

2018-347

AUTHORIZE THE ASU GROUP, AS MUSKEGON COUNTY'S THIRD PARTY ADMINISTRATOR FOR WORKERS' COMPENSATION, FOR THE THREE (3) YEAR PERIOD OF 1/1/2019 TO 12/31/2021 AT A FIXED RATE OF \$8,500.00 PAID ANNUALLY AND A PER CLAIM FEE OF \$140.00 FOR NEW/TAKE OVER MEDICAL ONLY CLAIMS AND \$725.00 FOR NEW/TAKE OVER INDEMNITY CLAIMS, OPTION TO RENEW FOR TWO (2) SUBSEQUENT, ONE (1) YEAR EXTENSIONS, BASED ON MUTUAL AGREEMENT BETWEEN BOTH PARTIES AT A FIXED RATE OF \$8,500.00 PAID ANNUALLY WITH A PER CLAIM FEE OF \$150.00 FOR NEW/TAKE OVER MEDICAL ONLY CLAIMS AND \$750.00 FOR NEW/TAKE OVER INDEMNITY CLAIMS EACH YEAR

WM18/09-107

The Ways and Means Committee recommends, moved by Commissioner Mahoney, seconded by Commissioner Hughes, to authorize The ASU Group, as Muskegon County's Third Party Administrator for Workers' Compensation, for the three (3) year period of 1/1/2019 to 12/31/2021 at a fixed rate of \$8,500.00 paid annually and a per claim fee of \$140.00 for New/Take over Medical only claims and \$725.00 for New/Take over Indemnity claims, option to renew for two (2) subsequent, one (1) year extensions, based on mutual agreement between both parties at a fixed rate of \$8,500.00 paid annually with a per claim fee of \$150.00 for New/Take over Medical only claims and \$750.00 for New/Take over Indemnity claims each year.

Roll Call:

Yes: Benjamin E. Cross, Marvin Engle, Gary Foster, Susie Hughes, Kenneth Mahoney, Charles Nash, Robert Scolnik, I. John Snider II, Rillastine Wilkins

No: None

Motion Carried

2018-348

AUTHORIZE A CONTRACT WITH UNITED HEALTH CARE TO PROVIDE THE MEDICARE ADVANTAGE PLAN TO MUSKEGON COUNTY POST-65 RETIREES FROM JANUARY 1, 2019 THROUGH DECEMBER 31, 2020 FOR A 2019 MONTHLY PREMIUM RATE OF \$201.20 PER RETIREE

WM18/09-108

The Ways and Means Committee recommends, moved by Commissioner Mahoney, seconded by Commissioner Hughes, to authorize a contract with United Health Care to provide the Medicare Advantage Plan to Muskegon County post-65 retirees from January 1, 2019 through December 31, 2020 for a 2019 monthly premium rate of \$201.20 per retiree.

Roll Call:

Yes: Benjamin E. Cross, Marvin Engle, Gary Foster, Susie Hughes, Kenneth Mahoney, Charles Nash, Robert Scolnik, I. John Snider II, Rillastine Wilkins

No: None

Motion Carried

REQUEST FOR BOARD CONSIDERATION-COUNTY OF MUSKEGON

COMMITTEE Ways and Means		BUDGETED NON-BUDGETED PARTIALLY BUDGETED	
REQUESTING DEPARTMENT Human Resources	COMMITTEE DATE September 18, 2018	REQUESTOR SIGNATURE Kristen N. Wade	
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)			
<p>The County utilizes a Third Party Administrator to assist with the review of workers' compensation claims and losses, processing qualified claims, maintaining files on qualified claims/losses and conducting investigations of each claim or loss. The current contract expires 12/31/2018.</p> <p>RFP18-2308 was released on July 26, 2018 to acquire proposals and exercise due diligence for Muskegon County's Third Party Administrator for Workers' Compensation. The proposal closing on August 17, 2018 revealed four (4) proposals. Responses were evaluated based upon claims administration and support services, industry experience, transition plan, reporting and cost.</p> <p>The review committee recommends continuing services with The ASU Group for Third Party Administrator for Workers' Compensation, for a three (3) year contract, period of 1/1/2019 through 12/31/2021 at a fixed rate of \$8,500.00 paid annually with a per claim fee of \$140.00 for New/Take over Medical only claims and \$725.00 for New/Take over Indemnity claims. Options to renew for an additional two (2) subsequent, one (1) year extensions, based on mutual agreement between both parties at a fixed rate of \$8,500.00 paid annually with a per claim fee of \$150.00 for New/Take over Medical only claims and \$750.00 for New/Take over Indemnity claims each year.</p>			
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)			
Move to authorize The ASU Group, as Muskegon County's Third Party Administrator for Workers' Compensation, for the three (3) year period of 1/1/2019 to 12/31/2021 at a fixed rate of \$8,500.00 paid annually and a per claim fee of \$140.00 for New/Take over Medical only claims and \$725.00 for New/Take over Indemnity claims, option to renew for two (2) subsequent, one (1) year extensions, based on mutual agreement between both parties at a fixed rate of \$8,500.00 paid annually with a per claim fee of \$150.00 for New/Take over Medical only claims and \$750.00 for New/Take over Indemnity claims each year.			
ADMINISTRATIVE ANALYSIS (AS APPLICABLE)			
<u>HUMAN RESOURCES ANALYSIS:</u> Recommend Approval K. Wade		<u>FINANCE & MANAGEMENT ANALYSIS:</u> 	
<u>CORPORATE COUNSEL ANALYSIS:</u>		<u>ADMINISTRATOR RECOMMENDATION:</u> 	
If motion originates from a Statutory Board, Authority or Advisory Committee, please provide the date the motion was approved by that Board/Authority/Committee			
Date			
AGENDA DATE: 9-18-18	AGENDA NO.: WM18/09-107	BOARD DATE: 9/25/18	PAGE NO.

MUSKEGON COUNTY PROPOSAL SUMMARY

Commodity Number: 91869, 95356, 95392, 95861

Bid Net Solicitation Statistics	
Received Notice:	190
Viewed Documents:	14
Proposals Received:	4
No-Proposal Form Received:	0

Proposal: RFP 18-2308

Department: Human Resources

Release Date: 07/26/2018

Product / Service: Workers Compensation Third Party Administrator

Opening Date: 08/17/2018

Vendor Name & Address	Responsive	Proposal Received	Scoring	Annual Fee	Three Year Fixed Fee	Comments
The ASU Group 2120 University Park Drive Okemos MI 48864	Yes	Yes	97.6%	\$8,500.00	\$25,500.00	
CompOne Administrators Inc 39500 High Point Blvd Ste 400 Novi MI 48375	Yes	Yes	67.9%	\$24,800.00	\$74,400.00	
Comprehensive Risk Services Inc 24900 Joseph Drive Novi MI 48375	Yes	Yes	54.0%	\$23,500.00	\$70,500.00	
Meadowbrook Insurance Group Inc Mackinaw Administrators LLC PO Box 489 Brighton MI 48116	Yes	Yes	55.5%	\$41,050.00	\$123,150.00	

Department Recommendation: The ASU Group

Name of Buyer: Jamie Burmeister

Director of Finance/Assistant County Administrator's Name: Beth Dick

Signature: _____



Vendor Awarded: _____

Board Approval Date: _____

Board Motion Number _____