



SOQ No. 26-018

Provide Third-Party Claims Administration Services for Liability, Worker's Compensation, SELA/Property, and Other Assigned Claims for the Jefferson Parish, Jefferson Parish Hospital Service District 1 and Jefferson Parish Hospital Service District 2 (Parishwide)

Submission Deadline: July 13, 2026 at 3:30 PM

ATTENTION VENDORS!!!

Please review all pages and respond accordingly, complying with all provisions in the public notice and Jefferson Parish Code of Ordinances Section 2-926 et seq. All submissions must be received on the Purchasing Department's e-Procurement site, www.jeffparishbids.net, by the SOQ submission deadline date and time. Late submissions will not be accepted.

**Jefferson Parish Purchasing Department
General Government Building
200 Derbigny Street, Suite 4400
Gretna, LA 70053**

**Purchasing Specialist II: Stacey Champagne
Purchasing Specialist II: stacey.champagne@jeffparish.gov
Purchasing Specialist II: (504)-364-2688**

PUBLIC NOTICE

SOQ 26-018

Provide Third-Party Claims Administration Services for Liability, Worker's Compensation, SELA/Property, and Other Assigned Claims for Jefferson Parish, Jefferson Parish Hospital Service District 1 and Jefferson Parish Hospital Service District 2 (Parishwide)

The Parish of Jefferson, authorized by **Resolution No. 148618** is hereby soliciting a Statements of Qualifications (Jefferson Parish General Professional Services Questionnaire) from qualified firms desiring to provide Third-Party Claims Administration Services for Liability, Worker's Compensation, SELA/Property, and Other Assigned Claims for Jefferson Parish, Jefferson Parish Hospital Service District 1 and Jefferson Parish Hospital Service District 2. (Parishwide)

Deadline for Submissions: 3:30 p.m., July 13, 2026

General

The Parish of Jefferson ("Parish") operates a self-funded program for the investigation, negotiation, and payment of claims, including but not limited to General Liability, Professional Liability, Public Officials and Employees Liability, Automobile Liability, Employment Practices Liability, Workers' Compensation, and other claims asserted against the Parish.

The Parish is soliciting Statements of Qualifications from qualified firms to provide Third-Party Claims Administration services on an annual flat-fee basis. Services shall include administration of the Parish's claims program, including management of run-off claims for Jefferson Parish Hospital Service District No. 1 and Jefferson Parish Hospital Service District No. 2.

The successful Respondent shall perform these services as an independent contractor and shall be responsible solely for third-party claims administration functions. The scope of this contract is limited to claims administration. Services such as, but not limited to, preferred provider (PPO) networks, medical case management, vocational rehabilitation, medical bill re-pricing, life care planning, private investigative services, and litigation management are expressly excluded from the scope of this contract. Additionally, the Parish will designate and retain legal counsel for all legal matters related to claims.

Minimum Requirements for Selection

- A. Respondent firm shall have a minimum of ten (10) years' Experience in the field of adjusting and handling General Liability, Professional Liability, Employment Practices Liability, Public Officials and Employee's Liability, Automobile Liability, Workers' Compensation, and other claims.
- B. Respondent Firm shall utilize & provide Jefferson Parish access to a comprehensive claims Management system with the ability to run customizable, scheduled and live reporting.
- C. Respondent Firm shall staff and maintain an office within the Parish of Jefferson's Department of Risk Management offices in order to service its claims. Adjusters shall be dedicated to the Jefferson Parish account.
- D. Respondent Firm shall include within their SQQ submission a description of their firm's qualifications including the current territory(ies) that it services, coverage lines handled, a listing of memberships in local and national professional organizations, and a list of specific personnel who will be responsible for ensuring the efficiency and quality of service to the Parish of Jefferson and its employees. Resumes are required on each of the key personnel, such as office manager, supervisors and adjusters. These resumes should include any professional designations held by the individuals as well as listing of memberships in professional organizations. Direct experience of adjusting staff will be a determining factor in the Parish of Jefferson's selection process. Respondents must include a job description for each Classification of the service team. Because of the pivotal positions of the team, the Parish of Jefferson shall retain the right to meet, review and approve of any potential assignee to the team at the inception of the service and throughout the term of the contract, which results from the SOQ.
- E. Respondent Firm shall supply a list describing similar previous work done, arranged by subject area, stating client's name (governmental agency or private business) and the names of contact persons for each client listed.
- F. Respondent Firm shall supply financial statements for the past three (3) years or other representation of financial solvency.

Scope of Services

The following items should be addressed in each SOQ, **in the order they appear below**, for the purpose of guiding the Parish of Jefferson in its evaluation process. **A Respondent's failure to do so will result in the lowering of its rating.**

A. Claims Administration

1. Experience and Professional Qualifications:
 - a. A general statement about the company, stating the length of time it has been in business as a Claims Administrator and has been adjusting General Liability, Professional Liability, Employment Practices Liability, Public Officials and

- Employee's Liability, Automobile Liability, Workers' Compensation, SELA/Property, and other claims. Please include the location of the company's principal office.
- b. Experience including any professional designations, membership, in local and national professional organizations held by the individuals, and the number of staff members. The identity of the person assigned as the account executive for the administration of the Parish of Jefferson's claims, including a complete resume for this individual. The identities of supervisors and adjusters to provide claims administration, a complete resume for each, the resume should include the number of years of experience in each assigned area, and a description of whatever training is provided. **NOTE: The Parish of Jefferson reserves the right to accept/reject key personnel.**
 - c. Indicate the location from which the account will be served, including answers to the following: **NOTE: The Parish of Jefferson will require the service company to staff and maintain an office within the Parish of Jefferson's Department of Risk Management offices in order to service its claims.**
 - i. Is the Respondent, therefore, willing to set up a fully staffed, office within the Parish's building?
 - ii. What is the Respondent's maximum capacity for its present operations and what modifications in equipment and staffing would be necessary if awarded this contract?
 - iii. Please provide information concerning backup personnel in the absence of the key personnel.
2. Your administrative philosophy as it relates to:
- a. Payment or nonpayment of claims;
 - b. Method of managing the reporting of claims;
 - c. Injured employee's work status;
 - d. Workers' Compensation Appeals Bond and Rehabilitation Unit appearances;
 - e. Fraud referrals;
 - f. Notification of payment or nonpayment decisions to claimant and Parish of Jefferson;
 - g. Providing loss information;
 - h. Approach to subrogation;
 - i. Settlements;
 - j. Reserving;
 - k. Late payment policy;
 - l. Assignment, utilization and monitoring of vendors, e.g. surveillance, rehabilitation counselors, case management etc.
3. Your claims administrative system procedures:
- a. Promptness of accident investigation including: procedures utilized by your firm to complete accident investigations and turnaround time from receipt of claim to investigation. Is the claimant contacted within twenty-four (24) hours?
 - b. File review/diary calendar, frequency of the file review; as a general rule, the Parish of Jefferson requires all cases be reviewed at least every thirty (30) days. Can your firm provide this service? What is the frequency and criteria for supervisory or managerial diary review?
 - c. It is the expectation of the Parish of Jefferson that the selected TPA make an aggressive effort to comply with the needs of the Parish. Such needs may require the TPA to provide various reports. The development and preparation of these reports should be included in the final cost of service. The Parish of Jefferson will not be responsible for any costs incurred by the selected TPA to have these reports prepared by subcontractor or outside service, including. The Parish of Jefferson will not be responsible for paying any costs or fees associated with any Parish of Jefferson/TPA meetings or mediations during the term of this contract.
 - d. Procedures and guidelines for handling claims (standard service).
 - e. Record keeping, correspondence.
 - f. The period of retention of a file that is closed or resolved; identify what constitutes a closed file.
 - g. Number of employees to be assigned to the administration of the claims, including the maximum number of claims assigned to each adjuster. The Parish of Jefferson shall allow each General Liability, Automobile Liability and other claims adjuster to handle not more than 125 claims at any given time. A minimum of two (2) dedicated casualty claim adjusters will be required. These Adjusters will be housed on-site at The Parish's Department of Risk Management. The Parish of Jefferson shall require one (1) dedicated Workers' Compensation claim adjuster and one (1) person for Medical only and payment processing.
 - h. Type of disaster recovery system or plan in case of catastrophe or other disaster.
 - i. Subrogation and Second Injury Fund procedures; your firm's experience based upon percentage recovery and dollar amount over the past three (3) years.
 - j. Services provided to walk-in claimants.
 - k. Any claims adjustment standards that your firm believes are pertinent.
 - l. Jefferson Parish requires daily balance access to the Trust Funds and General Ledger. The

- Trust Fund accounts will be established by the Parish of Jefferson at its designated banking institution. The TPA will be responsible for the accuracy and information contained in this system. Jefferson Parish will require internet read only access as it relates to the Trust Fund and General Ledger.
- m. The TPA will be responsible for the verification of the legitimacy of payments made to service providers and for the disbursement of the benefits through Jefferson Parish's check issuance process. Jefferson Parish therefore reserves the right for staff of its office or its designee to conduct audits of financial accountability procedures.
 - n. The TPA will be responsible for any and all NSF charges incurred for any reason.
 - o. The TPA will be responsible for producing and mailing 1099s, in accordance with Internal Revenue Service regulations, for all claims payments made.
 - p. The TPA will be responsible for producing any reports required by regulatory bodies, including but not limited to the LDOL 1000, Annual Report of Workers Compensation Costs and the Second Injury Fund Future Liability Worksheets.
 - q. Provide a description of your internal quality control program and the procedures utilized by management personnel to ensure the quality of services to be provided to the Parish of Jefferson.
 - r. Claims management system (Risk Management Information System); Describe your firm's claims management system.

B. Financial Statement

The Claims Administrator shall furnish, a copy of the 3 most recent financial reports, if available, including all statement and footnote disclosures as required by generally accepted accounting principles. The audit report shall contain an unqualified opinion from a Certified Public Accounting firm, which is acceptable to the Parish of Jefferson. If the claims administrator does not have audited financial reports, the claims administrator shall provide a copy of the most recent internal financial report available.

C. References

- 1. For which major clients (3,000 or more employees) does your firm presently administer claims? Please provide names and telephone numbers of individuals who may be called as references. Please also indicate the types of claims administered.
- 2. Have any clients terminated your firm's services as a Claims Administrator within the past three (3) years? If so, please identify the client, a contact person and provide a brief description of any reason or background for the termination.

D. General

- 1. In a brief statement, please describe the principal reason or reasons your organization should be selected as the Claims Administrator for the Parish of Jefferson.
- 2. Will your representatives attend meetings concerning claims administration whenever requested to do so by the Parish of Jefferson?
- 3. Does your firm agree that all books, claims, files, records, including all electronic data, lists of names, journals and ledgers, tapes, cards and drawings always remain the property of the Parish of Jefferson and your firm uses such exclusively for the Parish of Jefferson, and at the direction of the Parish of Jefferson?
- 4. Does your firm agree to cooperate fully with an outside audit of its claims administration processes and procedures?
- 5. Does your firm agree to adhere to generally accepted Workers' Compensation, Automobile and Liability claims administration processes and industry standard practices?
- 6. Does your firm agree to provide security and safe keeping of the Parish of Jefferson's records and to return such records to the Parish of Jefferson if a new administrator is hired in the event your firm's contract is terminated?

Evaluation Criteria

The following criteria shall be used to evaluate each firm submitting a Statement of Qualifications:

- (1) Scope of services- Methodology and resources applied to fulfill the scope of services, staffing and organization, including experience and professional qualifications of key management and claims adjusting personnel who are assigned to the project - **(Maximum points shall be 30)**.
- (2) Specific experience- similar or larger scope of services currently being provided **(Maximum points awarded shall be 25)**.
- (3) Personnel- Size of firm considering the number of professional and support personnel, experience of management staff, experience in similar projects, etc. **(Maximum points shall be 20)**.
- (4) Location of the principal office where work will be performed. Preference shall be given to persons or firms with a principal business office at which the work will be performed as follows: (1) Jefferson Parish, including municipalities located within Jefferson Parish **(15 points)**; (2) Neighboring Parishes of the Greater New Orleans Metropolitan Region, which includes Orleans, Plaquemines, St. Bernard, St. Charles, St. Tammany **(12 Points)**; (3) Parishes other than the foregoing **(10 Points)**; (4) Outside the State of Louisiana (6 Points) **(Maximum points awarded shall be 15)**.

- (5) Adversarial legal proceedings between the Parish and the person or firm performing professional services, in which the Parish prevailed or any ongoing adversarial legal proceedings between the Parish and the person of firm performing professional services, excluding those instances or cases where the person or firm was added as an indispensable party, or where the person or firm participated in or assisted the public entity in prosecution of its claim. In the event that the person or firm fails to provide accurate and detailed information regarding legal proceedings with the Parish, including the absence of legal proceedings, the person or firm shall be deemed unresponsive with regard to this category, and zero **(0) points** shall be awarded **(Maximum points awarded shall be 10 for the lack of any such adversarial proceedings as defined)**.

All persons or firms (including subcontractors) must submit a Statement of Qualifications (Jefferson Parish General Professional Services Questionnaire) by the deadline. The latest professional services questionnaire may be obtained by contacting the Purchasing Department at (504) 364-2678 or via the Jefferson Parish website at <https://www.jeffparish.gov/468/Statement-of-Qualifications-SOQ>.

Submissions will only be accepted electronically via Jefferson Parish's e-Procurement site, Central Bidding at www.centralauctionhouse.com or www.jeffparishbids.net. Registration is required and free for Jefferson Parish vendors by accessing the following link: www.centralauctionhouse.com/registration.php.

No submittals will be accepted after the deadline.

Affidavits and Insurance are not required to be submitted with the Statement of Qualifications, but shall be submitted prior to contract approval.

Disputes/protests relating to the decisions by the evaluation committee or by the Jefferson Parish Council shall be brought before the 24th Judicial District Court.

ADV: The New Orleans Advocate: July 1, 2026 & July 8, 2026

Statement of Qualifications Affidavit Instructions

This affidavit is supplied as a courtesy to Affiant. It is the responsibility of the affiant to insure the affidavit submitted to Jefferson Parish complies, in both form and content, with federal, state and parish laws. It is the responsibility of the Affiant to submit a new affidavit if any additional campaign contributions are made after the affidavit is executed but prior to the time the council acts on the matter.

The Affidavit MUST comply with the following requirements to be accepted.

- Must be signed by an authorized representative of the entity.
- Must be notarized by a notary with proper jurisdiction who must sign and print name, and include bar/notary number.
- Location where the notarization is taking place should be filled in at the top of the affidavit – not the location of the contract services.
- MUST select either Choice A or B when required.
- If choice A is selected, it must include an attachment.

Affidavits with the following WILL NOT be accepted.

- If both choice A and B are selected, the affidavit will not be accepted.
- An affidavit marked N/A will not be accepted.
- An affidavit missing attachment(s) when required will not be accepted.
- An affidavit that is notarized by a notary who does not have jurisdiction in the place where notarized or is not active will not be accepted.
- Affidavits that are older than six (6) months will not be accepted.

Instruction sheet may be omitted when submitting the affidavit.

Statement of Qualifications

AFFIDAVIT

STATE OF _____

PARISH/COUNTY OF _____

BEFORE ME, the undersigned authority, personally came and appeared: _____
_____, (Affiant) who after being duly sworn by me, deposed and said that
he/she is the fully authorized _____ of _____ (Entity),
who submitted a Statement of Qualifications (SOQ) to the Parish of Jefferson to _____
_____ (Briefly describe the services.).

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.

Choice B _____ There are **NO** campaign contributions made which would require disclosure under Choice A of this section.

Affiant further said:

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B _____ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

Solicitation of Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all elected officials of the Parish of Jefferson, whether still holding office at the time of the affidavit or not, where the elected official, individually, either by **telephone or by personal contact**, solicited a campaign contribution or other monetary consideration from the Entity, including the Entity's officers, directors and owners, and employees owning twenty-five percent (25%) or more of the Entity, during the two-year period immediately preceding the date the affidavit is signed. Further, if known to the Affiant, the date of any such solicitation shall be included on the attached list.

Choice B _____ There are **NO** solicitations for campaign contributions which would require disclosure under Choice A of this section.

Affiant further said:

Subcontractor Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ.

Choice B _____ There are **NO** subcontractors which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[The remainder of this page is intentionally left blank.]

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Signature of Affiant

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE _____ DAY OF _____, 20____.

Notary Public

Printed Name of Notary

Notary/Bar Roll Number

My commission expires _____.

General Professional Services Questionnaire Instructions

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert “N/A” or “None” if a section does not apply or if there is no information to provide.**
- Questionnaire must be signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

B. Firm Name & Address:

C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:

D. Address of principal office where Project work will be performed:

E. Is this submittal by a JOINT-VENTURE? Please check:

YES _____ NO _____

If marked “No” skip to Section H. If marked “Yes” complete Sections F-G.

F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.

1.

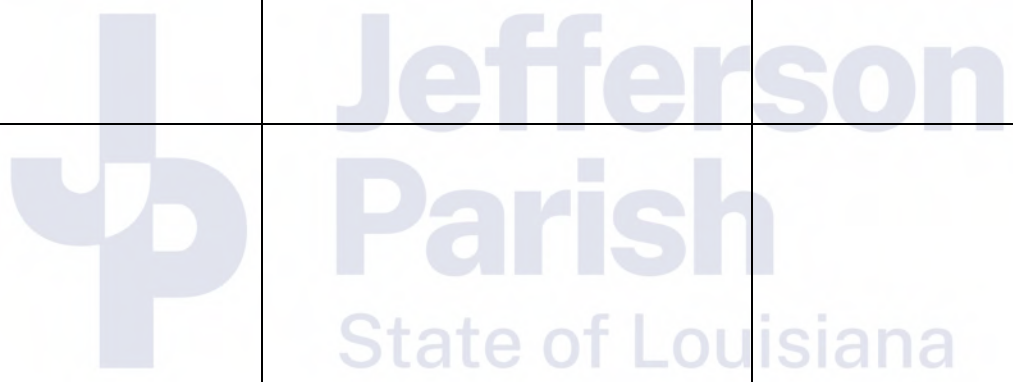
2.

General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES _____ NO _____

H. List all subcontractors anticipated for this Project. Please note that all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1.		
2.		
3.		
4.		
5.		



General Professional Services Questionnaire

I. Please specify the total number of support personnel that may assist in the completion of this Project:

J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.

PROFESSIONAL NO. 1

Name & Title:

Name of Firm with which associated:

Description of job responsibilities:

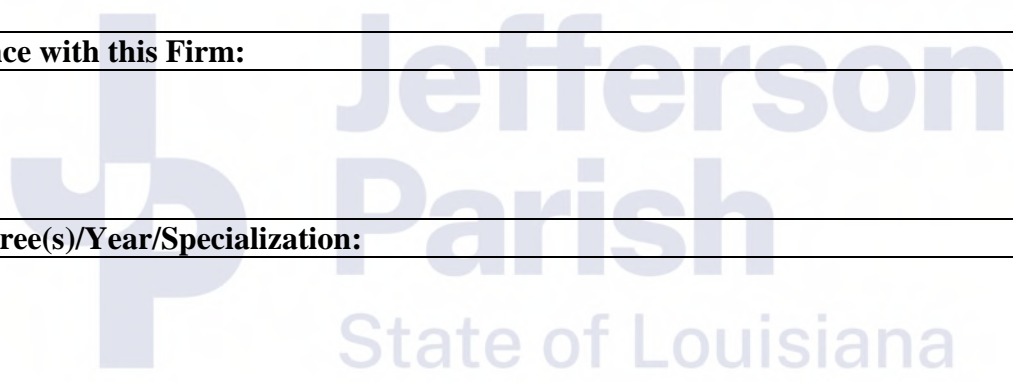
Years' experience with this Firm:

Education: Degree(s)/Year/Specialization:

Other experience and qualifications relevant to the proposed Project:

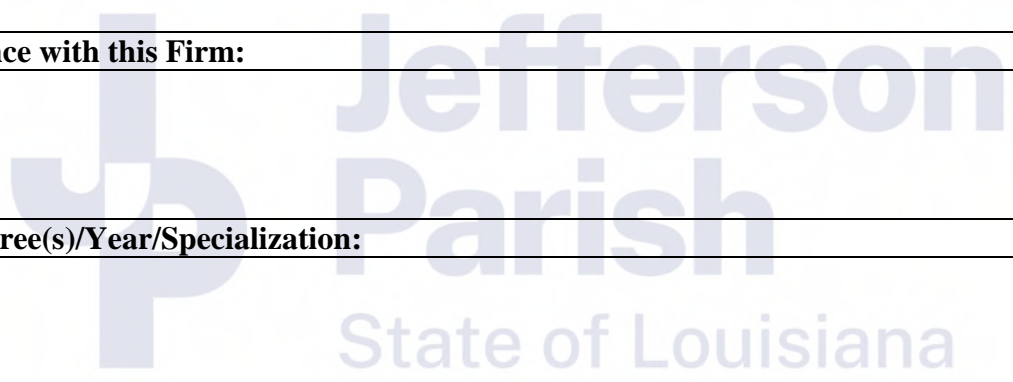
General Professional Services Questionnaire

PROFESSIONAL NO. 2
Name & Title:
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:



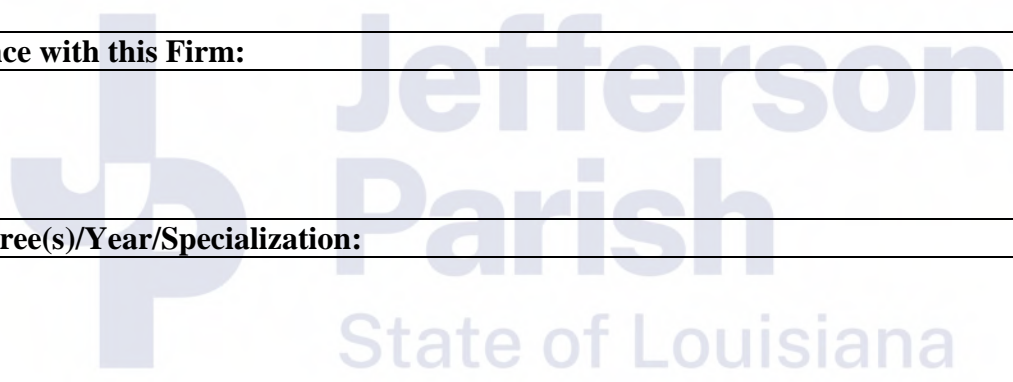
General Professional Services Questionnaire

PROFESSIONAL NO. 3
Name & Title:
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:



General Professional Services Questionnaire

PROFESSIONAL NO. 4
Name & Title:
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:



General Professional Services Questionnaire

K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.

PROJECT NO. 1

Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1.		
2.		
3.		
4.		

M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

N. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature: _____ **Print Name:** _____

Title: _____ **Date:** _____