DEPARTMENT of FINANCE
DIVISION OF PURCHASES

Notice of Intent to Award

Solicitation Number	376396	Award Date	1/21/2025 | 7:19 AM CST
Solicitation Title	Injury on Duty (IOD) Claims Administration		
Buyer Name	Sandra Walker	Buyer Email	sandra.walker@nashville.gov
BAO Rep	Sierra Washington	BAO Email	sierra.washington@nashville.gov

Awarded Supplier(s)

In reference to the above solicitation and contingent upon successful contract negotiation, it is the intent of the Metropolitan Government of Nashville and Davidson County to award to the following supplier(s):

Company Name	Brentwood Services Administration, Inc.	Company Contact	Courtney Basak		
Street Address	214 CENTERVIEW DR STE 350				
City	BRENTWOOD	State	TN	Zipcode	37027

Company Name		Company Contact			
Street Address					
City		State		Zipcode	

Company Name		Company Contact			
Street Address					
City		State		Zipcode	

Certificate of Insurance

The awarded supplier(s) must submit a certificate of insurance (COI) indicating all applicable coverage required by the referenced solicitation. The COI should be emailed to the referenced buyer no more than 15 days after the referenced award date.

Equal Business Opportunity Program

Where applicable, the awarded supplier(s) must submit a signed copy of the letter of intent to perform for any and all minority-owned (MBE) or woman-owned (WBE) subcontractors included in the solicitation response. The letter(s) should be emailed to the referenced business assistance office (BAO) rep no more than two business days after the referenced award date.

☐ Yes, the EBO Program is applicable. ☑ No, the EBO Program is not applicable.

Monthly Reporting

Where applicable, the awarded supplier(s) will be required monthly to submit evidence of participation and payment to all small (SBE), minority-owned (MBE), women-owned (WBE), LGBT-owned (LGBTBE), and service disabled veteran owned (SDV) subcontractors. Sufficient evidence may include, but is not necessarily limited to copies of subcontracts, purchase orders, applications for payment, invoices, and cancelled checks.

Questions related to contract compliance may be directed to the referenced BAO rep.

☐ Yes, monthly reporting is applicable. ☑ No, monthly reporting is not applicable.

Public Information and Records Retention

Solicitation and award documentation are available upon request. Please email the referenced buyer to arrange.

A copy of this notice will be placed in the solicitation file and sent to all offerors.

Right to Protest

Per MCL 4.36.010 – any actual or prospective bidder, offeror, or contractor who is aggrieved in connection with the solicitation or award of a contract may protest to the purchasing agent. The protest shall be submitted in writing within ten (10) days after such aggrieved person knows or should have known of the facts giving rise thereto.

SCC
_____Assistant Purchasing Agent (Initial)

Dennis Rowland
Dennis Rowland
Purchasing Agent & Chief Procurement Officer

RFQ: 376396- Injury on Duty (IOD)
Claims Administration

Offeror	Brentwood Services Administration, Inc.	Convergent Claims Services	Davies Claim Solutions LLC	ONB Benefit Administration LLC dba JWF Specialty
Cost (30 Points)	24.36	22.62	30.00	21.53
Company Organization and Experience – (15 Points)	15.00	9.00	13.00	13.00
Implementation and Account Management (10 Points)	9.00	5.00	7.00	6.00
Comprehensive Questionnaire (40 Points)	40.00	13.00	33.00	24.00
Diversity Practices (5 Points)	0.00	0.00	5.00	3.00
Total	**88.36**	**49.62**	**88.00**	**67.53**

* Convergent Claims Services and JWF Specialty did not advance to round 2.

Evaluation Comments

Brentwood Services Administration, Inc.
Strengths - Detailed description of organization and company history. Detailed description on organizational structure, services provided, and length of time in the workers' compensation and claims administration business. Adequate response to audited financial statement. No pending litigation listed. Adequate response to average size of client list. Privately held company. Excellent insurance coverage. Detailed response to Managed Care Service providers. Adequate response for Defense Attorneys and Investigative Firms. Adequate response for third party administration. Detailed response to implementation plan, business plan, and timeline. Detailed response to all key individuals. Detailed response on example of how vendor reduced injury on duty costs for a client by implementing the PPO Network. Adequate response on reducing presumptive injury on duty costs for a client. Adequate response on Geographical Location(s) and Hours of Operation. Good overall response to comprehensive questionnaire. Claim intake is online. Criteria used by adjusters to involve medical case management, both telephonic and field based listed twenty field case management triggers and nineteen best practices. Detailed response on company's experience in managing injuries/illnesses and presumption claims incurred by public safety employees. Firm's closes case claims within sixty days of issue resolution. Extensive experience in managing reserves. Vendor has URAC accreditation. Adequate responses to medical review questions. Detailed response on leading practices that make a difference in claim handling results. Training is offered once a month and participation is tracked on leading practices. Response to Performance Standards and Benchmarking was adequate. Vendor offers detailed reports that Metro staff can run themselves with an outstanding interface. Reviews 5% of randomly closed claims. Adequate response to Performance Criteria. Adequate response to Performance Goals, answered yes to all.
Weaknesses - Failed to provide a response to key individuals number of clients they perform similar services.
Convergent Claims Services

Strengths - Adequate response to description of organization and company history. Detailed response to organizational structure, services provided, and length of time in the workers' compensation and claims administration business. No pending litigation against the company. Adequate response to ratings and insurance or bond coverage. Adequate response to Managed Care Service, Defense Attorneys and Investigative Firms. Adequate response to typical banking services used in third party administration. Adequate response on account service individuals. Responses to Medical Bill Review were adequate. Response to Claims Management Leading Practices were adequate.
Weaknesses- Failed to provide a copy of recent audited financial statement. Experience with large clients Is limited. Failed to provide responsibilities of Metro and length of time implementation team will be responsible for the Metro account. Vague response on transition with incumbent administrator. Staffing plan lacked specific detail. Overall information was difficult to locate throughout proposal. Failed to provide number of employees for client as an example. Failed to provide Geographical Location(s) and Hours of Operation. Overall responses to questionnaire lacked specific detail and was boilerplate. Response lacked detail on how criteria used by adjusters to involve medical case management, with no discussion on specific triggers. Longer response time for medical referrals and treatment authorization requests. Response to company's experience in managing injuries/illnesses and presumption claims incurred by public safety employees lacked specific detail. Response for responsibility for establishing and reviewing individual claim reserves and timelines lacked specific detail. Response to claim handler reserve authorities lacked specific detail. Response to case management program lacked specific detail. Vendor is proposing a travel fee, which is unacceptable as stated in the RFP requirements. Response to company ability to staff 3-physician, board-certified specialist panels for independent medical review of heart, hypertension, cancer, and PTSD claims was vague. Company's Claims Management Manual wasn't legible. Failed to provide an answer on if results are shared with the adjusters and clients. Failed to provide the utilization report. Description of quality controls, auditing, and peer review mechanisms in place for claim processing department lacked specific detail. Failed to provide a response to Performance Criteria and Performance Goals. Diversity Plan lacked key elements in programmatic review and mentorship as weighed by the diversity practice evaluation.
Davies Claim Solutions LLC
Strengths - Detailed description of organization and company history. Detailed organizational structure, services provided, and length of time in the workers' compensation and claims administration business. Adequate response to audited financial statement. No pending litigation listed. Privately held company. Adequate insurance coverage. Adequate response to Managed Care Service providers. Adequate response for Defense Attorneys and Investigative Firms. Adequate response for third party administration. Adequate response to implementation plan, business plan, and timeline. Adequate response to key individuals. Adequate response on Geographical Location(s) and Hours of Operation. Adequate overall response to comprehensive questionnaire. Adequate response to Medical Case Management and Medical Bill Review. Adequate response to Data Management and Report. Adequate response to Quality Controls & Audits. Adequate response to Performance Criteria and Performance Goals. Overall good diversity, equity and inclusion practices. Firm included all relevant key elements.
Weaknesses- Response to average size of client list lacked specific detail. Response to financial arrangements was vague. Failed to provide number of clients for which they perform similar services. Response on how you were able to reduce injury on duty costs for clients lacked detail. Failed to provide number of employees for client you provided as an example. Failed to provide the name, contact information and number of employees for the client you provided as an example. Response to company's experience in managing presumption claims incurred by police officers and firefighters lacked specific detail. Response to how claims management leading practices are objectively measured and how often lacked specific detail. Failed to provide a copy of the Claims Management Manual. Failed to provide an answer on if results are shared with the adjusters and your clients.
ONB Benefit Administration LLC dba JWF Specialty

Strengths - Adequate description of organization and company history. Adequate response to organizational structure, services provided, and length of time in the workers' compensation and claims administration business. No pending litigation listed. Privately held company. Adequate insurance coverage. Adequate response to Managed Care Service providers. Adequate response for Defense Attorneys and Investigative Firms. Adequate response for third party administration. Adequate response on Geographical Location(s). Adequate response to claims management information system. Adequate response to injury intake process. Adequate response on lag time. Adequate response on criteria for recommending surveillance or other investigative services. Adequate response time to physician inquiries, employee inquiries, and client inquiries. Adequate response time for medical referrals and treatment authorization requests. Adequate response to organization's reserving philosophy. Adequate response to firm's Special Investigative Unit (SIU) policies and procedures. Adequate response to firm's case closure protocols and procedures. Adequate response to company protocols for identifying and pursuing third-party subrogation and third-party recovery. Adequate response describing claims investigation process. Adequate response to Medical Case Management. Adequate response to bill review services. Adequate response on leading practice for evaluating and assigning new claims. Adequate response on Claims Management Manual. Adequate response on Data Management and Report. Adequate response to Quality Controls & Audit. Adequate response to Performance Criteria and Performance Goals.
Weaknesses- Failed to provide a copy of most recent audited financial statement and other financial information. Overall response to implementation and account management was vague. Response to timetable and specific tasks involved to have services operative for March 2025 lacked specific detail. Response to implementation plan, business plan, and timeline was vague. Failed to provide fax numbers of representatives of the Proposer. Failed to provide number of clients that perform similar services. Failed to provide number of employees for client you provided as an example. Failed to provide hours of operations. Overall information was difficult to locate throughout the proposal. Failed to provide any time standards for contacting the injured worker, employer, and treating physician. Vendor uses a two point contact on medical-only claims. Description of criteria used by your adjusters to involve medical case management, both telephonic and field based lacked specific detail. Company's experience in managing injuries/illnesses and presumption claims incurred by public safety employees, specifically police officers and firefighters specific detail. Claim handler reserve authority is set by tenure and not skill level. Response to average caseload per adjuster for company lacked specific detail. Current process on how cases management notes are entered into the claims system opens the door for error and omissions. Response to medical bill review work process flow lacked specific detail. Response to top five leading practices determined to make a difference in your claim handling results lacked specific detail. Response on how leading practices are objectively measured and how often lacked detail. Response to leading practice for reviewing incoming mail lacked specific detail. Response to quality standards set for adjusters/claims examiners lacked specific detail. Sample standard management reports lacked detail.

RFQ: 376396-Injury on Duty (IOD) Claims Administration		Max. RFP Cost Points
		30
Offeror's Name	**Total Cost**	**RFP Cost Point Distribution**
Brentwood Services Administration, Inc.	$14,621,682.00	**24.36**
Davies Claim Solutions LLC	$11,871,028.00	**30.00**