LEAVENWORTH COUNTY, KANSAS

REQUEST FOR PROPOSALS (RFP) — WORKERS' COMPENSATION PROGRAM

Issue Date: 10/01/2026 | Proposal Due: 10/29/2026 10:00 AM (CST) | Proposed Effective Date: 01/01/2027

1. PURPOSE AND BACKGROUND

Leavenworth County, Kansas, invites proposals from qualified insurance carriers, program administrators, and other eligible providers for workers' compensation coverage and related claims, risk-management, and loss-control services. The County seeks to understand each respondent's proposed approach, coverage options, service model, and total program cost. Respondents may explain alternative approaches and identify options they believe merit consideration; the County is not prescribing a particular program structure.

2. COUNTY OPERATIONS AND EXPOSURES

County operations may include administration and office personnel; public works, road and bridge, fleet, and facilities maintenance; law enforcement and corrections; emergency medical services and dispatch; and other county functions. Respondents should explain how their proposed program would address the range of exposures associated with these operations. The County upon request, will provide available payroll, employee, classification, policy, experience-modification, and historical loss information to support underwriting.

3. PROPOSAL QUESTIONS

Please respond to the following questions in the same order. Clearly identify assumptions, limitations, optional services, and items that would involve additional cost.

A. Coverage and Program Structure

1. Describe the workers' compensation program and coverage you propose for Leavenworth County, including how it would comply with applicable Kansas workers' compensation requirements.

2. Describe the available program structures you can offer (for example, guaranteed cost, deductible, loss-sensitive, self-insurance, or group-funded arrangements, where eligible). What are the advantages, trade-offs, eligibility requirements, and financial considerations of each option?

3. Explain the employer's liability limits, policy terms, endorsements, exclusions, deductibles or retentions, collateral requirements, and other material coverage conditions associated with your proposal.

4. Identify the proposed carrier, administrator, and any subcontractors or partner organizations. Describe their roles and the regulatory or financial qualifications relevant to the proposed arrangement.

B. Pricing and Financial Exposure

5. Provide a clear pricing proposal and explain the rating basis, payroll and classification assumptions, experience modification, credits/debits, assessments, fees, taxes, and other charges.

6. Describe the County's potential total cost under the proposed arrangement, including premium, claims or deductible funding, administration, collateral, and other expenses. Identify what is fixed, estimated, variable, or subject to audit.

7. Describe any alternative pricing options you recommend and explain how the County could compare expected cost, worst-case exposure, cash-flow impact, and financial risk across options.

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4. CLAIMS MANAGEMENT AND EMPLOYEE SUPPORT

8. Describe how claims would be reported, assigned, investigated, and managed from the date of injury through closure. What response times and service commitments would the County receive?

9. Describe the proposed claims team, including account leadership, adjusters, clinical staff, and escalation contacts. What are their experience, typical caseloads, and experience with counties or similar public entities?

10. Explain how you manage medical-only, lost-time, litigated, complex, and catastrophic claims; establish and review reserves; coordinate defense counsel; identify subrogation opportunities; and communicate significant developments to the County.

11. Describe your medical provider network and services such as bill review, pharmacy management, utilization review, nurse case management, independent medical examinations, and other medical cost-management resources. Explain access to providers in Kansas and the Kansas City region.

12. Explain your approach to return-to-work and transitional duty, including coordination with employees, supervisors, and treating providers while respecting applicable medical restrictions and legal requirements.

5. SAFETY, LOSS CONTROL, AND RISK REDUCTION

13. Describe the safety and accident-prevention services available to the County, including assessments, training, job-site visits, accident investigation, ergonomic support, and written recommendations.

14. How would you tailor safety services to the County's different operations, including public works, fleet, law enforcement, corrections, EMS, and office environments?

15. Identify the services and consultation hours included in your proposal, any additional-cost services, and how you would measure whether recommendations reduce claim frequency, severity, or lost work time.

6. REPORTING, TECHNOLOGY, AND ACCOUNT SERVICE

16. Describe the online tools and reports available to County staff, including claim status, payments, reserves, incurred losses, claim trends, department-level analysis, and downloadable loss runs.

17. How often would you provide loss runs, financial reports, and formal stewardship meetings? What information would be included, and how would you identify action items and monitor progress?

18. Explain how you protect confidential employee and claims information, control access, retain records, and provide the County's data in a usable electronic format if the relationship ends.

19. Describe implementation and transition support, including the steps, timeline, County resources needed, employee communications, and safeguards for continuity of coverage and open-claim handling.

7. RESPONDENT QUALIFICATIONS

20. Describe your organization's experience providing workers' compensation coverage or services to counties, municipalities, and employers with comparable operations and exposures.

21. Provide relevant references, the proposed service team, carrier financial-strength information where applicable, and evidence of authority or eligibility to provide the proposed arrangement in Kansas.

22. Identify any material exceptions to this RFP, assumptions, service limitations, conflicts of interest, or proposed contract terms the County should consider.

8. PRICING SUBMISSION

Provide a completed pricing schedule or clearly organized cost proposal. Separate insurance premium from claims-administration fees, medical-management charges, loss-control services, taxes/assessments, collateral costs, and any other charges. For each alternative offered, state the estimated annual cost, assumptions, potential additional liabilities, maximum or aggregate limits on the County's exposure (if applicable), and how final costs may change. Explain the information needed to provide a firm quote.

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9. PROPOSAL FORMAT AND SUBMISSION

Please organize proposals using the sections and questions in this RFP. Include an executive summary, proposed program and coverage terms, responses to the questions, pricing, implementation approach, references, and any exceptions. Respondents should state clearly where information is not available or a service is not offered.

Submit proposals to: Ben Sims, Sr. Data Analyst, Clerk's Office: 300 Walnut Street, Suite 106, Leavenworth, Kansas

Proposal deadline: 10/29/2026 at 10:00 AM (CST)

Questions must be submitted in writing to Ben Sims, Bsims@leavenworthcounty.gov by 10/15/2026. Answers or addenda will be distributed back via email to all respondents. Respondents should not contact County officials or staff about this procurement outside the designated contact process.

Proposals shall remain valid for 120 days after the submission deadline unless the County agrees otherwise. The County may request clarification, conduct interviews, negotiate with respondents, reject any or all proposals, waive irregularities as permitted, or cancel or amend this RFP in accordance with applicable law and County policy.

10. EVALUATION

The County expects to consider the following factors:

- Overall cost, pricing transparency, and clarity of the County's potential financial exposure;
- Coverage terms, program flexibility, and suitability for County operations;
- Claims management, responsiveness, and experience with complex and public-sector claims;
- Medical management, return-to-work support, and employee communication;
- Safety and loss-control services and the proposed approach to reducing future losses;
- Reporting, technology, account service, and implementation/transition plan; and
- Respondent qualifications, financial strength or program security, references, and compliance with applicable Kansas requirements.

The County may consider overall value and suitability rather than price alone. Any final award remains subject to County approval, applicable procurement requirements, and execution of an acceptable written agreement.

11. GENERAL CONDITIONS

Respondents are responsible for reviewing the complete RFP and all addenda. Proposals and related materials may be subject to the Kansas Open Records Act and other applicable law; respondents should identify information they believe is legally exempt from disclosure and state the basis, recognizing that the County makes disclosure decisions under applicable law. The selected respondent will be expected to comply with applicable federal and Kansas law, including workers' compensation requirements, and to provide final policy or program documents and service commitments consistent with its proposal and the executed agreement.

12. RESPONDENT CERTIFICATION

By submitting a proposal, the undersigned represents that they are authorized to submit the proposal on behalf of the respondent and that, to the best of their knowledge, the information submitted is accurate.

Respondent: _____

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____