# Competitive Sealed Proposal for
# Hird Party Workers' Compensation Management

Event # 1057
Bid Specifications

The MetroHealth System

OPEN DATE: August 26, 2026 at 8am ET

CLOSE DATE: September 11, 2026, at 1pm ET

## I. INTRODUCTION & STATEMENT OF PURPOSE

### About The MetroHealth System

The MetroHealth System ("MetroHealth") is redefining health care by going beyond medical treatment to improve the foundations of community health and well-being: affordable housing, a cleaner environment, economic opportunity and access to fresh food, convenient transportation, legal help and other services. The system strives to become as good at preventing disease as it is at treating it.

The system's more than 600 doctors, 1,700 nurses and 7,800 employees go to work each day with a mission of service, to their patients and to the community. As Cuyahoga County's safety-net health system, MetroHealth plays an essential role in the region, caring for anyone and everyone, regardless of an ability to pay.

Founded in 1837, MetroHealth operates four hospitals, four emergency departments and more than 20 health centers and 40 additional sites throughout Cuyahoga County. The system serves more than 300,000 patients, two-thirds of whom are uninsured or covered by Medicare or Medicaid.

MetroHealth is home to Cuyahoga County's most experienced Level I Adult Trauma Center, verified since 1992, and Ohio's only adult and pediatric trauma and burn center.

As an academic medical center, MetroHealth is committed to research and to teaching and training tomorrow's caregivers. Each active staff physician holds a faculty appointment at Case Western Reserve University School of Medicine. Its main campus hospital houses the Cleveland Metropolitan School District's Lincoln-West School of Science & Health, the only high school in America located inside a hospital.

Knowing that good health is about much more than good medical care, MetroHealth has launched the **Institute for H.O.P.E.™** (Health, Opportunity, Partnership, Empowerment), which uses a coordinated, collaborative and strategic approach to help patients with non-medical needs such as healthy food, stable housing and job training.

The MetroHealth Glick Center, a new 11-floor hospital, on the system's main campus in Cleveland welcomed its first patients in October 2022. The billion-dollar project is the cornerstone of a wider neighborhood revitalization effort led by the system and its partners in the community.

For more information, visit metrohealth.org.

**Statement of Purpose & Engagement Objective**

The MetroHealth System (MHS) is currently seeking a servicing agent for aggressive management of its workers' compensation programs and liabilities to manage and improve its self-insured workers' compensation costs. This document details the necessary information that each applicant must provide to MetroHealth to be considered.

## II. BID SPECIFICATIONS

**Relevant Experience:**

Please describe your organization's proven track record for:

- **Years of Experience** in providing workers' compensation claims administration, case management, and related services.
- **Scope of Services Provided**, including claims intake, investigation, medical case management, return-to-work coordination, and compliance with applicable state and federal regulations.
- **Representative Clients and Industries Served**, highlighting any experience with public sector or self-insured programs.
- **Performance Metrics and Outcomes**, such as claim closure rates, cost containment results, and average claim duration.
- **Specialized Expertise**, including handling of complex claims, litigation management, and integration with safety/risk management programs.

**Timeline / Critical Dates:**

Services are expected to begin on January 1, 2027.

**Scope of Work:**

Services to be provided to The MetroHealth System are to include, but not be limited to, assistance with:

- Qualitatively and quantitatively improving existing workers' compensation program and processes
- Developing and producing appropriate analytics and metrics program
- Generating timely and accurate compensation and medical payments related to self-insured claims
- Generating timely and accurate MIS and loss reports
- Compliance with State Reporting Regulations
- Claim management and investigation, including provider and claimant outreach and monitoring
- Coordinating with internal MetroHealth Human Resources to plan and facilitate case management
- Handling hearing and claims litigation administration and issue resolution
- Collaborating proactively with internal MetroHealth Human Resources regarding maximization of vendor services, including handling of claims administration and process improvement

**Features & Components:**

Please detail your Company's Service Capabilities for the following Requirements:

- Confirm and describe in detail that you will provide each of the services listed below. Include the processes and key elements for accomplishing these activities, and the personnel to be assigned to MHS's account.
- Provide a description of your organization including background, history and any other facts that are relevant to your ability to service Ohio and non-Ohio claims.

A. <u>Claim Management and Administration</u>

1. Describe in detail the way your claims staff will interact with MHS on issues related to claim notification, claim allowance, and extent of disability.

2. Describe in detail the way medical bills are processed including the answers to the following questions.
    a. Who handles the payment of medical bills?
    b. How are fee bill reductions calculated?
    c. Can you provide reports on fee bill reduction savings?
    d. Is there an additional charge for fee bill reductions? If so, please describe in detail the additional charges.
    e. How are fee bills and payments returned to the Hospital?

3. Describe in detail how certification of claims is determined.

4. Describe your claims reserving philosophy. What amount of input do you allow your client in determining reserves?
5. Describe in detail the way lost time claims are processed. What criteria are used when determining the need for case management? Who is used for case management services? How would MHS be kept informed of ongoing lost time claims?
6. Describe in detail how you recommend and schedule extent of disability evaluations, permanent partial and physical capacity evaluations.
7. Describe the process for reviewing and evaluating claims for settlement. Do you consult with your client on appropriate settlement values? Do you handle all necessary communication, admirative processing, and filing of appropriate paperwork to facilitate timely and financially advantageous settlement?
8. Describe in detail how you would assist MHS in maintaining compliance for BWC audits.

B. Hearing/Legal Representation

1. What are the typical or standard qualifications of your hearing/legal staff?
2. Describe how your firm tracks the performance of your staff at hearings and how you track the outcomes of hearings.
3. Does your firm attend hearings for your clients, or do you contract with other outside resources for this function?
4. Describe the techniques or protocols used by your firm to ensure that MHS will be represented by a well-prepared, professional individual at all Industrial Commission Office hearings.
5. Who in your organization prepares the defense on litigated or contested claims?

C. Information Systems & Software Capabilities

1. Can your firm monthly provide MHS with detailed loss reports? How does your firm handle requests for reports other than the standard loss report? What other analysis, metrics and reporting do you provide to clients? Please attach a sample loss run.

2. What are your systems' capabilities for providing information electronically to your client and claimants? What type of information can be provided and in what timeframe?
3. Can your system provide breakdowns for facility and department coding?
4. Can you provide ad hoc reports? Can you provide reports that analyze ongoing benefits of self-insurance as a funding option?
5. Describe how checks/payments are processed.
6. Describe the process for completing accurate SI40, ICD10 reports and 1099 forms.

D. Resources Internal

1. Describe in detail the resources that your firm would commit to the handling of MHS's account.
2. What is the average number of open lost-time and medical only claims managed by your claim administrators/managers at any given time (i.e., what is their typical claim volume)?

E. Resources External

Identify what internal and external resources you use for the following services:

1. Medical Management
2. Field Case Nurse Management
3. Investigation Surveillance
4. Legal

F. Claim Reviews

1. How often would you schedule claim review meetings with MHS?
2. Would a designated member of your staff participate in the regular claim review?
3. Would a member of MHS participate in the claim review?

G. Excess Insurance Reporting

1. Do you notify the excess insurance carrier on claims that exceed MHS's insurance retention?

2. Do you regularly update the excess carrier and obtain reimbursements?

**CMS Section 111 Reporting Requirements**

A. Are you able to report claims to CMS on behalf of MHS to keep MHS in compliance with Section 111?

B. Is your organization able to automatically transmit MHS's claims to CMS so that they comply with the Medicare Section 111 reporting requirements?

C. Has your claim system been tested with the CMS data system and proven that it complies?

D. Has your claim system been updated to be able to populate the necessary data fields now required by the Medicare Section 111 reporting requirements?

E. Do you use any outside vendors to report the claims to CMS? Please identify outside vendor(s).

F. What if any additional ~~fees are associated with this se~~rvice?

**Claims Information**

The following information is intended to provide respondents to this RFP some historical data outlining the scope of MHS's recent claim and hearing activity.

**Workers' Compensation**

The MetroHealth System has been self-insured for workers' compensation since 1992. This funding option has proven to be the most cost-effective method for MetroHealth. The self-insured program gives MetroHealth better control over managing the claims and the payment of workers' compensation benefits to injured workers.

Medical costs are better controlled by encouraging injured workers to seek treatment with a MetroHealth provider. Over half of the total hospital costs are made to The MetroHealth System. Lost workday claims continue to be the most serious claims and must continue to be aggressively monitored and managed.

Trends and favorable outcomes are continuing. This is achieved by developing a good defense strategy by obtaining credible medical evidence to support our argument. We continue to develop strong relationships with medical providers who will provide us with objective medical evidence.

Claims continue to be appealed to court by the injured worker and settlement continues to be the most likely outcome for these claims. Settlement should continue to be evaluated and considered. Both the financial and employee relations aspect of the claim needs to be taken into consideration. We should continue to be prudent in our approach to settlement and avoid any trends that may make this approach a lucrative alternative to the injured worker.

**Biweekly Claims Management Call/Meeting**

Biweekly call/meetings are held to address open claims. During these meetings we develop a claims resolution strategy on the losses that have the most liability to MetroHealth. These meetings involve a team of people including MetroHealth's workers' compensation manager, medical and/or legal specialists, and the account managers from the Workers' Compensation TPA. The biweekly call/meeting continues to be a good method for gathering all parties together to evaluate and set a strategy for resolving large loss claims.

**Expected Contract Term:**

The expected initial term of this agreement is 3-years. After the initial term, MetroHealth desires an option to extend the term for additional one-year terms and a predetermined cost.

**Service Level Commitments:**

Vendor should detail several service level metrics, how they monitor and report on those metrics, and common industry-level commitment levels. If Vendor fails to meet any service level commitment, please detail the service level credit made available to MetroHealth.

**Performance Reporting Requirements:**

Provide a list of example key performance indicators (KPIs) your organization will use to evaluate the effectiveness of your proposed solution.

**Staffing:**

Please submit biography/credentials of key personnel who will be working on our engagement.

**Contact:**

Please provide a key contact person at your firm who will be assigned to this project and responsible for engagement success.

**Proposed Fees / Pricing Proposal:**

Please provide your estimated all-in fees and expenses to facilitate the solution proposed in your own format.

**Subcontracts:**

Do you plan to subcontract any portion of the Products or Services associated with this bid Event (including shipping)? If yes, please describe.

**Offshoring:**

Will you or any subcontractor perform any services provided under this engagement outside of the United States. If yes, please describe.

**Protected Health Information (PHI):**

Does your company create, store, view, maintain or transmit Protected Health Information (PHI) or Personally Identifiable Information (PII) as part of performing obligations under this engagement? How will you ensure that patient and/or personally identifiable information is appropriately safeguarded?

If yes, or as otherwise requested by MetroHealth, you will be asked to complete MetroHealth's third party risk assessment as part of this CSP evaluation.

**Commented [BS1]:** Please provide your firm's estimated all-in fees and expenses, including estimated travel and other expenses to facilitate the services proposed. The use of any tools or software solutions your firm plans to use to support this engagement should be included in your fee estimate. Describe how your fee estimate may change year-over-year should MetroHealth renew our agreement after the first year.

Your fee estimate should include your firm's blended hourly rate for the services requested in this CSP. The rate quoted should include all costs including estimated travel expenses, etc. if possible.

**Conflicts of Interest**:

As a public entity, MetroHealth is subject to Ohio Ethics Laws. Accordingly, as part of our bid process, MetroHealth requests information about relationships and interests you or certain of your employees ("Key Individuals") have with MetroHealth so we can avoid conflicts of interest. Key Individuals include (as applicable): owners, board members, senior leaders, clinicians and anyone involved in decision-making for the potential transaction.

Please ask anyone who qualifies as a Key Individual at your company if they or any immediate family members have either (1) a relationship with MetroHealth or a MetroHealth affiliate serving in the capacity as a Key Individual (e.g., employed as a Key Individual at MetroHealth, member of the MetroHealth Foundation Board of Trustees); or (2) any financial interest that involves MetroHealth or a MetroHealth affiliate (e.g., shared intellectual property (licenses, patents, royalty arrangements), research collaborations, ownership interests, etc.).

In your response to this CSP, please indicate whether your company or any of its Key Individuals and their respective families is a MetroHealth Key Individual or has any financial interest involving MetroHealth or one of its affiliates. If yes, please provide a list with the name and title of each Key Individual and a description of the relationship or financial interest with MetroHealth (e.g., "Jane Doe, President – Spouse, John Doe, serves as a Director on the MetroHealth Foundation"). If neither your company nor any Key Individual or Key Individual's family member has any relationship or financial interest involving MetroHealth, please state "none."

**Business Conflicts**:

Describe any potential business conflicts relevant to MetroHealth. Does your organization currently serve any other hospital, health system, or physician group in the areas that MetroHealth serves? If yes, how would your firm manage potential business conflicts over time?

**References**:

Please provide three (3) similar client references illustrating successfully provided services within the last five (5) years.

**Master Purchase Agreement:**

Please ensure that you review the Master Purchase Agreement attached to this CSP. You are asked to request any edits to the MPA as part of your RFP submission. Unless edits are requested at the time of your proposal, MetroHealth will assume the terms of the MPA are acceptable for underlying terms and conditions. Business terms and solution-specific contract language will be negotiated and agreed to between MetroHealth and the selected Vendor consistent with Vendor's proposal.

**Certificate of Insurance:**

Please attach a current certificate of insurance that aligns with the insurance requirements stated within the Master Purchase Agreement.

**W-9 Form:**

Please confirm your W-9 Form is on file with MetroHealth.

**Value Added Services:**

What do you believe sets your organization's services apart from your competition and what unique value-added services could you provide to MetroHealth? Please provide any additional information that makes you particularly qualified to handle this engagement for MetroHealth.

## III. EVALUTION CRITERIA

MetroHealth will include the following factors and criteria when evaluating proposals for this bid:

- Relevant Experience
- Team / Key Staff
- Approach / Proposed Scope of Work (including implementation plan and ability to meet requested timelines)
- Proposed Fee
- Overall Quality of Proposal

A selection committee will review and evaluate all proposals. The decision of the selection committee will be final. All respondents will be notified of the selection, once a final

decision has been made. If you are requested to make an oral presentation, key members of the company should be prepared to discuss your solution. The competitive sealed proposal ("CSP") timeframe is as follows:

- August 26, 2026: CSP opens at 8:00am ET
- August 27, 2026: Q&A opens at 8:00am
- September 2, 2026: Q&A closes at 5:00pm ET
- September 11, 2026: CSP closes at 1:00pm ET

Questions should be submitted through MetroHealth's public bid website.

Please submit proposals through the MetroHealth's public bid website.

MetroHealth deeply appreciates the effort required to submit a response to this CSP. Thank you in advance for your time and consideration.

## IV. ATTACHMENTS

The following list of documents are incorporated into this CSP as attachments and should be addressed within your Proposal:

A. Bid Instructions
B. MetroHealth Master Purchase Agreement
C. Intent to Bid Form
D. Bid Specifications
E. Bid Summary