

STATE EMPLOYEES' RETIREMENT SYSTEM OF ILLINOIS

Response to RFP-Related Questions

Medical Document Review Services

System Reference # 22035

1. Does SERS require the “**licensed healthcare professionals**” assigned to provide a written opinion in response to a referred claim to be a “**licensed healthcare professional**” in the State of Illinois, or can the “**licensed healthcare professional**” be licensed by any state within the United States?

The licensed healthcare professional assigned to provide a written opinion may be licensed in any State in the United States. If a vendor is planning to use licensed healthcare professionals located outside of the State of Illinois, it should indicate that point in its proposal. Although the System will accept reports from other types of licensed healthcare professionals, it should be emphasized that the System will be seeking reports from licensed physicians for most of the referred claims.

2. What is the average turnaround time for completion of a referred claim (i.e. the time period between *receipt of all System provided documents to receipt of a written report for each referred claim*)?

Generally, a complete report for a referred claim is provided from our current reviewer within 1 week following the reviewer’s receipt of the medical file. Occasionally, reports are provided later if the medical documents to be reviewed are extensive or complex.

3. What is the average hourly rate currently paid for all Medical Specialties?

Answering this question would undermine the procurement process and the System’s attempt to obtain competitive pricing from qualified vendors. In addition, the rates that the System has paid for medical review services have varied based upon the type of review and the rates charged by the various physicians who have provided medical record review services for the System.

4. What are the most utilized specialties for Physician Review?

The specialties that would receive the most requests for reviews from SERS are immunology, psychiatry, pulmonology, and rheumatology.

5. What is the current fee for Expert Testimony?

We cannot answer this question because, for the last 15 years, the previous or current medical reviewers have not performed this function, and it is unlikely that prospective providers would need to perform this function. We added this item in the RFP because there may be instances in which we would request the reviewer to brief the executive committee members or testify in court on a claim that was denied based on the medical review arranged by the selected vendor.

6. Please provide a historical percentage breakdown of the annual referred claims by benefit type:

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- a. Occupational – **approximately 0%. A condition of qualifying for this benefit is that the member must be approved for a workers' compensation payment. It is highly unlikely that SERS will have issues with the medical evidence if the Workers' Compensation Commission approves them.**
- b. Non-occupational – **approximately 80%.**
- c. Temporary – **approximately 15%.**
- d. Survivor benefits – **approximately 5%.**
- e. Other claims for benefits referred – **approximately 0%. Again, we have included this claim category in the RFP in case we should ever need to refer other benefit claims to the selected vendor.**

This description of the historical percentage breakdown of annual referred claims should not be construed as an indication that the System will refer a certain percentage or number of claims to the selected vendor.