

**Superintendent of Schools**

Dr. Mark Scott

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**REQUEST FOR INFORMATION**

Workers’ Compensation Third Party Administrator

January 16, 2020

NOTICE TO VENDOR:

The Houston County School System is requesting information for a Third Party Administrator for their limited risk management program for workers’ compensation claims.

Responses shall be submitted by 2 P.M., EST on January 31, 2020.

Questions and responses shall submitted be via email to Jessica Deese at: [jessica.deese@hcbe.net](mailto:jessica.deese@hcbe.net)

Jessica Deese

Director of Purchasing

RFI Number: RFI 20-023

Due Date: January 31, 2020

Time Due: 2 P.M., EST

**1.0 SCOPE OF REQUEST**

1.1 The Houston County School System (hereinafter, “Houston County Schools” or “HCSS”) is requesting information regarding a third party administrator for their limited risk management program for workers’ compensation claims.

* 1. Services to potentially include but not limited to the following:
     1. Claims adjusting
     2. Completion of all State required forms
     3. Physician network(s)
     4. Physical Therapy network(s)
     5. Pharmacy network(s)
     6. Bill review / Georgia Fee Schedule
     7. Case Management
     8. Pharmacy Management
     9. Medical invoice processing
     10. Indemnity payment processing
     11. TPD and PPD payment processing
     12. Claims system integration
     13. Claims Investigation
     14. Return to Work program
     15. Loss Prevention and Wellness Programs
     16. Nurse Early Intervention program
     17. Other Cost Containment programs
  2. The Houston County School System has approximately 30,000 Students, with 43 locations. We employ approximately 5,000 employees. We currently utilize MUNIS as our financial accounting system. HCSS experienced approximately 258 medical claims and 28 indemnity claims in the prior year.
  3. **SUBMISSION REQUIREMENTS**
  4. Costs for Preparing Responses

Each response should be prepared simply and economically, avoiding the use of elaborate promotional materials beyond those sufficient to provide a complete presentation. The cost for developing the response and participating in this RFI process is the sole responsibility of the supplier. HCSS will not provide reimbursement for such costs.

* 1. Submit the following information with your response to the RFI:
     1. Indicate which of the services in section 1.2 your firm can provide.
     2. Provide a high level description of how your programs work.
     3. Indicate if your firm can guarantee savings.
     4. Describe your pricing structure for the services your firm can offer. ***Do not provide actual pricing.***
     5. Information on your firm including:
        1. Full company name and address
        2. Primary contact name, telephone number and email address
        3. Website address
        4. List of other school systems in State of Georgia that utilize your services

**3.0 EVALUATION**

* 1. The review of information submitted will be utilized strictly for the purposes of information gathering. No awards will be made or contract established from this request.
  2. Information provided as a response to this RFI document may or may not be used by the School System for solicitation development of an intended future competitive bid opportunity.
  3. Submission of information pursuant to this request for information does not give any vendor any advantage or disadvantage in any future solicitation, should one result from this inquiry.

## OFFEROR INFORMATION FORM

RFI Name: Workers’ Compensation TPA - Request for Information RFI #: 20-023

**This form must be completed and returned with your RFI.**

1. Company Name:
2. Street Address:
3. City, State, Zip Code:
4. Primary Contact:
5. Telephone: ( ) Fax: ( )
6. E-mail:
7. Company web site: