

Kansas Police & Firemen's Retirement System
Request for Proposals, Death & Disability Medical Consulting Services
Questions & Responses

1. Will any current open claims be converted for claims management?

Response: The entire group of open claims will not be transitioned for claims management. Claims that have been received, but have not been medically evaluated and have not received a determination, as of the contract effective date, may be referred to Proposer. Select, open claims may be referred to the Proposer to assist with (1) confirmation of member's continued eligibility to receive benefits, (2) confirmation of entitlement to service-connected benefits, or (3) additional services during the administrative appeal process.

As part of the proposal or during contract negotiations, the Retirement System may want to discuss options for possibly transitioning a subgroup of claims subject to annual medical reviews (approximately 100 claims) to the Proposer.

2. What percentage of these claims are mental health vs. medical?

Response: For claims approved during calendar years 2016 through 2018, approximately 20 percent were mental health claims.

3. What is the current approval rate (generally) of the Fire & Police claims?

Response: The current approval rate is roughly 80 percent. Non-approved claims include individuals who return to work or elect not to complete the application process.

4. Would the TPA be able to contact physician, Member and employer directly?

Response: Yes, within parameters mutually agreed upon by the Retirement System and Proposer.

5. Would the TPA be responsible for sending out an Authorization to Obtain Information and/or Member Statement?

Response: The Retirement System is willing to consider the Proposer's alternatives or recommendations for sending *Authorization to Obtain Information or Member Statement* forms.

6. Please describe the appeal process (how many levels, expectations of TPA, etc.).

Response: All claim decisions will be communicated to members by the Retirement System. Following an initial denial, the member will have an opportunity to provide additional records. If none are provided or the provided

records do not support an approval, a final denial letter will be issued by the Retirement System to include instructions for an agency appeal.

Appeals are governed by the Retirement Act at K.S.A. 74-4904(2) and the Kansas Administrative Procedure Act at K.S.A. 77-501 et seq. Under Kansas law, a member must exhaust administrative remedies with the Retirement System, prior to filing a suit in the Kansas District Court.

On a case-by-case basis, and according to terms and conditions mutually agreed upon by the Retirement System and the Proposer, the Proposer could be asked to (1) evaluate and opine on additional records, (2) coordinate independent medical examinations, functional capacity evaluations, activity reviews or observations, (3) assist in obtaining records pursuant to discovery, and (4) testify or provide deposition testimony.