



The National Insurance Board

of the Commonwealth of The Bahamas

Occupational Health & Safety Unit Services Required By a Third Party Organization For the Provision of Medical Care to The National Insurance Board's Clients Overseas

The National Insurance Board invites proposals from suitably qualified businesses to provide third party administrative services for the provision of medical care to the National Insurance Board's clients overseas.

Carefully review the Request for Proposal (RFP) document which outlines the procedures required for submission of documents. A copy of the RFP may be collected from the Director's Office at the National Insurance Board's head office, Clifford Darling Complex, Baillou Hill Road, P.O. Box N-7508, Nassau, Bahamas.

Alternatively, it can be viewed and downloaded from the following websites:

The National Insurance Board at: www.nib-bahamas.com

The Government of the Bahamas at: www.bahamas.gov.bs

Vendors must submit their proposal in an envelope which should be clearly marked **“Occupational Health and Safety Unit Services Required By A Third Party Organization For The Provision of Medical Care”** and addressed to:

Mrs. Rowena Bethel, Director
The National Insurance Board
Clifford Darling Complex, Baillou Hill Road,
P.O. Box N-7508
Nassau, Bahamas.

In accordance with the instructions given in the RFP documents should arrive at or before 1:00pm on Friday, January 29th, 2016 and given to the designated person located in the office of the Director, 3rd floor of the National Insurance Board, Baillou Hill Road.

Should you have any questions or require further clarification of this process, please contact Dr. Josephine Bartlett at telephone number 502-1613 or via email at: jbartlett@nib-bahamas.com



Occupational Health & Safety Unit

Services Required

By a

Third Party Organization

For the Provision of Medical Care to

The National Insurance Board's

Clients Overseas

7th January, 2016

Introduction

The National Insurance Board (herein after referred to as the “Board”) is required to provide access to Medical care services for all clients who have had an industrial accident or some occupational disease exposure. This care is usually initiated locally, but when there is a medical necessity the Occupational Health & Safety Unit (OHSU) seeks out providers overseas who are able to meet our client’s needs through a Third Party Administrator (TPA).

The Board is interested in receiving bids from Third Party Administrators (hereafter referred to as the “TPA”) locally and overseas, who offer network services for international claimants receiving medical care. This Request for Proposal (hereafter referred to as the “RFP”) is intended to identify the organization that can best meet the objectives outlined below:

- 1. Assure quality medical care to approved medical care recipients receiving treatment in the United States and other international territories.**
- 2. Ensure accurate and fair billing practices by overseas providers.**
- 3. Achieve efficient and cooperative interaction between the chosen healthcare providers and the Board’s staff.**
- 4. Maximize medical savings rates for all bills submitted.**
- 5. Provide the highest level of service possible to The Board and its insured.**
- 6. Ensure that all persons sent overseas undergo appropriate case management.**

7. **Facilitate appropriate ground/air transportation and accommodations for all claimants requiring care overseas.**
8. **Provide regular comprehensive progress reports on the care being administered by various members of the healthcare team.**

The Board is seeking a variety of alternatives including but not limited to a Preferred Provider Organization (hereinafter referred to as a “PPO”) partner that can assist the organization in reaching these goals. The Board will continue to pay the Providers directly but will agree to utilize the selected TPA’s network of providers and services whenever possible.

Currently, The Board spends on average around **Two Million Five Hundred Thousand Dollars (\$2,500,000.00)** for medical care in the United States annually.

The Board is therefore seeking a TPA partner that can assist the organization in reaching these goals listed above.

RFP Requirements

A. Due date:

The Board must receive the RFP described in this document by 1:00p.m. on the 29th day of January, 2016.

B. Scoring:

The Board will score each proposal and utilize this score to identify objectively, those respondents most qualified to advance, based on the criteria contained in the “Technical Considerations” segment. Those applicants chosen to advance will be invited to participate in an interview process, conducted at the offices of the Board, in Nassau, Bahamas. The Board reserves the right to select an awardee based on the processes noted above and on a best-fit basis with the Board’s current and future requirements.

C. Number of copies

The Board requests that four (4) copies of the proposal be submitted in bound format.

D. Contact Information

For further information, please contact:

Dr. Josephine Bartlett at telephone 242-502-1613
or via email jbartlett@nib-bahamas.com

All proposals should be properly sealed and marked “**OCCUPATIONAL HEALTH AND SAFETY UNIT SERVICES REQUIRED BY A THIRD PARTY ORGANIZATION FOR THE PROVISION OF MEDICAL CARE**” and must be sent **by no later than 1:00pm on Friday, January 29th, 2016** to:

**Mrs. Rowena Bethel, Director,
The National Insurance Board,
Clifford Darling Complex, Baillou Hill Road,
P.O. Box N-7508,
Nassau, New Providence,
Bahamas**

Applicants are prohibited from discussing their proposal with any other party except those identified in this RFP and may be **disqualified for noncompliance with this demand.**

E. Time of Agreement

The Board will enter into a three (3) year agreement with the awardee. The contract will carry a cancellation clause that allows The Board to cancel for non-performance or any other reason indicated by The Board by giving Ninety (90) days notice. Review meetings may be held monthly to determine if performance standards are being adhered to and will be utilized to avoid contact related concerns.

F. Exclusivity

The Board will agree to use the recommendation provided by the selected TPA in the RFP which can include but is not limited to a PPO and /or any other combination of service providers as the overseas network for services. The Board reserves the sole right to refer cases outside of the selected PPO or alternative provided by the TPA and on the referral outside the network of these cases, the TPA is expected to assist The Board in negotiating rates on behalf of The Board. In certain cases, the chosen network will be expected to work directly with The Board to determine the benefits of selecting a specific, non-par provider. In the aforementioned cases, and in cases of emergency treatment where provider selection is not possible, the TPA will be expected to assist in negotiating rates on behalf of The Board.

G. Right of refusal

The Board reserves the right to rescind the RFP and reject any and all bids.

Other Requirements

Technical Considerations

A. Description of the organization including the following:

This section should provide The Board with a clear understanding of the nature, mission and background of the organization.

- 1. Corporate History:** To include founding date, date of Incorporation, state or country of incorporation and locations of offices.
- 2. Services offered.**
- 3. Outline of the management experience with work-related injuries with particular emphasis on a return-to-work program. This should include any retraining and management of employer/employee relationship challenges.**
- 4. Overall Experience:** The TPA should have extensive experience with international services, case management and various payors, including the Bahamas.
- 5. Information Technology:** Description of the nature of the infrastructure that will be in place to track claims and interface with The Board.
- 6. Management:** Description of the organizational chart.

7. Reporting: Brief description of current reporting capabilities. Use of examples is expected.

8. Key capabilities: Unique characteristics of the organization.

9. References: Provide two (2) current references. Include the name, address, telephone numbers and/or two (2) current Bahamian references (if available). Comparable in size/ needs to The Board.

10. Statement of Solvency and audited financials: (If available) for the previous business year.

B. Description of the coverage of the network.

This section should provide The Board with an understanding of the scope (geographic coverage) of the network. It should describe the network's coverage on an overall basis within the local geographic area, including a description of associated facilities, specialists and ancillary services in broad terms.

The following should be included:

1. Number and type of providers by gross category (hospital, physician, ancillary) in appropriate geographic area.

2. Savings of network:

- a. Average in and out of network saving achieved in the local geographic area and any other international market.
- b. Average provider discounts by type of provider within service area.

3. Centers of excellence in network.

4. Important, unique or service provider contract terms that exemplify the organization's contractual provider relationships.

5. Average percentage of claims covered in the network.

C. Description of Out-of-Network Services:

A summary should provide The Board with an understanding of the scope and methods the organization uses to achieve savings outside of the network, when a non-par facility is required or utilized in the case of an emergency. It should provide an adequate description of each service and the proposed average savings, as well as the organization's experience in negotiating rates and settlement accounting.

D. Customer services, policies, & procedures:

The Board is concerned that its organization's covered members receive timely, accurate and courteous service. The TPA is required to outline how it would achieve these goals.

E. Claims processing, repricing, adjudicating and reporting.

Description of the methods and reporting processes that The Board will experience to reprice its claims. Also, methods to identify and address fraud.

F. Experience & capacity with utilization and normative data to show usage trends/savings.

The Board wishes to identify the most cost efficient methods to provide health care services to its recipients. This section should include demonstration of methods used to track trends and provide relevant information that will offer long-term financial and medical benefits to The Board.

G. Fees:

The Board is concerned with achieving the most effective cost savings for **in and out of network claims**. Therefore, the final percentage of total net savings achieved by The Board is of importance. This section should describe **by example**, the fee structure as a percentage of net savings to The Board.