

New York Liquidation Bureau  
180 Maiden Lane  
New York, NY 10038  
[www.nylb.org](http://www.nylb.org)

# REQUEST FOR STATEMENT OF INTEREST

TO JOIN THE NEW YORK LIQUIDATION BUREAU  
PANEL OF THIRD-PARTY CLAIMS ADMINISTRATORS

**Date Posted: March 25, 2024**

**Proposal Submission Deadline:  
April 30, 2024 at 5:00 pm (EST)**

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## GENERAL INFORMATION

The New York Liquidation Bureau (“NYLB”) invites all qualified claims administrators interested in joining NYLB’s panel of third-party claims administrators to submit the attached Statement of Interest (Appendix A).

\* TPA firms currently serving as third-party administrators for the NYLB must submit a new Statement of Interest pursuant to this Request for Statement of Interest to be eligible to receive assignments after the Panel has been formed.

## ABOUT THE NEW YORK LIQUIDATION BUREAU

The NYLB serves as the staff of the Superintendent of Financial Services of the State of New York (“Superintendent”) in her capacities as (i) court-appointed receiver of insolvent or impaired New York-licensed insurers pursuant to Article 74 of the New York Insurance Law (“Insurance Law”) and (ii) administrator of: the New York Property/Casualty Insurance Security Fund, the New York Public Motor Vehicle Liability Security Fund, and the New York Workers Compensation Security Fund pursuant to Insurance Law Article 76 and Article 6-A of the New York Workers’ Compensation Law (collectively, the “Security Fund”).

A list of companies under receivership may be found on the NYLB website at <http://www.nylb.org/Estates.htm>.

## DESCRIPTION OF SERVICE

The NYLB is accepting Statements of Interest from third-party claims administrators (“TPA firms”) interested in joining its panel of third-party claims administrators (the “Panel”) to handle first and third-party claims relating to the Security Fund, which include property and casualty (“P/C”), public motor vehicle liability (“PMV”), and Workers’ Compensation (“WC”) lines of business for all domestic and ancillary receivership estates.

Selection to the panel does not guaranty assignment of any matter. The claims will be assigned on an as-needed basis in the following areas:

- Affirmative Directors and Officers
- Appeals
- Articles 74 and 76 of the N.Y. Insurance Law
- Automobile Accidents
- Bond/Surety/Fidelity
- Child Victims Act
- Construction/Labor/Indemnity
- Cyber
- Employer Liability

- Environmental
- Fidelity and Surety
- Homeowners
- Insurance Coverage
- Labor and Employment
- Lead Paint
- Mass Tort Litigation
- Medical Malpractice
- Mold
- No Fault
- Premises Liability
- Products Liability
- Professional Liability
- Reinsurance Recovery
- Subrogation
- Workers' Compensation

On an as-needed basis, the TPA firms will handle the following services:

(A) For P/C and PMV lines of business claims:

- Perform the day-to-day claims handling activities on the NYLB claims system, via a secured connection.
- Perform coverage analysis and review relevant insurance policies for policy coverage and NY Security Fund coverage.
- Determine exposure under insurance policies in relation to the insured's claims history, relevant case law and the Insurance Law, including an allocation analysis with respect to primary and excess coverage exposure.
- Recommend allowances or denials when required under the terms of the policies and NY Insurance Law Articles 74 and 76.
- Draft coverage position letter, Disclaimers and or Reservation of Rights letter for the NYLB to review.
- Adjust, investigate, negotiate, and monitor the defense of a claim across multiple lines of coverage.
- When applicable, preparing requests for Superintendent allowances or court orders for payment of claims by the Security Fund.
- Prepare initial, supplemental and settlement/reserve authority reports on claims for the NYLB staff and for reinsurers.
- Attend the NYLB's Large Claims Committee meetings, upon request, to present requests for approval of settlements of policyholder claims and changes of reserves.

- Review defense counsel legal invoices, budgets, and other related vendor invoices to confirm adherence to the NYLB standards.
- Comply with applicable reporting requirements established by the Centers for Medicare & Medicaid Services (CMS).
- Adhere to Best Industry Practice and the NYLB Claims Handling Procedures.
- Provide claims reports to various regulatory bodies.
- Track the defense of litigated tort claims.
- Manage litigation, working with appointed defense counsel.
- Other claim related services.

(B) For WC claims:

- Obtain and review relevant insurance policies.
- Recommend allowances or denials when required under the terms of the policies and NY Insurance Law Article 74 and NY Workers Compensation Law Article 6-A.
- Communicate regularly with claimants and assist in returning claimants to restricted and/or full duty positions.
- Identify and defend fraudulent claims.
- Make indemnity and medical payments in a timely fashion pursuant to NY Workers' Compensation Board (WCB) Guidelines.
- Carry out the full function of the medical bill review process.
- Identify potential subrogation, including researching and pursuing all available 15.8 recoveries.
- Obtain Medicare Set-Aside (MSA) estimates and approvals from CMS when authorized by the NYLB.
- Comply with the Medicare Secondary Payer Mandatory Reporting Provisions in Section 111 of the Medicare, Medicaid & SCHIP Extension Act of 2007.
- Provide a variety of claim and financial reports to the NYLB staff.
- Comply with NY WCB Electronic Data Interchange (EDI) reporting.
- Set reserves, attend hearings, negotiate, and settle claims for amounts pre-approved by the NYLB.
- Conduct bi-annual alive and well check verifications for all open benefit claims.
- Perform yearly ISO claim searches for all open claims.
- Assign counsel and manage litigation; work with retained outside counsel.
- Arrange for Independent Medical Examinations (IMEs).
- Arrange for and monitor rehabilitation services.
- File reports with the state and excess insurance providers.
- Provide the NYLB with complete remote access, including real time access to claims data.

The NYLB will have final approval of all outside vendors utilized, including attorneys, independent medical examiners, and vocational experts.

## MINIMUM QUALIFICATIONS

Each TPA firm applying to join the Panel and its staff, including claims adjusters and their supervisory staff, must:

1. Have personnel licensed to handle claims in New York State or in such other jurisdiction as an assignment may require and be in good standing in such jurisdiction.
2. Have demonstrated expertise and experience in the selected claims handling area(s).
3. Maintain adequate staffing and resources to handle the matters assigned.
4. Demonstrate that the TPA firm maintains a strict conflict-of-interest screening process.
5. Be of high ethical and reputational standing.

## EEO/DIVERSITY

The TPA firm's commitment to workplace diversity will be considered in the evaluation process. If available, each TPA firm should provide:

1. Diversity data or other statistical information that demonstrate the TPA firm's commitment to workplace diversity. For example, data indicating the percentage of women or minority at the TPA firm and their corresponding positions or position levels.
2. A copy of the certification(s), if certified as: (1) a Minority or Women Owned Business Enterprise (M/WBE) with the New York State Department of Empire State Development; (2) a Service-Disabled Veteran-Owned Business enterprise (SDVOB) with the New York State Office of General Services; and/or (3) a Disadvantaged Business Enterprise (DBE) through a certifying partner in the New York State Unified Certification Program. If the Firm has applied for but has not yet been granted certification as of the date of this submission, submit proof of a pending application, including filing date.
3. A list of any other jurisdiction and/or certifying body that has deemed the TPA firm to be an M/WBE, SDVOB, a DBE, or their equivalent along with a copy of the certification.

## EVALUATION COMMITTEE

An Evaluation Committee will consider all qualifying TPA firms. The selection will be based on the minimum qualifications set forth in this Request for Statement of Interest, demonstrated expertise in one or more practice areas described herein and anticipated claims needs. The Evaluation Committee's selection of the TPA firms to join the Panel is subject to approval by the Special Deputy Superintendent.

The Evaluation Committee may request: an interview with the TPA firm representative in person or by video conference; written answers to questions; or other supplemental information. Any additional information obtained pursuant to such requests will be considered as part of the TPA firm's Statement of Interest.

## NOTICE OF DECISION

The NYLB Chief Compliance Officer will notify all TPA firms that have submitted Statements of Interest of the Evaluation Committee's decision in writing via email.

The NYLB will not provide the TPA firms with information concerning the identity or the number of submissions under consideration, the Evaluation Committee's deliberations, or other non-public information concerning the process. The list of the TPA firms on the Panel will also not be disclosed.

## FEE SCHEDULE/AGREEMENT

The service agreement, including service fees, will be negotiated at time of any service request. Applicants can submit pricing models and any itemized fee proposal with line items for costs outside the actual claim handling fee. i.e., Section 111 reporting, medical bill review, data intake, field adjusting costs, etc.

## TIMETABLE OF KEY EVENTS

The NYLB reserves the right, in its sole discretion, to modify any event, time, or date in the timetable below. The Chief Compliance Officer will notify interested TPA firms of any changes via email.

<b>Event</b>	<b>Date</b>
Request for Statement of Interest posted on the NYLB website	Monday, March 25, 2024
Deadline to submit written questions to the NYLB	Friday, April 12, 2024 by 5:00 pm (EST)
Deadline to submit Statements of Interest to the NYLB	Tuesday, April 30, 2024 by 5:00 pm (EST)

## SUBMISSIONS AND QUESTIONS

The Statements of Interest must be delivered via email no later than April 30, 2024 at 5:00 pm (EST), unless such deadline is extended in writing by the NYLB in its sole discretion. TPA firms that submit their Statements of Interest late, incomplete, or otherwise not in compliance with the requirements will be disqualified from consideration.

Submit the attached Statement of Interest electronically to:

The New York Liquidation Bureau  
Compliance@nylb.org  
Attn: Chief Compliance Officer

The NYLB Chief Compliance Officer is the sole point of contact for this Request for Statement of Interest. Except as necessary for conducting previously established business with the NYLB, the TPA firms may not communicate with NYLB personnel other than the NYLB Chief Compliance Officer until the Panel is established and notices of decision sent. All questions must be submitted in writing to the Chief Compliance Officer by email at the above email address.



# APPENDIX A: STATEMENT OF INTEREST

## TPA Firm Background

Firm Name:	
Business Address:	
Phone Number:	
Email Address:	
Website URL:	
Name of Lead Contact Applying to the Panel:	
States in which firm is licensed admitted handling claims:	
Date(s) of Licenses:	
Tax identification Number:	
A list of all other vendors with whom the firm has a working or contractual relationship to assist in providing the services specified, with a description of how the firm manages vendors and charges for their services:	

## APPENDIX A: STATEMENT OF INTEREST

Professional liability insurance carrier, policy period and limits:	
Diversity Certification(s):	
Commitment to Workplace Diversity Data:	



# APPENDIX A: STATEMENT OF INTEREST

## Related Representation

- A. In the last five years, has your company handled a New York State receivership or Security Fund matter. If so, please provide the name of the Estate and the number of cases handled.

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- B. In the last five years, has your company handled a receivership or Guaranty Fund claim in another state. If so, please provide the name of the Estate, Guaranty Fund and number of cases.

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# APPENDIX A: STATEMENT OF INTEREST

## Conflicts

Are you, your firm or any employees at your firm:

1. The owner of more than five percent interest in an insurance company?  Yes  No
2. Related by blood or marriage to and/or living in the same household as any NYLB employee(s)?  Yes  No
3. Representing any interested party or appearing in any matter that is adverse to or involves the Superintendent of Financial Services of New York in her capacity as receiver of impaired and insolvent insurance companies under Article 74 of the New York Insurance Law, the NYLB, or one of the receiverships under the NYLB's supervision?  Yes  No
4. Involved, within last five years, in litigation against the Superintendent, the NYLB or any of the estates under the management of the NYLB?  
See <http://www.nylb.org/Estates.htm>  Yes  No

If the answer is yes to any of the above questions, provide details. (Additional sheet may be attached if needed.)

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## APPENDIX A: STATEMENT OF INTEREST

List all current employees of your firm who, to the best of your knowledge, were formerly employed by the NYLB:

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## APPENDIX A: STATEMENT OF INTEREST

Choose the category or categories of desired appointment(s) by checking the box next to the practice area corresponding to the number of cases handled in that category by your firm.

**No. of Cases  
Handled In the  
past 5 years:  
0-10 / 10-50**

**No. of Years  
Experience  
in category**

Affirmative Directors and Officers		
Appeals		
Articles 74 and 76 of the N.Y. Insurance Law		
Automobile Accidents		
Bond/Surety/Fidelity		
Child Victims Act		
Construction/Labor/Indemnity		
Cyber		
Employer Liability		
Environmental		
Fidelity and Surety		
Homeowners		
Insurance Coverage		
Labor and Employment		
Lead Paint		
Mass Tort Litigation		
Medical Malpractice		
Mold		
No Fault		
Premises Liability		
Products Liability		
Professional Liability		
Reinsurance Recovery		
Subrogation		
Workers Compensation		

## APPENDIX A: STATEMENT OF INTEREST

### Additional facts establishing Applicant's Expertise:

Please provide references of other clients (limit to four or fewer):

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### Affirmation

On behalf of myself and my company, I hereby affirm that the statements contained in this Statement of Interest are true, accurate and complete to the best of my knowledge and that my firm meets the minimum eligibility requirements for acceptance to the Panel.

Affirmed by (sign): \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_