

All Bidders
Company Name
Address
City, State, Zip

RFP Number: CSURMA AIME 0901

Title: Third Party Administrator for AIME Claims Administration Services

Issue Date:

Dear Sir/Madam:

You are invited to respond to the attached Request for Proposal (RFP) for Athletic Injury Medical Expense (AIME), Third Party Claims Administration (TPA) Services. The **deadline for submission** of proposals is **2 p.m. (local time) on April 20, 2009**, at:

CSURMA Program Administrators
c/o Alliant Insurance Services
100 Pine Street, 11th Floor
San Francisco, CA 94111
ATTN: Stacey Weeks

A mandatory conference is scheduled to take place at **California State University, Sacramento** .

Potential bidders are not authorized to contact or discuss this RFP with any California State University (CSU) employees or the California State University Risk Management Authority (CSURMA) program administrator or program broker and such contact or discussion may result in the bidder's disqualification. All questions or comments should be directed in writing to Stacey Weeks, CSURMA Program Administrator.

Services may begin immediately after the contract is approved and executed by the CSU. It is anticipated that services will start no later than July 1, 2009.

Very truly,

Stacey Weeks
CSURMA Program Administrators

csurma

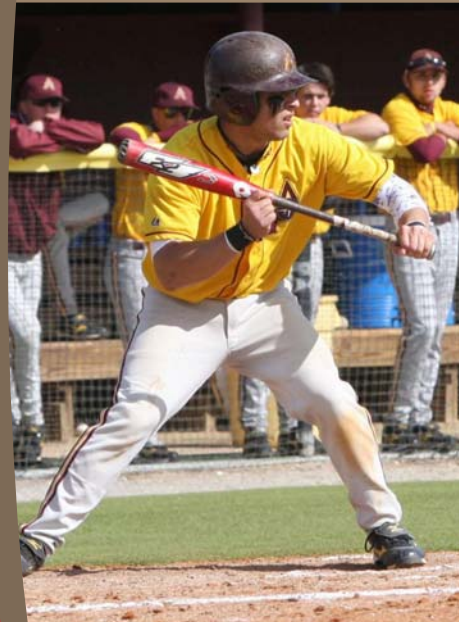
California State University Risk Management Authority



California State University Risk
Management Authority
(CSURMA)

Request for Proposal

Athletic Injury Medical Expense
Claims Administration



CSURMA PROGRAM ADMINISTRATOR

Alliant Insurance Services, Inc.

100 Pine Street, 11th Floor

San Francisco, CA 94111

Main: (415) 403-1400 ~ Fax: (415) 402-0773

www.alliantinsurance.com

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SECTION I

DESCRIPTION OF THE CSU PROGRAM

1.1 THE CSU

The California State University (CSU) is the largest system of higher education in the nation, the most diverse, and one of the most affordable university systems in the country. The CSU is comprised of 23 campuses with a combined student enrollment of more than 450,000 and over 47,000 faculty and staff. The locations are specified in Appendix A. The Office of the Chancellor is the headquarters for the CSU system. More information about the CSU can be found at:

http://www.calstate.edu/datastore/quick_facts.shtml.

CALIFORNIA STATE UNIVERSITY RISK MANAGEMENT AUTHORITY (CSURMA)

The California State University Risk Management Authority (CSURMA) is an association of CSU and 91 not-for-profit auxiliary organizations joined to protect member resources by providing broad coverage and quality risk management services that stabilize risk cost in a reliable, economical and beneficial manner. The CSURMA currently has assets in excess of \$161M. More information about the CSURMA can be found at www.calstate.edu.

1.2 DESCRIPTION OF THE PROGRAM

The Athletic Injury Medical Expense (AIME) self-insured retention program is comprised of 21 participating campuses with approximately 7,500 total covered participants. The plan of benefits is self-insured with a \$75,000 benefit per covered insured, a \$0 deductible and a 104 week benefit period. Benefits are limited to injuries sustained during play and practice in regularly scheduled and supervised intercollegiate sporting events of the participating CSU campus, including during the regular season for such sport and the supervised or customary activities within the scope of such sport. Coverage includes the sports listed on the sports census (Appendix B) from each participating CSU campus.

The summary Plan of Benefits is outlined in Appendix C. Scope of Coverage: Excess Accident Provision, HMO/PPO Provisions, Expanded Medical, Reinjuries & Aggravations of Prior Injury, Cardiovascular accident or similar traumatic event caused by exertion, Third Party Refunds are defined.

The self-insured AIME plan is supplemented with a fully-insured Stop Loss Policy and Travel Accident policy. Additionally, many campuses negotiate direct discounts with local providers that the Third-Party Administrator will be required to recognize and process.

1.3 OBJECTIVES OF THIS REQUEST FOR PROPOSAL

The purpose of this Request for Proposal (RFP) is to solicit proposals from qualified Third Party bidder firms to perform Third Party Claims Administrator services for the CSU Student Athletic Injury Medical Expense (AIME) program and to conduct utilization reviews. Additionally, the successful bidder will be required to re-price all claims using one or more PPO Networks. The successful Claims Administrator must have the capability to re-price the PPO Network claims in-house or on-line. AIME is seeking proposals for plan years July 2009-10 through July 2012-13 with an option to renew subsequent plan years for up to two additional one year periods.

To be considered, the TPA shall demonstrate that the firm has the personnel and capital resources, knowledge, expertise, experience, creativity, innovation and insight to serve as a third party administrator handling all AIME claims. The TPA must respond to all the required items in this RFP.

The CSU reserves the right to select the bidder that the CSU, in its sole discretion, determines will best serve its AIME Program.

PROSPECTIVE CLAIMS ADMINISTRATORS ARE ADVISED TO CAREFULLY READ THE REQUIREMENTS OF THIS RFP.

1.4 PREFERRED PROVIDER NETWORKS

Currently, the participating campuses are utilizing CCN Managed Care, Inc. and Interplan Corp. for PPO Network services. The Claims Administrator reprices all provider claims and adjudicates the claims at the same time. There is no contractual relationship requiring AIME to continue utilizing either network. Costs related to utilization of the network and repricing of billings should be quoted in the fee schedule.

1.5 ORAL PRESENTATIONS

Oral presentations will be conducted to clarify and answer any questions relative to this RFP. Attendance at this conference is mandatory. ***Bidders not attending this presentation process are disqualified from further consideration and are not eligible to submit a proposal.***

DATE: May 11, 2009 **TIME:** 10:30 a.m. to 1:30 p.m.

LOCATION: CSU, Sacramento Campus
6000 J Street
Sacramento, CA
Room: TBD

SECTION II

SCHEDULE OF EVENTS

ACTIVITY/DELIVERABLE	DATE
Release to Claims Administrators of RFP	March 30, 2009
Last Day for Claims Administrators' Questions	April 10, 2009– 3:00 p.m.
Deadline for Submission of Proposals	April 20, 2009- 2:00 p.m.
Notice of Oral Interviews	April 27, 2009
Oral Interviews	May 11, 2009
Notice of Intent to Award	May 18, 2009
Last Day to Protest Intent to Award (FAX 415.402.0773)	May 22, 2009
Agreement Award	June 1, 2009
Work Commences	July 1, 2009

Note: All dates subsequent to receipt of proposals are estimated and subject to change without notice.

SECTION III

GENERAL PROVISIONS

3.1 TERM OF AGREEMENT

The initial term of this Agreement shall be for three years beginning July 1, 2009. The CSU reserves the option to extend the Agreement for two additional one year periods based upon acceptable compliance to the standards set forth in the Agreement, the Claims Administrator's overall performance, acceptable extension rates, and subject to the same terms and conditions of the Agreement.

The responsibility for management of this Agreement lies with the Program Administrator from the direction of the Office of Risk Management at the Chancellor's Office.

3.2 TERMINATION OF AGREEMENT

The CSU reserves the right to terminate this Agreement at any time upon written notice to the Claims Administrator within ninety (90) calendar days.

3.3 QUESTIONS REGARDING THE RFP

Questions, interpretations or clarifications, either administrative or technical, about this Request for Proposal must be submitted in writing. All written questions will be answered in writing and transmitted to firms that have attended the mandatory conference. Oral statements concerning the meaning or intent of the contents of this RFP, by any person, are unauthorized and invalid. All questions shall be directed to:

Alliant Insurance Services
Stacey Weeks, Program Administrator
100 Pine Street, 11th Floor
San Francisco, CA 94111
Email: sweeks@alliantinsurance.com
Fax: (415) 402- 0773

3.4 ERRORS AND OMISSIONS

If, prior to the date fixed for submission of proposals, a bidder discovers any ambiguity, conflict, discrepancy, omission or error in the Request for Proposal (RFP), or any of its exhibits, bidder shall immediately notify the Program Administrator in writing and request modification or clarification of the document. Clarifications will be given by written notice to all parties who have attended the mandatory conference, without divulging the source of the request for same.

If a bidder fails to notify staff prior to the deadline for submission of proposals of an error in the RFP which is known to the bidder, or an error that reasonably should have been known to the bidder, the bidder shall bid at bidder's own risk. If same bidder is awarded the contract, bidder shall not be entitled to additional compensation or time by reason of the error or its later correction.

3.5 ADDENDA

The CSU may modify this RFP, any of its key action dates, or any of its attachments, prior to the date fixed for submission of proposals by issuance of an addendum to all parties who have attended the mandatory conference. Addenda will be numbered consecutively as a suffix to the RFP and will be distributed by e-mail.

3.6 REJECTION FOR INCOMPLETENESS OR ERRORS

Proposals shall be complete in all respects as required by this RFP. A proposal may be rejected if conditional or incomplete. Proposals that contain statements that appear to be or are false or misleading may be rejected. If, in the opinion of the RFP evaluation committee, any information was intended to mislead the CSU in its evaluation of the proposal, and the attribute, condition, or capability is a requirement of this RFP, the proposal shall be rejected. A proposal may be rejected if any references provided by the bidder do not support an attribute or condition claimed by the bidder.

Statements made by a bidder shall also be without ambiguity, and with adequate elaboration, where necessary, for clear understanding. If errors are found in a proposal, the CSU may reject the proposal. The CSU may, at its sole discretion, correct arithmetic and/or transposition errors. However, if these corrections result in significant changes in the amount of money to be paid to the bidder (if awarded the Agreement), the bidder will be informed of the errors and corrections thereof, and will be given the option to abide by the corrected amount or withdraw the proposal.

3.7 SUBMISSION AND DELIVERY OF PROPOSALS

Proposals must be received in the Office of the Program Administrator no later than the time indicated on the cover letter of the Request for Proposal (RFP). The bidder is responsible for the means of delivering the proposal to the appropriate office on time. Delays due to the means used to transmit the proposal will be the responsibility of the bidder. Delays due to inaccurate directions given, even if by employees of the CSU or the Program Administrator, shall be the responsibility of the bidder. The proposal must be completed and delivered in sufficient time to avoid disqualification for lateness due to difficulties in delivery. **LATE PROPOSALS WILL BE REJECTED.**

3.8 CLAIMS ADMINISTRATOR'S COSTS

All costs for the production of proposals and all costs associated with participation in the selection process are entirely the responsibility of the bidder and none shall be paid by the CSU.

3.9 MULTIPLE PROPOSALS

Only one proposal from each bidder will be accepted. Multiple proposals shall result in rejection of all proposals submitted by the bidder.

3.10 WITHDRAWAL OF PROPOSAL

A proposal may be withdrawn after submission by written or facsimile request signed by an authorized representative of the bidder. The request for withdrawal must be received prior to the date and time specified for proposal submission. Proposals may be withdrawn and resubmitted if done so before the proposal submission deadline. Withdrawal or modification offered in any other manner will not be considered.

3.11 RIGHT OF REJECTION OF PROPOSALS

All proposals shall be reviewed to verify that the bidder has met the minimum qualifications and proposal submission requirements. The CSU may further investigate, as deemed necessary, the ability of the bidder to perform the work outlined in the RFP. The bidder shall furnish any information and/or data requested by the CSU for the purpose of further evaluation. The CSU reserves the right to reject any proposal if the evidence found during further investigation of any bidder fails to satisfy the CSU that such bidder is properly qualified to carry out the obligations of the Agreement and to complete the work specified.

3.12 CANCELLATION OF SOLICITATION

This solicitation does not obligate the CSU to enter into an agreement. The CSU retains the right to cancel this Request for Proposal (RFP) at any time. No obligation either expressed or implied exists on the part of the CSU to make an award or to pay any cost incurred in the preparation or submission of a proposal.

3.13 DISPOSITION OF PROPOSALS

Proposals become the property of the CSU and information contained therein shall become public documents subject to disclosure laws. The CSU reserves the right to make use of any information or ideas contained in the proposal.

All materials, ideas, and formats submitted in response to this RFP will become the property of the CSU on receipt and may be returned only at the CSU's option and at the bidder's expense. One copy shall be retained by the CSU for its official files.

3.14 DISPUTES/PROTESTS

CSU encourages all bidders to resolve issues regarding the requirements or the procurement process through written correspondence and discussions. The CSU wishes to foster cooperative relationships and to reach a fair agreement in a timely manner.

Because this procurement process could result in a multiple term Agreement, it is especially important that potential Claims Administrators note the two opportunities to raise issues or lodge protests identified in the Schedule of Events:

- Protest of RFP Content: This type of protest would be based upon the bidder's assertion that the requirements contained in the RFP preclude fair and impartial consideration of firms that may be able to adequately satisfy the business needs of the CSU.
- Protest of Intent to Award Agreement: This type of protest would be based upon the bidder's assertion that the CSU failed to follow properly the evaluation procedures specified in the RFP or that the intended Agreement award is in any way flawed.

A bidder filing a protest must do so no later than the appropriate deadline indicated in the Schedule of Events. The protesting bidder shall submit a full and complete written statement detailing the facts in support of the protest. The protest must be sent by certified, registered or receipt mail, or delivered in person to the Program Administrator, at the address noted on the cover letter of this RFP. Within a reasonable time of receipt of the written statement of protest, the CSU will provide a decision on the matter. The decision will be in writing and sent by facsimile, certified or registered mail or delivered in person to the protesting respondent. The decision of the CSU is final.

3.15 CONFIDENTIAL MATERIAL

Bidder must notify the CSU in the bidder's proposal of any proprietary or confidential materials contained in the proposal and provide justification for not making such material public. The CSU will take reasonable steps to maintain the confidentiality of materials, subject to all legal requirements regarding disclosure. However, the CSU shall have sole discretion to disclose or not disclose such material subject to any protective order which vendor may obtain.

3.16 AWARD OF AGREEMENT

The CSU reserves the right to reject any and all proposals and to award one or more Agreements. The CSU reserves the right to negotiate with one or more bidders prior to award of the Agreement. A "Notice of Intent to Award" will be publicly posted for five (5) consecutive CSU work days prior to the award. Written notification will be made to all other bidders of "Notice of Intent to Award". Subsequent to the "Notice of Intent to Award", all proposals become public documents.

3.17 AGREEMENT DOCUMENTS

The CSU and successful bidder will enter into an Agreement for the services as outlined in this Request for Proposal (RFP) and the bidder's proposal. The Agreement will include CSU General Provisions and exhibits. In the event of a conflict between documents the following order of precedence shall apply:

1. The CSU Agreement and CSU General Provisions
2. CSU Request for Proposal
3. Claims Administrator's Proposal

3.18 EXECUTION OF THE AGREEMENT

Upon award of the Agreement, the Agreement shall be signed by the Claims Administrator and returned, along with the required attachments, to the Program Administrator within ten calendar days of receipt of Agreement. The period for execution may be changed by mutual agreement of the parties. Agreements are not effective until approved by the appropriate CSU officials. Any work performed prior to receipt of a fully executed Agreement shall be at Claims Administrator's own risk.

3.19 FAILURE TO EXECUTE THE AGREEMENT

Failure to execute the Agreement within the time frame identified above shall be sufficient cause for voiding the award. Failure to comply with other requirements within the set time shall constitute failure to execute the Agreement. If the successful bidder refuses or fails to execute the Agreement, the CSU may award the Agreement to the next qualified bidder.

3.20 NON-ENDORSEMENT

If a proposal is accepted, the Claims Administrator shall not issue any news releases or other statements pertaining to the award or servicing of the Agreement that state or imply any CSU endorsement of Claims Administrator's services.

3.21 RECORDS RETENTION

Claim information will be retained by the Claims Administrator in accordance with CSU policy. All claim files and related computer data remain the property of the CSU.

3.22 INDEMNIFICATION AND INSURANCE

The CSU requires the Claims Administrator to defend, indemnify and hold harmless the CSU, its officers, employees and agents from and against any and all liability, loss, expense (including reasonable attorney's fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of the Claims Administrator, its officers, employees or agents.

Certificates of insurance acceptable to the CSU will be required prior to execution of the contract. All subcontractors will be required to meet the same insurance requirements as the Claims Administrator.

3.23 OTHER REQUIREMENTS

The Claims Administrator will pay all fines and penalties that are a result of their errors and omissions during the period of the Agreement.

SECTION IV

CLAIMS ADMINISTRATOR'S QUALIFICATIONS

4.1 SCOPE OF WORK

The bidder must demonstrate their capacity and experience to provide services listed, but not limited to the following:

- Claims must be processed correctly, according to policy benefits, and in a timely manner
- Shall perform PPO Network Repricing In-House
- Excellent and timely Customer Service
- Production of Monthly Standard and Custom Reports
- Shall provide an on-line claims inquiry system
- Provide a dedicated service team to the account
- Attend AIME Committee meetings and conferences as necessary
- Provide analysis and review of claims experience as needed

4.2 QUALIFICATIONS

In addition to meeting all other requirements of the Request for Proposal (RFP), all responding bidder shall furnish verifiable evidence that their firm meets the following qualifications:

- 4.2.1 Give a history/background of your firm since inception. Include a list of principals, an organization chart, the size and location of each office, including the number of employees at each location.
- 4.2.2 Discuss any major changes in your firm's structure, ownership or financial standing over the past three years. Discuss anticipated changes in your firm's structure or ownership in the next three years.
- 4.2.3 Discuss your firm's relationship, if any, with any parent company, subsidiary, and/or partner.
- 4.2.4 Bidder must demonstrate it is licensed in the State of California to provide the services requested in this RFP by providing a copy of its current license to conduct such business.
- 4.2.5 Bidder must demonstrate that it has been providing the services required in this RFP for a minimum of five (5) years for organizations with participating populations of similar size and list the number of private & public agency clients for whom you currently provide similar services. Include the number of years you have provided paid services.

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- 4.2.6 Bidder must demonstrate it has the appropriate insurance in place to conduct such business by including a copy it's current Errors and Omission and Directors and Officers insurance certificates.
 - 4.2.7 Provide a copy of your policy on confidentiality claims information.
 - 4.2.8 Bidder must demonstrate it has written procedures in place for HIPAA compliance.
 - 4.2.9 Provide any policy your firm has on conflict of interest
 - 4.2.10 The bidder shall provide the resume and account experience for the Account Manager who will be assigned to personally supervise the Athletic Injury Medical Expense (AIME) account, as well as provide the names of individuals who will be assigned to servicing this account.
 - 4.2.11 Describe in detail how your firm will provide on-line access to claim data to the AIME members. The bidder must state if there are any current or pending legal actions against the bidder relative to providing services anticipated in this Request for Proposal (RFP); explain in detail.
 - 4.2.12 Three references of current clients with contact information, preferably from organizations with Division I & II athletic accident plans. Provide organization name, contact name, contact phone number, number of years they are your client, and size of the account (number of covered Insured's)
 - 4.2.13 Three references of past clients with contact information, preferably from organizations with Division I & II athletic accident plans. Provide organization name, contact name, contact phone number, number of years they were your client, and size of the account (number of covered Insured's)

Customer Satisfaction reference checks will be performed by the evaluation committee. The committee is not limited to the references provided by the bidder in accordance with this section and may require the bidder to provide additional references. In the event that the bidder has provided similar services for the CSU, the CSU at its sole discretion may obtain customer satisfaction reference checks from CSU personnel.

4.3 PROVISIONS/REQUIREMENTS OF PROPOSAL

- 1. AIME retains the right to appoint any Claims Administrator during the contract year if deemed necessary as a result of unacceptable performance of the current administrator.

2. All bidders must be licensed by the State of California to provide the services/products requested with this RFP.
3. Bidder must comply with all local, state and federal laws and regulations.
4. Bidders must have written procedures in place for HIPAA compliance.
5. Any deviations to the requirements outlined within this RFP must be explicitly and completely explained in any proposal submitted. Failure to identify such deviations will result in the requirements of this RFP superseding any contract policy engaged by AIME.
6. Plan design and eligibility provisions currently in force will be continued in the next plan year with the possibility of a few proposed clarifications in the plan of benefits or minor plan changes.
7. Claims Administration fee should include any applicable supplies such as, but not limited to, pre-printed claim forms.
8. The selected finalist might be requested to provide an on-site visit for up to four members of the Selection Committee.
9. AIME, in conjunction with their fully-insured carriers, will have the right to audit the bidder who is awarded this contract. This right of audit shall include, but is not limited to, the right to retain an independent third party to audit medical claims.
10. Any questions about this RFP must be submitted in writing via e-mail. QUESTIONS WILL ONLY BE ACCEPTED IF E-MAILED. E-mail questions to Stacey Weeks at sweeks@alliantinsurance.com by April 10, 2009.

4.4 PROPOSED FEE SCHEDULE

PLAN YEAR 2009-2010	FEE
Third Party Claim Administration Fee (%)	
Network Administration Fee (CCN)	
Network Administration Fee (Interplan)	
Network Administration Fee (Other)	
TPA Repricing Fee (if Applicable)	
Utilization Review Fee (if applicable)	
PPO Network Fee (if applicable)	
Other Potential Charges	

4.5 TRANSITION AND IMPLEMENTATION

The bidder must demonstrate the ability to provide the level of performance under the standards listed in the section of the Request for Proposal (RFP). In addition, if there is a change from the existing TPA, the new Claims Administrator must provide a detailed plan for transition of existing services and inventory. At minimum, all bidders must respond to the following:

- 4.5.1 Describe the timetable and each of the processes necessary to implement the CSU Athletic Injury Medical Expense (AIME) Program. Include the date certain that the open inventory of claims will be designated to the appropriate adjuster and all operations are running.
- 4.5.2 Describe any problems you foresee with implementation and/or management of the CSU AIME Program.
- 4.5.3 Describe AIME's role in the implementation process.
- 4.5.4 Submit your firm's Claims Training Manual and describe how you would implement your standards to the AIME program. **Bidder must identify proprietary information.**

SECTION V

EVALUATION AND SELECTION CRITERIA

5.1 EVALUATION AND SELECTION CRITERIA

This Request for Proposal (RFP) process is designed to develop the best business solution to meet the needs of the Athletic Injury Medical Expense (AIME) program through a competitive process. Proposals will be reviewed and evaluated by an evaluation committee comprised of CSU professionals and consultants.

All proposals will first be reviewed to verify that the bidder has met the Qualifications as described in section 3 of the RFP. Proposals will also be reviewed to determine compliance with the formatting requirements described in Section 6. Proposals, which in the Athletic Injury Medical Expense (AIME) evaluation committee opinion, do not meet these threshold requirements will be rejected and removed from further evaluation. Proposals determined as meeting the requirements will be further evaluated and awarded points based on the criteria set forth below. After the scoring process is complete, Oral Presentations will be scheduled of the highest scoring finalists. Should the evaluation indicate that one bidder scored substantially higher than the others, AIME reserves the right to terminate such negotiations and commence negotiations with the next ranking bidder. Should negotiations with the selected bidder fail to yield a contract, AIME reserves the right to terminate such negotiations and commence negotiations with the next ranking bidder.

5.2 EVALUATION CRITERIA

A maximum total of 100 points is available for each proposal as detailed below.

Claims Administrator Overall Capability, Depth of Services and References (20 points)

This category will consider the qualifications, level of expertise and capabilities as demonstrated by answers provided in the proposal. Additionally, customer references and comments from other sources that the evaluation committee determines to be familiar with the bidder's performance history will be considered. The references will be asked to verify that the bidder has had successful experience in providing like services particularly related to Accident Athletic programs comparable in size to AIME.

Response to Scope of Services and Qualifications (35 points)

This category will consider the response to questions stated in Section 4 of the Request for Proposal (RFP). Points will be awarded based on the bidder's professional, technical and educational qualifications of personnel that will be assigned to the project. Bidder must provide evidence of success with projects of similar scope and magnitude.

Claims Administrator Questionnaire (30 points)

This category will consider the response to all questions stated in Section 4 of the RFP. The proposal that best meets the needs of the CSU program will receive the highest ranking.

Cost of Services (15 points)

This category will evaluate the overall fees, including fee schedule, required to supply the services anticipated herein. The cost must be displayed and quoted in accordance with Section 4.

SECTION VI

PROPOSAL INSTRUCTIONS AND FORMAT

6.1 INTRODUCTION

To be considered responsive to this Request for Proposal (RFP), bidder must submit proposals in the format identified in this section. All requirements and questions in the RFP must be addressed and all requested data must be supplied. The Athletic Injury Medical Expense (AIME) reserves the right to request additional information that, in their opinion, is necessary to assure that the bidder's competence, number of qualified employees, business organization and financial resources are adequate to perform according to contract.

6.2 DELIVERY OF PROPOSALS

All proposals must be fifty (50) pages or less in length, less supplemental documentation such as sample reports. The bidder must provide one (1) original (designated as "Original") and nine (9) additional hardcopies of the proposal, as well as one (1) CD's containing an electronic copy of the proposal and attachments.

All copies of the proposal must be delivered sealed. Proposals should be prepared in such a way to provide straightforward, concise delineation of capabilities to satisfy the requirements of this RFP. Proposals should emphasize the bidder's demonstrated capability to perform work of this type. Expensive bindings, colored displays, promotional materials, graphics etc. are not necessary or desired.

Address or Deliver Proposals to: Alliant Insurance Services, Inc.
Attn: Stacey Weeks
100 Pine Street, 11th Floor
San Francisco, CA 94111

Proposals are due at the above address no later than April 20, 2009 at 2:00 p.m. (PST). Bidders are responsible for delivering the proposal to the appropriate location on time. Late proposals will not be accepted. There will be no exceptions for late proposals, for any reason.

6.3 PREPARATION

Proposals must be prepared in such a way as to provide straightforward and concise responses in order to satisfy every requirement of this RFP. Proposals must demonstrate that the bidder recognizes that the AIME program requires services not normally associated with standard TPA contracts and the high level of service required by the CSU.

Technical literature describing the proposed services and extent of support included in the proposal may be included as part of the proposal. **EMPHASIS SHOULD BE CONCENTRATED ON COMPLETENESS, CLARITY AND LEGIBILITY OF CONTENT**

6.4 PROPOSAL FORMAT

Proposals shall adhere to the following format for organization and content. Proposals must be clearly divided into the individual sections listed below.

6.4.1 Section 1 - Cover Letter

A letter of transmittal shall be included, with an original signature of an officer, partner, or agent who is authorized to contractually bind the Claims Administrator. The letter must briefly state that the Claims Administrator understands the services to be provided. It must also contain a clear commitment to perform the services described in all Sections of this Request for Proposal (RFP).

In addition, the bidder's cover letter shall expressly state that, should the proposal be accepted, the bidder agrees to enter into an agreement under the terms and conditions as prescribed by the CSU in accordance with the CSU Standard Terms and Conditions and all stated requirements of the RFP.

6.4.2 Section 2 – Table of Contents

A Table of Contents will be included in the proposal. It must identify the contents of the proposal in a format consistent with the proposal requirements as outlined below. Please organize your proposal as indicated below.

6.4.3 Section 3- Scope of Work and Qualification

This section will provide information, answers and responses to the Scope of Services and Qualifications section of the RFP. The bidder should identify the number of years experience with implementing the service anticipated within this RFP and provide descriptions of such prior assignments.

6.4.4 Section 4 - Claims Administrator Questionnaire

Bidder shall provide a complete response to each of the questions contained within Section 4. Responses must be organized and labeled in the original order of the questions.

6.4.5 Section 5 - Proposed Fee Schedule

Bidder must provide pricing in accordance with Section 4. All costs must be reflected within this section.

SECTION VII

LIST OF APPENDICES

- A. CSU AIME PARTICIPANTS LIST ACCORDING TO RE-DRAFT RFP
- B. SPORT CENSUS
- C. CLAIMS AND BENEFITS
- D. BIDDER REFERENCES

APPENDIX A CSU AIME PARTICIPANTS LIST

1. CSU, Bakersfield
2. California Maritime Academy
3. California State Polytechnic University, Pomona
4. California State Polytechnic University, San Luis Obispo
5. CSU, Chico
6. CSU, Dominguez Hills
7. CSU, Fresno
8. CSU, Fullerton
9. Humboldt State University
10. CSU, Long Beach
11. CSU, Los Angeles
12. CSU, Monterey Bay
13. CSU, Northridge
14. CSU, Sacramento
15. CSU, San Bernardino
16. San Diego State University
17. San Francisco State University
18. San Jose State University
19. CSU, San Marcos
20. Sonoma State University
21. CSU, Stanislaus

APPENDIX B SPORT CENSUS

[Please refer to the following page]

APPENDIX C PLAN AND BENEFITS

PLAN OF BENEFITS SPECIALLY DESIGNED FOR THE ATHLETES OF THE CALIFORNIA STATE UNIVERSITY SYSTEM

2008-2009 Plan Year

Following is a plan of benefits that is self-funded by the participating campuses of the California State University System (hereinafter referred to as CSURMA/AIME) in excess of other valid and collectible insurance.

PART I - COVERED PERSONS

Any regularly enrolled student who is a participant on the intercollegiate team roster of the participating CSU campus, or is engaged in scheduled activities to become a roster participant of an intercollegiate team of the participating CSU campus.

PART II - COVERED ACTIVITIES

Benefits are limited to injuries sustained during participation in regularly scheduled intercollegiate sports events of the participating CSU campus, including during the regular season for such sport and the supervised or *customary activities within the scope of such sport*. Coverage includes the sports listed on the sports census from each participating CSU campus.

PART III - DEFINITIONS

“Expense” means those charges that would be made even in the absence of these benefits for treatment and service performed and supplies furnished which are usual, reasonable and customary charges as compared to charges for like treatment, service and supplies in the geographic area where treatment is performed.

“Extended care facility” means an institution operating pursuant to law which is engaged in providing, for a fee, skilled nursing care and related services and physical therapy services under the supervision of a doctor and graduate registered nurses, to persons convalescing from illness. It must have facilities for ten (10) or more inpatients and maintain clerical records on all of its patients. To qualify as a medical expense under this policy, the covered person’s confinement in an extended care facility must:

- start within five (5) days after the covered person has been continuously confined for at least five (5) days in a hospital as a result of a covered accident; and
- be for treatment of the injuries resulting from such covered accident; and
- be one during which a doctor visits the covered person at least once every thirty (30) days; and
- be certified to be medically necessary by the attending doctor; and
- not be for routine custodial care.

“Home health care” means nursing care and treatment of a covered person in his/her home as part of an overall extended treatment plan. To qualify, the plan must:

- be established by and approved in writing by the attending doctor; and
- be provided by a hospital certified to provide home health care services or by a certified home health care agency; and
- commence within seven (7) days of discharge from a hospital or extended care facility; and
- be preceded by a hospital or extended care facility confinement of five (5) days or more.

No benefits will be paid for home health care services which are general housekeeping services or custodial care services, or which are provided by a member of the covered person's immediate family or by an individual who resides with the covered person.

"Hospital" means an institution that meets all of the following requirements:

- it is licensed (if required) as a hospital; and
- it is open at all times; and
- it is operated mainly to diagnose and treat illnesses on an inpatient basis; and
- it has a staff of one (1) or more doctors on call at all times; and
- it has twenty-four (24) hour nursing services by registered nurses; and
- it is not mainly a skilled nursing facility, clinic, nursing home, rest home, convalescent home or like place; and
- it has organized facilities for surgery or provides for such facilities for its patients through formal written agreement with other hospitals.

"Injury" means bodily injury caused by an accident occurring while these benefits are in force as to the insured whose injury is the basis of claim and which results directly and independently of all other causes in loss covered by these benefits.

"Intoxication" or "intoxicated" means that the level of alcohol in the blood of the covered person exceeds the level above which a person is presumed, in the locale in which the accident occurred, to be under the influence of alcohol or intoxicating liquor if operating a motor vehicle, regardless of whether the covered person is in fact operating a motor vehicle when the injury or loss occurs.

"Luxury Item" Treatments, devices or other healing-related items which represent new or unique methodologies of treatment that are not representative of prevailing procedures utilized for such injuries. For example, a custom bone stimulator for a stress fracture versus casting or rest. Luxury items shall be limited to medical necessity only.

"Physician" means a person not related to the covered person licensed for the practice of medicine, osteopathy, dentistry, optometry, physical therapy, podiatry, or other legally licensed provider acting within the scope of his license. Specialists must be referred by the CSU campus team physician.

"Usual, reasonable and customary charge" means the normal charge, in absence of insurance, of the provider for the service or supply, but not more than the prevailing charge in the area for a like service or supply. A like service is of the same nature and duration, requires the same skill, and is performed by a provider of similar training and experience. A like supply is one that is identical or substantially equivalent. "Area" means the municipality (or in the case of a large city, the subdivision thereof) in which the service or supply is actually provided or such greater area as is necessary to obtain a representative cross-section of charges for a like service or supply.

PART IV - BENEFITS

Medical Expense

When a covered person requires medical services as the result of an injury covered under these benefits, the CSURMA/AIME will pay the expenses actually incurred for the necessary treatment of such injury. Expenses include:

1. Physician and surgeon fees
2. Dentist fees for injury to sound and natural teeth
3. Cost of confinement in a hospital or medically necessary extended care facility
4. Use of a hospital emergency room
5. Cost of home health care
6. Anesthetic (including administration thereof)
7. X-ray examinations or treatments

8. Laboratory tests
9. Prescription drugs, if prescribed by the covered person's physician
10. Physical therapy
11. Orthopedic appliances if prescribed by the covered person's physician (not chiropractor)
12. Chiropractic care up to a maximum of \$1,000

Payment as primary on the first \$2,500 of diagnostic billings for covered conditions, when the student has an HMO coverage plan.

The first expense must be incurred within 120 days of the date of accident and only expenses incurred within 104 consecutive weeks from the date of accident will be reimbursed hereunder, up to a maximum of \$75,000 as the result of one covered person's accident. *Claims must be submitted within 18 months of the date of service for follow up treatment.*

The amount of benefits available from the Plan shall be reduced by an amount equal to the greater of:

- The amount payable under any other plan of insurance as determined under C. set forth below, or
- The amount of \$0.00 or such larger amount as is designated as a deductible applicable to the particular sport or sports by the participating institution as shown in the participation agreement.

Expanded Medical Benefits shall include the following:

1. A re-injury or aggravation of an injury sustained prior to participation in the participating CSU campus athletic program provided the covered person was provided medical clearance to participate in the appropriate athletic activity by the CSU campus team physician, and such re-injury or aggravation occurs in a covered event;
2. The following list of conditions that are attributable to exertion from participating in a covered activity: tendonitis, bursitis, hernia, strains, sprains, shin splints, stress fractures and similar conditions.
3. Cardiovascular accident or similar traumatic event caused by exertion while participating in a covered activity. The CSURMA/AIME will provide benefits for the actual injury sustained and testing, but not the follow up care if the condition is found to be congenital in nature.

Excess Provision

The benefits described above shall be payable only on an excess basis over and above any benefits or services provided for by any of the plans listed below, regardless of any coordination of benefits, non-duplication of benefits or similar clause contained in such plans.

The word "plan" means any of the following that provides benefits for medical or dental care or treatment:

1. Group, blanket, or franchise health insurance coverage;
2. Any other arrangement of coverage for individuals in a group, whether insured or uninsured;
3. Any prepaid service arrangement such as Blue Cross or Blue Shield individual or group practice plans, or health maintenance organizations;
4. Any amount payable for hospital, medical or other health services for accidental bodily injuries arising out of a motor vehicle accident to the extent such benefits are payable under any medical expense payment provision (by whatever name called, including such benefits mandated by law) of any automobile insurance policy;
5. Any coverage under labor-management trustee plans, union welfare plans, employer organization plans, or employee benefits organization plans;

6. Any plan or program solely or largely provided by or through any government action or law to the extent that benefits are payable under such plan or program.

When a plan provides benefits in the form of services rather than cash payments, the reasonable cash value of each service rendered shall be considered in determining the applicability of this provision. The benefits payable under a plan shall include the benefits that would have been payable had a claim been duly made.

The benefits payable shall be reduced to the extent necessary so that the sum of such reduced benefits and all the benefits provided for by any other plan shall not exceed the total of the expenses incurred by the covered person.

HMO/PPO Provision

If a student athlete suffers a loss while this plan is in force and they have coverage with an HMO or PPO that would deny coverage for service outside its geographic area or its provider network, the CSURMA/AIME will cover for such expense if the CSU campus Athletic Director has approved such expenses.

Third Party Refund

When a covered person is injured through the negligent act or omission of another person (the "third party") and benefits are paid under the Plan as a result of that Injury, the Risk Pool is entitled to a refund by the covered person of all Plan benefits paid as a result of the Injury. The refund must be made to the extent that the covered person receives payment for the Injury from the third party or that the third party's insurance carrier. We may file a lien against that third-party payment. Reasonable pro-rata charges, such as legal fees and court costs may be deducted from the refund made to the Risk Pool. The covered person must complete and return the required forms to the Risk Pool upon request.

PART V - EXCLUSIONS

No benefits are payable for:

1. Suicide or any attempt thereat by a covered person;
2. Intentionally self-inflicted injuries;
3. Infections, except pyogenic infections due to accidental cut;
4. Accident occurring while the covered person is operating, or learning to operate, or performing duties as a member of the crew of any aircraft;
5. Dental treatment, except as a result of injury to sound and natural teeth as provided for in these benefits;
6. Replacement of eyeglasses, or eye examinations of the correction of vision or fitting of glasses unless an injury has caused impairment of sight;
7. Injury for which the covered person is entitled to benefits under any Workers' Compensation Act or law or similar legislation;
8. The covered person being intoxicated, unless administered on the advice of a physician;
9. Any injury occurring other than as a participant in a CSU campus intercollegiate athletic event, or the practice thereof;
10. Expenses for the treatment of sickness or disease in any form.

PART VI - GENERAL PROVISIONS

1. No statement made by the covered person shall void the benefits there under unless continued in a written instrument signed by the covered person. All statements contained in any such written instrument shall be deemed representations and not warranties.
2. No staff has authority to change these benefits or waive any of its provisions. No change in these benefits shall be valid unless approved by the CSURMA Board of Directors and the AIME Committee and evidenced by amendment to these benefits.
3. Written notice of loss must be given to the CSURMA/AIME Claims Administrator within thirty (30) days after the date when such loss occurred. Failure to give notice within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to give such notice, and that notice was given as soon as was reasonably possible.
4. Written proof of loss must be furnished to the CSURMA/AIME Claims Administrator within ninety (90) days after the date of such loss. Failure to furnish such proof within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof and that such proof was furnished as soon as was reasonably possible.
5. All benefits are payable immediately after receipt of due proof.
6. The CSURMA/AIME shall have the right and opportunity to examine the covered person when and as often as it may be reasonably required during the pendency of claim. Such examination shall be at the CSURMA/AIME expense.
7. Benefits are payable to the covered person, except that the CSURMA/AIME, at their option, may make payment for hospital, surgical or medical service directly to the hospital or person or persons furnishing such service.
8. No action at law or in equity shall be brought to recover prior to the expiration of sixty (60) days after proof of loss has been filed in accordance with the requirements of these provisions and no such action shall be brought at all unless brought within three (3) years from the expiration of the time within which proof of loss is required by these provisions.
9. If any time limitations of these provisions with respect to giving notice of claim or furnishing proof of loss, or the bringing of an action at law or in equity is less than that permitted by California law, such limitation is hereby extended to agree with minimum period permitted by such law.

ADMINISTRATIVE RESPONSIBILITIES OF THE CSURMA/AIME

1. Send primary insurance information to the Claims Administrator when a notice of claim is submitted.
2. Develop and print claim forms.
3. Review and approve claims for payment.
4. Forward all claims, itemized bills and primary insurer's Explanation of Benefits forms (EOBs) to the Claims Administrator.
5. Provide funds to the Claims Administrator for establishment of a claims paying checking account.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

The Accidental Death & Dismemberment benefit is limited to:

1. Traveling directly to or from play or practice of an intercollegiate sport, as a team or member of a team which is sponsored and authorized by the California State University.
2. Participating in play or practice of an intercollegiate sport, sponsored by the California State University.
3. Off-season physical conditioning of a participating intercollegiate sport sponsored and supervised by the California State University.

Principal Sum - \$15,000.00

If an Insured person's injury results in any of the following losses within the Loss Period of 365 days after the date of accident, the Company will pay the sum shown opposite the loss:

Life	\$ 15,000.00	
Both Hands or Both Feet or sight of Both Eyes		\$ 15,000.00
One Hand and One Foot		\$ 15,000.00
Speech and Hearing		\$ 15,000.00
Either Hand or Foot and Sight of One Eye		\$ 15,000.00
Either Hand or Foot	\$ 7,500.00	
Sight of One Eye	\$ 7,500.00	
Speech or Hearing	\$ 7,500.00	
Thumb and Index Finger of Either Hand		\$ 3,750.00

Loss shall mean with regard to:

- hands and feet, actual severance through or above the wrist or ankle joints;
- sight, speech or hearing, entire and irrecoverable loss thereof;
- thumb and index finger, actual severance through or above the metacarpophalangeal joints.

The Company will not pay more than the Principal Sum for all losses due to the same accident.

Benefits payable are in addition to benefits under Part A of the Plan of Benefits.

Accidental Death & Dismemberment benefits are provided through an insurance policy purchased by the CSURMA/AIME: Mutual of Omaha Policy #: T5MP-SP-34363.

TRAVEL ACCIDENT BENEFITS

\$0 - \$10,000 of Coverage

The first \$10,000 in benefits is provided by the chancellor's office through Alliant Insurance Services. All athletic related travel accident claims should be submitted to:

Broker: Alliant Insurance Services, Inc.
Carrier: Life Insurance Company of North America (CIGNA)
Policy #: SPS 040 558 102

\$10,000 – \$75,000 of Coverage

Wells Fargo of California Insurance Services will coordinate with Alliant Insurance Services to provide benefits for claims that exceed \$10,000. This portion of the Travel Accident benefits is provided through:

Carrier: Mutual of Omaha
Policy #: T5MP-SP-34363

THE PLAN OF BENEFITS FOR THIS PORTION OF AIME COVERAGE IS OUTLINED BELOW.

The Travel Accident Medical Expense benefit is limited to:

- Traveling directly to or from play or practice of an intercollegiate sport, as a team or member of a group that is sponsored and authorized by the California State University.

Benefit maximum - \$ 65,000.00

The Policy provides coverage to injury resulting from accident that occurs during the Specific Trip. A Specific Trip means a trip to, from and while at intercollegiate games and/or practice sessions as scheduled by the schools under the direction of the California State University.

The Policy also covers injury resulting from accident that occurs during the Specific Trip while the Insured Person is:

1. A passenger on, boarding or alighting from a Civil Aircraft or Military Transport Aircraft; or
2. being struck by an aircraft.

Travel Accident benefits are provided through an insurance policy purchased by the CSURMA/AIME: Mutual of Omaha Policy #: T5MP-SP-34363.

APPENDIX D BIDDER REFERENCE

REFERENCES

Bidding Firm Name: _____

Bidders are to provide a list of five (5) clients. The CSU may contact some or all of the references provided in order to determine the bidder's performance record on work similar to that described in this Request for Proposal (RFP). The CSU reserves the right to contact references other than those provided in the response and to use the information gained from them in the evaluation process.

Client Name:	
Address:	
City, State, ZIP:	
Contact Person:	
Telephone Number:	
Type of Business:	
Dates of Service:	
<hr/>	
Client Name:	
Address:	
City, State, ZIP:	
Contact Person:	
Telephone Number:	
Type of Business:	
Dates of Service:	
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Client Name:	
Address:	
City, State, ZIP:	
Contact Person:	
Telephone Number:	
Type of Business:	
Dates of Service:	

Client Name:	
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City, State, ZIP:	
Contact Person:	
Telephone Number:	
Type of Business:	
Dates of Service:	
Client Name:	
Address:	
City, State, ZIP:	
Contact Person:	
Telephone Number:	
Type of Business:	
Dates of Service:	