procedures and practices to comply with applicable statutory requirements.
- a. Participate in the orientation and training of appropriate Authority personnel who will be involved in the processing of Workers' Compensation Board claims.
 - b. Review the self-insurance program process periodically with Authority officials in order to identify problems and to effectuate corrective action.
13. Prepare and file the periodic reports as required by the New York Workers' Compensation Board.
14. Arrange escrow/bank account from which claims will be paid.
15. Review, approve and prepare vouchers for all State assessments.
16. Work with Loss Control Service Provider and Authority personnel to develop and implement effective "light duty" and early return to work programs.
17. Proposals for its Excess Workers' Compensation and Employer's Liability renewal effective January 1, 2027.
- Coverage limits should be statutory for Workers' Compensation and at least \$1,000,000 for Employer's Liability.

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QUOTATION NO. 2 – LOSS CONTROL SERVICES

Services To Be Provided

1. Review Workers' Compensation loss runs and prepare suggested plan including Loss Control Assistance for areas of primary concern.
 - a. Interviews with supervisors.
 - b. Recommendations for corrective action with estimated timetable for completion.
 - c. Interviews employees with multiple claims.
2. Establish of annual loss control goals.
3. Being available on an "as needed" Basis.
4. Please base quote on approximately 40 hours the first year.

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PROPOSER'S QUESTIONNAIRE

For All Proposals

(Mark N/A for questions that do not apply to your proposal)

1. Are you owned or operated by a parent company or are you independent? _____
Name of parent company: _____

2. If owned by a parent company:
 - a. What is the primary business of the parent company? _____
 - b. Do you control your own services or are you controlled by your parent company? _____
 - c. Do you use your own facilities or do you use the facilities of your parent company? _____

3. How many Workers' Compensation clients do you serve? _____
In New York? _____
How many municipalities? _____
In New York? _____

4. What is the location of your nearest claims office (that would serve the Monroe County Water Authority)? _____

5. Describe the staffing of the location that would service the Monroe County Water Authority, including number of employees and positions held. _____

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PROPOSER'S QUESTIONNAIRE – (Cont'd)

6. a. Who will be the Authority's contact for problems and questions?

 b. Does he/she control the account or just pass on information?

 c. How many layers between the contact and a person who will make the decisions?

7. What is the tenure and expertise of key claim personnel?

8. Please provide listing of at least three references including company name, contact person, address and phone number.

9. How often are claims and reserves reviewed by a claim manager? _____

10. a. Will claims (and of what amount) be referred to the Monroe
 County Water Authority for review and comment prior to settlement? _____

 b. May the Authority continue to pay first aid cases should it desire to? _____

11. Name of Errors and Omissions Liability insurer and Limits of Liability? _____

 For what amount are persons with access to funds bonded? _____

12. Will you permit the audit of these files and claim handling by another firm? _____

13. Describe any procedures that you have available to facilitate the filing of claims, including but not limit to filing electronically.

14. Describe common allocated expense items for which there would be an additional charge, and the approximate additional cost. _____

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PROPOSER'S QUESTIONNAIRE – (Cont'd)

15. Describe services provided to the extent they may be unique or vary from the services requested in the Request for Proposals.
16. Describe cost containment services used and provide estimate or payback of any costs for such service.
17. Describe statistical loss information reports and frequency provided.
18. a. Is specimen contract and/or policy provided? _____
- b. Sample loss data reports? _____
19. a. Does service contract require any indemnification from the Authority? _____
- b. Will you agree to indemnify the Authority for claims made against it resulting from the services provided? _____

MONROE COUNTY WATER AUTHORITY

SUMMARY OF QUOTATIONS

QUOTATION NO. 1 - CLAIMS ADMINISTRATION

	SERVICE FEE
1. Proposed Annual Cost of first year service.	\$ _____
2. Cost basis. If not flat charge, provide rates and method used for fee computation.	\$ _____
3. Describe and show any costs of expenses (other than customary allocated expenses listed below) chargeable in addition to above. (Use additional sheet, if necessary)	\$ _____
4. Does the proposal include taking over the handling of open existing claims?	_____
5. Are any costs to attend hearing charged as allocated expense to claim files? If yes, describe and provide estimates.	\$ _____
6. Does proposed service include future handling of "runoff" claims if contract is terminated?	_____
7. Proposed annual cost for any second and third year options proposed. Second Year Optional one year extensions	\$ _____ \$ _____
8. Payment Terms (monthly, quarterly, etc.):	\$ _____

MONROE COUNTY WATER AUTHORITY
SUMMARY OF QUOTATIONS – (Cont'd)

QUOTATION NO. 1 - CLAIMS ADMINISTRATION (Cont'd)

	SERVICE FEE
9. Estimated Allocated Expense Costs:	
a. Cost for independent investigators or adjustors	\$ _____
b. Cost for:	
(1) Independent medical exams	\$ _____
(2) Medical testimony at hearings	\$ _____
(3) Medical Bill Review	\$ _____
(4) Hospital Bill Review	\$ _____
c. Cost for independent WCB hearing representatives	\$ _____
d. Cost for miscellaneous expenses - Medical reports and records, policy reports, travel expenses, etc. (please specify).	\$ _____
10. Total estimated cost for taking over the open claims for the years 2020-2025 inclusive. A Flat Fee is preferred, but list the estimated cost and indicate whether it is a flat fee or per claim.	\$ _____

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SUMMARY OF QUOTATIONS – (Cont'd)

QUOTATION NO. 2 - LOSS CONTROL SERVICES

	SERVICE FEE
Services 1 through 4 Estimate based on 40 hours per year	\$ _____
Other Services (specify per hour, per day, etc.) Industrial hygiene Special engineering projects	\$ _____ \$ _____

FORM OF OFFERER DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATION

Name of individual or Entity Seeking to Provide Services to the Monroe County Water Authority:

Address:

Name and Title of Person Submitting this Form:

Contract Procurement Number: _____

Date: _____

1. Has any Government Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please circle):

No

Yes

If yes, please answer the next questions:

2. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (see attached law)? (Please Circle):

No

Yes

3. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Government Entity? (Please circle):

No

Yes

4. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity:

Date of Finding of Non-Responsibility:

Basis of Finding of Non-Responsibility:

(Add additional pages as necessary)

FORM OF OFFERER DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATION

5. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle):

No

Yes

6. If yes, please provide details below:

Governmental Entity:

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding:

(Add additional page as necessary)

Offerer certifies that all information provided to the Monroe County Water Authority with respect to State Finance Law §139-k (see attached law) is complete, true and accurate.

By: _____ Date: _____

Signature: _____