



City of O'Fallon
Third Party Administrator Services
Request for Proposals

CITY OF O'FALLON, MISSOURI

REQUEST FOR PROPOSALS

RFP NUMBER #26-032

THIRD PARTY ADMINISTRATOR SERVICES

April 24, 2026

INCLUDED ARE:

Proposal Instructions

Terms and Conditions

Scope of Services

Proposal Form

Worker Eligibility Verification Affidavit

CITY OF O’FALLON, MISSOURI
PROPOSAL INSTRUCTIONS

PURPOSE

The purpose of this Request for Proposals (RFP) is to obtain competitive proposals from qualified firms to provide comprehensive Third-Party Administrator (TPA) services for the City’s self-insured Workers’ Compensation and Liability programs. Services include claims intake/administration, medical bill review, network access, utilization review and nurse case management, subrogation, litigation support, Medicare compliance, data/reporting, cost containment, and related support.

This RFP provides prospective companies with sufficient information to enable them to prepare and submit proposals for consideration by the City of O’Fallon (hereafter referred to as “the City”) to satisfy the needs as outlined in the scope of services.

BACKGROUND:

The City of O’Fallon is a full-service city and provides general administrative services, police protection, streets, water and sewer, community development, parks and recreation, and environmental services. The City employs approximately 500 full-time employees and about 325 part-time and seasonal employees.

The City encompasses 30 square miles and services a population of approximately 94,000. O’Fallon is located in St. Charles County, Missouri, about 30 minutes west of the St. Louis City limits. The city is bisected in a north-south direction by Missouri State Highways M and K and in an east-west direction by Interstates 70 and 64. Regularly scheduled air passenger service is available at Lambert St. Louis International Airport located approximately 22 miles east of the City on Interstate 70.

The City of O’Fallon’s economic base is diverse and consists of a mix of residential, retail, manufacturing, financial services, governmental services, education and healthcare. Essentially a “bedroom community” in the early 1980’s to the St. Louis Metropolitan area, the City’s economic growth now supports approximately 50,000 jobs for our residents.

SCHEDULE OF ACTIVITIES

Release and advertisement of RFP:	April 24, 2026
Deadline for submission of questions:	May 1, 2026, at 12:00 P.M. CDT
Proposal submission deadline:	May 19, 2026, at 12:00 P.M. CDT

PROPOSAL SUBMISSION

Sealed proposals must be received by the City of O’Fallon, Missouri; Purchasing Office, 100 North Main Street; O’Fallon, Missouri 63366 prior to May 19, 2026, at 12:00 P.M. (prevailing central time). Each proposal shall consist of one original (identified as such) and 2 copies, one electronic copy on flash/thumb drive of the complete proposal. The file submitted on flash/thumb drive shall include all attachments and signatures, where applicable.

It is the responsibility of the proposer to ensure that their proposal is received in the Purchasing Office, prior to the deadline. Companies mailing proposals should allow ample mail delivery time

to ensure timely receipt of their proposals. Proposals received after the deadline for receipt of proposals will not be opened or considered.

Proposals must be clearly identified as a proposal for the City of O’Fallon, Missouri “**RFP # 26-032**” and shall show such information on the outside of the proposal packet. Proposals will not be accepted by facsimile or email transmittal. Do not staple or submit the proposal in any type of binder; binder clips are acceptable.

QUESTIONS

All questions must be submitted in writing to Christine Grabin, Purchasing Agent, no later than 12:00 P.M. (CDT) on May 1, 2026, via email CGrabin@ofallonmo.gov. The City will only respond by the end of day on May 5, 2026, to questions from Respondents. Answers to questions will only be distributed via addendum and posted on our website. www.ofallonmo.gov/bid-opportunities

AMENDMENTS TO RFP

In the event it should be necessary to revise any portion of this RFP, addenda will be provided to all proposers who received the original RFP from the City of O’Fallon. This does not relieve the submitting company from the responsibility of regularly checking the City website listed below for updates regarding any addenda associated with this proposal request. Addenda are available on our website at: www.ofallonmo.gov/bid-opportunities. If you received this RFP by means other than the bid system, you must furnish your company name, address, and telephone number to the Purchasing Agent identified in the Proposal Instructions section in order to receive any addendum to this RFP. Proposers shall acknowledge receipt of each addendum issued in the space provided on the RFP form.

END OF PROPOSAL INSTRUCTIONS

CITY OF O’FALLON, MISSOURI

TERMS AND CONDITIONS

QUALIFICATIONS:

Firms must be properly licensed, insured, and bonded, and able to furnish satisfactory evidence of experience delivering TPA services for self-insured public entities of similar size and complexity.

LAWS AND ORDINANCES, REGULATIONS, LICENSING FEES:

Firm shall conform to all rules, regulations, ordinances, laws, or directives set forth by the City of O’Fallon and/or the State of Missouri.

LAW GOVERNING:

All State of Missouri and/or Federal Laws shall be hereby specifically made a part of this contract as set forth herein.

NON-DISCRIMINATING:

The Contractor, its employees, and subcontractors, agree not to commit unlawful discrimination and agree to comply with applicable provisions of the U.S. Civil Rights Act and Section 504 of the Federal Rehabilitation Act, and rules applicable to each.

Firm shall comply with Section 285.525 – 285.550 RSMo regarding enrollment in a federal work authorization program. **A signed, notarized affidavit (attached) and supporting documentation affirming enrollment in a federal work authorization program must be submitted with proposal. Failure to comply with this provision may result in rejection of proposal.**

E-VERIFY:

Company shall be E-Verify compliant and shall provide documentation to support this requirement within the proposal including the memorandum of understanding (MOU) and the electronic signature page completed in its entirety.

METHOD OF AWARD / SELECTION:

The proposals will be evaluated by the City. A response summary of proposals will be available by contacting Christine Grabin, Purchasing Agent. The response summary will only include the names of the companies that submitted proposals that were delivered by the required RFP submittal date and time. Until award of the contract, the Responses shall be held in confidence and shall not be available for public review.

TERMS/CANCELLATION AND DAMAGES:

This contract may be terminated by either or both parties upon thirty (30) days written notice or upon mutual agreement of both parties.

If the City, because of the Vendor’s breach, terminates this Contract, the City shall have the right to purchase service elsewhere and to charge the Vendor with any additional cost incurred.

Notwithstanding the above, the Vendor shall not be relieved of any liability to the City for damages sustained by the City by virtue of any breach of this contract by the Vendor and the City may withhold

any payments to the Vendor until such time as the amount of such damages due the City from the Vendor shall be determined.

SCOPE OF SERVICES

A. General:

Provide comprehensive TPA services for the City's self-insured Workers' Compensation and Liability programs. The successful proposer must demonstrate strong capabilities in public-sector claims administration, medical management, litigation coordination, compliance, analytics/reporting, cybersecurity, and cost containment—supported by proactive account management and transparent financial controls.

B. General Scope of Work to be Performed:

The Contractor shall perform, at minimum, the following services:

1. **Claims Intake & Administration**

- First Notice of Loss (FNOL) receipt and triage; claim setup; coverage verification; compensability decisions; reserve establishment/reviews; investigation; diary and supervisory oversight; statutory reporting and filings; timely indemnity and medical benefits administration; closure strategies.

2. **Medical Bill Review & PPO/Network Access**

- Apply applicable MO fee schedules; usual & customary review; duplicate/unbundling detection; PPO/network discounts; out-of-network negotiations; quality control auditing of bill review outcomes.

3. **Utilization Review & Nurse Case Management**

- Prospective, concurrent, and retrospective utilization review; nurse case management for medical coordination and return-to-work; catastrophic claim protocols; independent medical exams (IME); peer reviews.

4. **Pharmacy Benefit Coordination (PBM)**

- Formulary management; opioid stewardship; prior authorizations; network integration; fraud/waste abuse monitoring.

5. **Subrogation & Recovery**

- Identify recovery opportunities; pursue and track subrogation/lien resolutions; report recoveries.

6. **Liability Claims Administration**

- Administer general liability, auto liability, and property damage claims (as applicable to scope); preserve evidence; evaluate exposures; reserve and settlement strategies.

7. **Medicare Compliance (MMSEA Section 111)**

- Mandatory reporting; Medicare Set-Asides (MSA) coordination; conditional payment resolution; compliance documentation and audit trails.

8. **Litigation Management**

- Coordinate with approved counsel; define strategy aligned with City objectives; monitor budgets; ensure timely reporting and outcomes.

9. **Data, Reporting & Analytics**

- Monthly dashboards; quarterly reports; annual stewardship; trend analyses; benchmarking; custom reporting; ad-hoc reporting upon request.

10. **Financial Controls**

- Payment authorization workflows; segregation of duties; check issuance controls; escheatment procedures; reserve adequacy reviews; audit support; transparent fee

disclosures.

11. Implementation & Account Management

- Onboarding plan; data conversion; systems integration; user training for City staff; dedicated account manager and team (bios/resumes required); agreed meeting cadence.

12. Information Systems & Secure Access

- Secure claims system access for City; role-based permissions; detailed notes/diary visibility; EDI interfaces; cybersecurity controls; disaster recovery; data governance.

13. Customer Service / Accessibility

- Defined service hours; response/turnaround standards; escalation protocols; claimant communication standards supporting fair, timely resolutions.

14. Compliance

- Adherence to all applicable Missouri statutes and City policies; file documentation standards; retention schedules; internal QA audits.

15. Performance Guarantees (Fee-at-Risk)

- Proposer shall offer measurable SLAs (e.g., contact timeliness, payment timeliness, reserve accuracy, litigation reporting, call answer times) with fees at risk for missed guarantees and credits for exceeding targets.

16. Cost Containment Programs

- Return-to-work support; ergonomic/safety inputs (in coordination with the City); antifraud measures; intelligent bill re-pricing; targeted medical management; transparent savings reporting.

Additional Requirements

Quarterly Claims Review Meetings

- Conduct structured quarterly claims calls with designated City staff, providing pre-meeting packets and covering open claims status, reserve adequacy, litigation strategies, RTW progress, trends, and opportunities for early resolution.

Active Claim Management

- Maintain a proactive, hands-on approach to claims handling: timely initial contacts; ongoing claimant communication; documented claim plans; continuous movement toward resolution; supervisory reviews; timely task execution.

Collaboration with the City on Attorney Selection & Litigation Management

- No attorney assignment without prior City approval. The TPA must collaborate with the City on panel selection, strategy, and budget oversight, providing regular updates to City staff and ensuring alignment with City objectives.

Municipal Liability Knowledge Requirements

- Demonstrate thorough knowledge of municipal liability laws applicable to Missouri public entities and experience with employment and tort law sufficient to identify potential liabilities, defense strategies, reporting risks, and appropriate escalation to the City.

Basket Aggregate Tracking and Recovery

The TPA shall establish, maintain, and continually update a detailed log of all expenditures applied toward the City's basket aggregate. Responsibilities include but are not limited to:

- Tracking all eligible claim payments and expenditures that apply toward the basket aggregate threshold.
- Providing monthly and quarterly reports showing year-to-date accumulation, remaining aggregate balance, and projected annual trajectory.
- Immediately alerting the City when aggregate thresholds are nearing exhaustion.
- Identifying and recovering, in conjunction with the City and the City's broker of record, any funds that exceed the aggregate threshold, including coordination with appropriate carriers, vendors, and responsible entities.

- Reconciling all eligible claims and expenditures at the close of each plan year and remitting over-aggregate recoveries to the City.
- Maintaining full transparency and collaborating closely with designated City staff, including review of all financial calculations related to aggregate exposure and recovery processes.

C. Broker Compensation:

Proposers shall provide a fee schedule (e.g., per-claim fees by claim type, hourly rates, flat administrative fee, bill review % or per-line fee, PPO access fees, UR & case management rates, IME fees, subrogation contingency, Medicare compliance fees, data/reporting fees). The City prefers transparent, itemized pricing and disclosure of any pass-through or third-party fees.

Please provide your firm’s annual fee for providing all requested services in this RFP. Please list the annual fee for each year starting July 1, 2026:

First Year Fee _____

Second Year Fee _____

Third Year Fee _____

Fourth Year Fee _____

Fifth Year Fee _____

The City also requests that each Proposer describe any other services they feel would be beneficial for the City to consider which might be outside the scope of this RFP. Please also provide an approximate cost for these services.

D. Proposal Requirements:

- All proposals must address the following areas:
 1. A detailed statement of the firm’s qualifications and experience in consulting with respect to the scope of work.
 2. A list of principal(s) assigned to the City together with a statement of their expertise as demonstrated by direct experience in municipal insurance services. The expertise of each principal must be clearly presented; it is recommended that resumes be included.
 3. A statement on how the firm will provide services and address the scope of services/work contained herein. Provide a draft timeline to complete the deliverables listed above in “C. General Scope of Work to be Performed” and include a description of the firm’s ability to provide timely completion of the project for the City.
 4. Written disclosure of any potential conflicts of interest.
 5. Completion/inclusion of the Supplemental Information form, Proposal Form, and Worker Eligibility Verification Affidavit, along with any additional relevant supplementary information or material.

END OF SCOPE OF SERVICES

Supplemental Information (use additional sheets as necessary):

1. Name of primary contact, address and phone number.

2. What day(s) and time(s) is the primary contact available?

3. Describe any name or ownership changes in the past five (5) years.

4. Submit a sample copy of a current contract/agreement with all terms and conditions (subject to review by the City's legal review).

5. Provide at least five (5) references of current or past clients for which insurance services have been provided. Include the following information for each reference:

- Agency/firm name
- Address, city, state, zip
- Contact information
- Population

Evaluation Criteria:

The City reserves the right to select the Vendor who best meets the “overall” needs of the City of O’Fallon based primarily on the following criteria (not listed in any order of importance):

- Qualifications (expertise and experience; municipal/self-insured programs).
- Quality of assigned professional personnel.
- Approach to TPA services and ability to meet City needs.
- References and track record for successful engagements, including timeliness.
- Fees and overall value.
- Adherence to requested specifications; thoroughness; presentation quality.

END OF SUPPLEMENTAL INFORMATION

CITY OF O'FALLON, MISSOURI

PROPOSAL FORM

Signature of proposer indicates that the proposer understands and will comply with all terms and conditions and all other specifications made a part of this Request for Proposals and any subsequent award or contract. All terms, conditions and representations made in this invitation will become an integral part of the contract.

In compliance with this Request for Proposal Number and to all the conditions imposed herein, the undersigned offers and agrees to provide TPA services for the City of O'Fallon in accordance with the scope of services and intent of the request for proposals contained herein.

Proposal Form shall be attached to respondent's proposal.

Indicate whether: () Individual; () Partnership; () Corporation

Incorporated in the state of: _____

COMPANY: _____ SIGNATURE: _____

ADDRESS: _____ NAME: _____

CITY: _____ TITLE: _____

STATE/ZIP: _____ PHONE NO.: _____

TAX ID NO.: _____ DATE: _____

EMAIL ADDRESS: _____

Acknowledge the receipt of addenda by initialing box below as appropriate.			
Addenda 1 _____	Addenda 2 _____	Addenda 3 _____	Addenda 4 _____

WORKER ELIGIBILITY VERIFICATION AFFIDAVIT

STATE OF _____)
) ss
COUNTY OF _____)

On the ____ day of _____, 20____, before me appeared _____,
Affiant name

personally known to me or proved to me on the basis of satisfactory evidence to be a person whose name is subscribed to this affidavit, who being by me duly sworn, stated as follows:

• I, the Affiant, am of sound mind, capable of making this affidavit, and personally certify the facts herein stated, as required by Section 285.530, RSMo, to enter into any contract agreement with the City to perform any job, task, employment, labor, personal services, or any other activity for which compensation is provided, expected, or due, including but not limited to all activities conducted by business entities.

• I, the Affiant, am the _____ of _____, and I am duly
title business name
authorized, directed, and/or empowered to act officially and properly on behalf of this business entity.

• I, the Affiant, hereby affirm and warrant that the aforementioned business entity is enrolled in a federal work authorization program operated by the United States Department of Homeland Security, and the aforementioned business entity shall participate in said program to verify the employment eligibility of newly hired employees working in connection with any services contracted by the City of O’Fallon. I have attached documentation to this affidavit to evidence enrollment/participation by the aforementioned business entity in a federal work authorization program, as required by Section 285.530, RSMo.

• I, the Affiant, also hereby affirm and warrant that the aforementioned business entity does not and shall not knowingly employ, in connection with any services contracted by the City, any alien who does not have the legal right or authorization under federal law to work in the United States, as defined in 8 U.S.C. § 1324a(h)(3).

• I, the Affiant, am aware and recognize that, unless certain contract and affidavit conditions are satisfied pursuant to Section 285.530, RSMo, the aforementioned business entity may be held liable under Sections 285.525 through 285.550, RSMo, for subcontractors that knowingly employ or continue to employ any unauthorized alien to work within the state of Missouri.

• I, the Affiant, acknowledge that I am signing this affidavit as a free act and deed of the aforementioned business entity and not under duress.

Affiant Signature

Subscribed and sworn to before me in _____, _____, the day and year first above-written.
city (or county) state

My commission expires:

Notary Public

[Attach documentation of enrollment/participation in a federal work authorization program]