



Managed Medical Review Organization, Inc.

2024

# West Virginia Consolidated Public Retirement Board (CPRB)

## CRFI CPR2400000001 REQUEST FOR INFORMATION FOR INDEPENDENT REVIEW SERVICES

**PREPARED BY**

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3/12/2024

Signature

Date

**INDEPENDENT MEDICAL REVIEW, IT'S WHAT WE DO.**

Our reputation as an industry leader is built on quality, reliability, transparency, and independence. When clients partner with MMRO, they can rest assured that the services they receive will meet the highest possible standards.

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WV PURCHASING  
DIVISION

## TABLE OF CONTENTS

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<b>RESPONSE</b>	
<b>Cover Letter</b>	3
<b>3.2 Specific Questions</b>	4
<b>3.3 Documents Being Sought</b>	14
<b>SUPPORTING MATERIAL</b>	
<i>Pre-Claim Administration Workflow</i>	<i>Exhibit 1</i>
<i>Clinical Case Management Workflow</i>	<i>Exhibit 2</i>
<i>Physician Review Services Workflow</i>	<i>Exhibit 3</i>
<i>Sample – Appointment Notification Letter</i>	<i>Exhibit 4</i>
<i>Sample Physician’s Report - Approved</i>	<i>Exhibit 5</i>
<i>Sample Physician’s Report - Denial</i>	<i>Exhibit 6</i>
<b>ATTACHMENTS</b>	
<i>Addendum Number 1</i>	<i>Attachment 1</i>

## COVER LETTER

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WEST VIRGINIA CONSOLIDATED PUBLIC  
RETIREMENT BOARD

WEST VIRGINIA PURCHASING DIVISION

On behalf of Managed Medical Review Organization, Inc. (“MMRO”), I am pleased to present to the West Virginia Purchasing Division (“Purchasing Division”) and the West Virginia Consolidated Public Retirement Board (CPRB) our response to the Request for Information (RFI) for disability medical records review, examination, and re-certification processes.

MMRO is the industry leader in providing disability medical records reviews, examinations, and re-certifications to the public sector retirement system market. For the 14 years, MMRO, in cooperation with its more than ***75 state, county and municipal retirement system clients***, has been a trailblazer in creating and modernizing disability retirement programs for the public sector that incorporate industry best practices, while also meeting the unique requirements of applicable statutes, ordinances and administrative rules.

Throughout MMRO’s RFI response, we will demonstrate our extensive experience, operational excellence, and overall institutional knowledge in providing comprehensive disability medical records review, examination, and re-certification processes to CPRB. MMRO’s proposal response will meet CPRB’s overall objectives for this RFI to procure a resource to provide disability medical records review, examination, and re-certification processes in accordance with West Virginia statutes and legislative rules. MMRO believes that the enclosed RFI response establishes why we remain the industry leader.

All of us at MMRO thank you for your review and consideration of our response to this RFI.

Sincerely,



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## 3.2 SPECIFIC QUESTIONS

### 3.2.1 *Is vendor able to provide a disability medical record review and issue a written report with a recommendation of approval or denial by a MD or DO?*

Yes. MMRO is the national leader in providing disability medical record review and issuing written reports with a recommendation of approval or denial by an MD or DO exclusively to Public Retirement Systems across the country. For the past 14 years, MMRO, in cooperation with its more than 75 state, county and municipal retirement system clients, has been a trailblazer in creating and modernizing disability benefit programs solely for Public Retirement Systems to incorporate industry best practices while also providing an extensive network of Disability Physician Reviewers (MD or DO) in virtually all major specialties and subspecialties, while also meeting the unique requirements of applicable statutes, ordinances and administrative rules.

At MMRO, we do one thing, and we do it exceptionally well: Disability Retirement Review for Public Retirement Systems. We pioneered the business in 2010, and we have been performing these specific services ever since.

#### **MMRO Services Offered to Public Retirement Systems**

MMRO prides itself on its ability to uniquely tailor a disability retirement review program that meets our client's needs. The service lines we offer to meet these goals include the following:

- ***Pre-Claim Administrative Services:*** MMRO manages all aspects of the required disability retirement claim documents, including the disbursement, tracking, follow-up, and receipt of the required claim documents, and any other related documents.
- ***Disability Case Management Services:*** MMRO offers a case management solution which reduces our clients' internal administrative burden by having our clinical professionals work directly with claimants and/or their treating medical professional(s) to gather relevant medical records and ensure a complete and comprehensive disability retirement claim file is assembled. This, in turn, allows for the most accurate clinical conclusion to be reached at the first level of disability retirement claim review.
- ***Disability Physician Review:*** MMRO is known in the public retirement system industry for our accurate, credible, and quality based disability retirement reviews. We utilize a robust network of experienced and highly qualified Physician Reviewers, who understand disability retirement claims and their nuances. All MMRO reviews use evidence-based medical criteria in the review process. We have the industry's most stringent credentialing standards and utilize a well-trained team to ensure compliance.
- ***Independent Medical Evaluation Services:*** MMRO has examining physician access in virtually all major specialties and sub-specialties. These physicians perform in-person physical examination and psychiatric evaluation services, with resulting analyses tailored to our clients' unique disability standards. MMRO's network of healthcare professionals meets strict credentialing and qualification requirements, consistent with URAC credentialing standards.
- ***Vocational Assessment Services:*** Through a careful analysis of a claimant's work history, educational background, and physical, psychological, and emotional capabilities, MMRO determines whether an individual has transferable skills. We then explore alternative jobs/vocations the claimant would be qualified for. Our comprehensive assessments save clients time and money by accurately evaluating a claimant's work capacity and identifying alternative employment opportunities.

### ***Involvement in the Industry***

MMRO has played an integral role in shaping our industry, and we understand the importance of continuing that leadership role. To this end, we maintain association memberships with the following nonprofit associations dedicated to safeguarding the integrity of public retirement systems in the United States and to promoting and protecting the rights and benefits of all present and future members of those systems.

- ***National Association of State Retirement Administrators (NASRA)***
- ***National Council on Teachers Retirement (NCTR)***
- ***California Association of Public Retirement Systems (CALAPRS)***

We also maintain an association membership to the Disability Management Employer Coalition (DMEC), the only association dedicated to providing focused education, knowledge, and networking for absence and disability professionals.

### ***Staying on the Leading Edge***

As a result of MMRO's industry knowledge and extensive experience enhancing disability retirement claim programs for public retirement systems, we've been a presenter at virtually all major public-sector retirement conferences on industry best practices for disability retirement claim review programs. Recent conference speaking engagements include:

- *National Association of State Administrators (NASRA)*
- *National Conference on Public Employees Retirement Systems (NCPERS)*
- *Michigan Association of Public Employee Retirement Systems (MAPERS)*
- *State Association of County Retirement Systems (SACRS)*
- *Mid-Atlantic Plan Sponsors (MAPS)*
- *Michigan Association of Public Employee Retirement Systems (MAPERS)*
- *Illinois Retirement Systems Reciprocal Conference*

### ***Commitment to Diversity***

MMRO is certified as a Small, Women-owned, and Minority-owned (SWaM) business by the Virginia Department of Small Business & Supplier Diversity. MMRO is also certified as a small business enterprise firm with the Governor's Office of Diversity Business Enterprise (Go-DBE) in the state of Tennessee.



### URAC Accreditation

Unique to the disability retirement market, MMRO is accredited by URAC, a nationally recognized accreditation body, identified as providing the highest quality standards in healthcare delivery and clinical claims practices. As a URAC-accredited organization, quality monitoring and improvement are integral components to all disability benefit review services provided by MMRO. Many internal measurements have been created and implemented for the purposes of ongoing identification of quality practices and needs.



The URAC accreditation is a model program that requires a continuum of quality improvement policies and procedures. Its purpose is to assure the highest possible standard in healthcare related services.

We apply URAC standards to every aspect of our work, including:

- *Credentialing & Qualifications*
- *Conflict of Interest (Organizational and Physician Reviewers)*
- *Quality Review and Measure*
- *Quality Management and Control*

### Our Public Retirement System Clients

Of the over 75 State, County and Municipal Retirement Systems MMRO partners with across the country, MMRO has provided an abbreviated listing of our **State Retirement System clients** below, by name and years of service, including a summary of the successful services we provide for each:

#### **KENTUCKY PUBLIC PENSIONS AUTHORITY (KPPA)**



❖ **LENGTH OF PARTNERSHIP:** 2020-Present

❖ **MEMBERSHIP:** KPPA oversees the administration and operation of the personnel and accounting systems for the County Employees Retirement System and the Kentucky Retirement Systems, as well as day-to-day administrative needs of CERS and CPRB. KPPA members include over 386,000 active, inactive, and retired state and local government employees, state police officers, and non-teaching staff of local school boards and regional universities.

❖ **SERVICES:** MMRO provides KPPA with disability case management and disability retirement review services, including periodic review, appeal review, and Independent Medical Examination (IME) services, as required by the unique clinical circumstances of each claim.

#### **VIRGINIA RETIREMENT SYSTEM (VRS)**



❖ **LENGTH OF PARTNERSHIP:** 2018-Present

❖ VRS is the *20th largest public or private pension plan in the United States, and the 44th largest pension plan in the world.*

❖ **MEMBERSHIP:** VRS administers pension and related benefits for more than 677,000 public sector employees, beneficiaries and retirees at the state, public school, and political subdivision levels.

❖ **SERVICES:** MMRO provides VRS with disability case management and disability retirement review services, including periodic review, appeal review, and Independent Medical Examination (IME) services, as required by the unique clinical circumstances of each claim.

**PUBLIC EMPLOYEE RETIREMENT ASSOCIATION OF MINNESOTA (PERA)**

❖ **LENGTH OF PARTNERSHIP:** 2014-Present



- ❖ **MEMBERSHIP:** PERA serves over 250,000 current and former public employees from over 2,000 local units of government throughout the state of Minnesota.
- ❖ **SERVICES:** MMRO provides PERA with disability case management and disability retirement review services, including periodic review, appeal review, Independent Medical Examination (IME) services, as required by the unique clinical circumstances of each claim and Vocational Assessment services.

**PUBLIC EMPLOYEE RETIREMENT SYSTEM OF IDAHO (PERSI)**

❖ **LENGTH OF PARTNERSHIP:** 2015-Present



- ❖ **MEMBERSHIP:** PERSI provides retirement, disability, survivor, and other benefits to more than 135,000 members. Membership is comprised of retirees, beneficiaries, and active public employees working for more than 760 employers across the State of Idaho.
- ❖ **SERVICES:** MMRO provides PERSI with disability case management and disability retirement review services, including periodic review, appeal review, Independent Medical Examination (IME) services, as required by the unique clinical circumstances of each claim.

**MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF MICHIGAN (MERS)**

❖ **LENGTH OF PARTNERSHIP:** 2015-Present



- ❖ **MEMBERSHIP:** MERS administers over 2,000 plans represented by 800 Michigan municipal members and nearly 100,000 including active and inactive employees, retirees, and program participants.
- ❖ **SERVICES:** MMRO provides MERS with disability case management and disability retirement review services, including periodic review, appeal review, Independent Medical Examination (IME) services, as required by the unique clinical circumstances of each claim.

**MINNESOTA STATE RETIREMENT SYSTEM (MSRS)**

❖ **LENGTH OF PARTNERSHIP:** 2014-Present



- ❖ **MEMBERSHIP:** MSRS serves approximately 54,700 active employees from over 20 employer and component units, 41,000 benefit recipients, and 25,700 members who are no longer contributing, but are eligible for either future monthly benefits or a lump-sum distribution.
- ❖ **SERVICES:** MMRO provides MSRS with disability case management and disability retirement review services, including periodic review, appeal review, Independent Medical Examination (IME) services, as required by the unique clinical circumstances of each claim and Vocational Assessment services.

**WYOMING RETIREMENT SYSTEM (WRS)**

❖ **LENGTH OF PARTNERSHIP:** 2016-Present



- ❖ **MEMBERSHIP:** WRS administers retirement benefits for employees of over 700 public employers statewide. Currently, the membership totals about 42,000 active members; 26,000 retired members; 6,000 vested inactive members and approximately 22,000 non-vested inactive members. The active membership is

comprised of employees from school districts, the University of Wyoming and community colleges, state and local government and various other political subdivisions.

- ❖ **SERVICES:** MMRO provides WRS with disability case management and review services, including periodic review, appeal claim review, Independent Medical Examinations (IME), vocational assessments, as required by the unique clinical circumstances of each claim.

#### **MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION (MPERA)**

- ❖ **LENGTH OF TIME:** April 2021-Present



- ❖ **MEMBERSHIP:** MPERA administers eight different retirement systems: the Public Employees'; Judges'; Highway Patrol Officers'; Sheriffs'; Game Wardens' and Peace Officers'; Municipal Police Officers'; Firefighters'; the Volunteer Firefighters' Compensation Act, as well as the State's Deferred Compensation Plan. We have over 32,000 active members and almost 21,000 retirees.

- ❖ **SERVICES:** MMRO provides MPERA with disability retirement review services, as required by the unique clinical circumstances of each claim.

#### **PUBLIC SCHOOL AND EDUCATION EMPLOYEE RETIREMENT SYSTEMS OF MISSOURI (PSRS/PEERS)**



- ❖ **LENGTH OF TIME:** July 2021-Present

- ❖ **MEMBERSHIP:** PSRS/PEERS provides a significant and stable source of retirement, disability and survivor benefits to Missouri's public-school teachers, school employees and their families. PSRS and PEERS are Defined Benefit (DB) pension plans providing lifetime retirement benefits to qualified members based on a formula set by Missouri law. Currently serve over 129,000 active members and approximately 98,000 retirees and beneficiaries.

- ❖ **SERVICES:** MMRO provides PSRS/PEERS with disability case management and disability retirement review services, as required by the unique clinical circumstances of each claim.

#### **3.2.2 If yes to 3.2.1., please provide a step-by-step description of the process.**

MMRO has over 14 years of experience as a trailblazer in creating and modernizing disability retirement programs that incorporate industry best practices, while also meeting the unique requirements of our clients' statutes, ordinances, and administrative rules. MMRO has detailed all service components provided to other State Retirement Systems and those that could be provided to CPRB.

- **Pre-Claim Administration Services**
- **Clinical Claim Management Services**
- **Physician Review Services**
- **Independent Medical/Psychiatric Evaluation (IME/IPE) Services**
- **Virtua-Independent Psychiatric Evaluation (IPE) Services**



## HOW THE PROCESS WORKS: PRE-CLAIM ADMINISTRATION

State Retirement System clients utilize our Pre-Claim Administration services to reduce the internal administrative burden. Provided is a high-level overview of how the process works:

**Pre-Claim Administration:** Upon notification by CPRB of a disability claim, an MMRO Claims Liaison (“CL”) will manage all aspects of initiating the CPRB claim documents, including the disbursement, tracking, follow-up, and receipt of the required claim documents within the statutory time allowed.

Upon MMRO’s receipt of the required claim documents (via MMRO or CPRB), MMRO’s CL will conduct an outreach to the disability applicant (CPRB member). The CL will assure the applicant that MMRO is in receipt of their request to file a disability retirement claim, and to set expectations for the disability retirement claim process (i.e., turnaround time, what to expect, answer any questions from the applicant, provide contact information, etc.). In addition to this telephonic outreach, the CL will send the applicant a welcome letter accompanying their claim packet. Once all required claim documents are received, the claim will be assigned to a nurse for Clinical Case Management. If the applicant fails to submit all required claim documents, the CL will send a letter every 30-days detailing the outstanding required documents until the member submits all required claim documents, or until the CPRB statutory time for required claim documents to be submitted by the applicant has expired.

### EXHIBIT 1: Pre-Claim Administration Workflow

## HOW THE PROCESS WORKS: CLINICAL CLAIM MANAGEMENT SERVICES

State Retirement System clients utilize our Clinical Claim Management services to reduce internal administrative burden and have clinical professionals work directly with claimants and/or their treating medical professional(s) to gather relevant medical records and ensure a complete and comprehensive disability retirement claim file is assembled. This, in turn, allows for the most accurate clinical conclusion to be reached at the first level of disability retirement claim review. Provided is a high-level overview of how the process works:

**Clinical Review:** Upon receipt of the disability retirement claim file, MMRO will assign a dedicated Disability Nurse Case Manager (DNCM). The DNCM was responsible for initiating the clinical review process and determining whether the clinical claim documents (medical records) submitted with the application are complete and ready for **Physician Review**.

- If the DNCM determines the disability retirement claim medical records are **complete**, the DNCM refers the claim for **Physician Review**.
- If the DNCM determines the disability retirement claim medical records are **incomplete** and that additional medical records or telephonic outreach is required, the DNCM will outreach to the member and inform him/her of the additional medical records being requested and generate an **Additional Information Request Letter** that would be provided to the member (and CPRB staff). This letter provides details as to the medical records being requested allowing the member the opportunity to provide pertinent medical data, as well as allowing the DNCM to outreach to Attending Physician(s) and/or treating providers to request additional medical information, as deemed required for a complete and comprehensive **Physician Review**.

**Physician Referral:** The DNCM selects the correct physician specialty or sub-specialty prior to referring the claim

to our Disability Review Specialist (DRS).

## Exhibit 2: Clinical Case Management Workflow

### HOW THE PROCESS WORKS: PHYSICIAN REVIEW SERVICES

**Physician Referral:** Upon receipt of referral from the DNCM, the Medical Records Specialist (MRS) will work to organize and index the claim documents, and the Disability Review Specialist (DRS) will refer the claim to the appropriate Physician specialty as selected by the DNCM.

**Physician Review:** Upon referral of the disability retirement claim, the Disability Review Specialist (DRS) prepares the claim for Medical Board review.

- The DRS contacts the applicable Physician Reviewer within one (1) business day of referral.
- Within five (5) business days of referral to the Physician Reviewer, the Physician Reviewer reviews the disability retirement claim file.
- The Physician Reviewer Reports include an index of the medical documentation reviewed; a comprehensive summary of the medical documentation; a summary of the member's job description; a conclusion with detailed responses and clinical rationales to the questions per West Virginia statutes and legislative rules. The Physician Reviewer Reports further include the medical literature references used in support of the medical/disability conclusions.
- The Physician Reviewer Reports are formatted and prepared for **Quality Assurance Review** within one (1) business day of the draft Report being complete.
- **Quality Assurance Review:** The Physician Reviewer report is submitted for Quality Assurance review before finalization. The Quality Assurance review will be completed by a Quality Nurse Reviewer within one (1) business day of receipt of the draft Physician Reviewer Report. The Quality Assurance process includes assurance of compliance to CPRB report format, correction of grammar and typographical errors, ensuring clinically supported rationale in response to the questions posed, and compliance to the applicable disability standard.
- **Physician Report Submission:** Upon completion of the **Quality Assurance Review** and the finalization of the Physician Reviewer Reports, the Disability NCM will complete Claim Closure activities, including identification of Recertification Review frequency, if applicable. Each Physician Reviewer Report will provide recommendations regarding the disability retirement claim file supporting the statutory requirements for CPRB disability retirement. The final Reports, along with the disability retirement claim file, will be available to CPRB staff via our secure web-portal.

## Exhibit 3: Physician Review Services Workflow

***MMRO ACCESS POINT, MAP (secure web-portal)***

MMRO utilizes a secure web portal application and data storage system, “MMRO ACCESS POINT (MAP)”, for “ready access” to all data, records, and information collected and maintained. MMRO will provide authorized users secure access to electronically initiate a claim referral, track status of a claim, receive final claim documents, receive electronic notifications, generate, and send receipt to submitter immediately in printer-friendly format, time stamping, and provide unlimited access to archived documents pertaining to each claim.

***3.2.3. If yes to 3.2.10, please provide a list of medical specialties, and the number of physicians for each specialty, held by your physicians who would be reviewing medical records and issuing medical reports.***

MMRO will leverage our extensive network of over 325 qualified and credentialed Physician Reviewer Specialists for Disability Medical Record Review. The Physician Reviewer Specialist(s) assigned to the claim will be a physician specialist or sub-specialist who is board certified in the eligible disabling condition(s) under review. Physician Reviewer specialties utilized by MMRO are in accordance with those recognized by:

- ***American Board of Medical Specialties (ABMS) (Medical Doctor – M.D.)***
- ***American Osteopathic Association (AOA) (Osteopathic – D.O.)***

The Physician Reviewer Specialist(s) will review all pertinent case documentation to determine whether the applicant meets the standard for disability retirement per the West Virginia statutes and legislative rules.

***3.2.4. Discuss who obtains the medical records and how they are securely submitted to vendor for review.***

As part of MMRO’s greater service offerings to other retirement system clients, we offer a Disability Case Management solution specific to each retirement system program. Our team of clinical and administrative professionals work directly with retirement system applicants and/or their treating medical professionals to gather relevant medical records and assemble a complete and comprehensive claim file. This in turn allows for the most accurate clinical conclusion to be reached by the Disability Physician Reviewer Specialists in generating well-supported and accurate Disability Recommendation Reports.

***3.2.5 If a disability applicant has previously been denied disability, and they wish to have their medical records reviewed by a third physician at their expense (as permitted in various statutes similar to WV Code 5-10-25(a)), please describe the process to ensure an independent medical review is performed, and the third physician is not biased by the previous CPRB reviewing physician.***

If a disability applicant has previously been denied disability, and they wish to have their medical records reviewed by a third physician at their expense (as permitted in various statutes similar to WV Code 5-10-25(a)), MMRO would follow our step-by-step process provided in response to question 3.2.2 above for Physician Review Services.

MMRO acknowledges that a vital part of the workflow process is the essential need to manage internal and external “Conflict of Interest” (COI). MMRO provides its clients with precise corporate policies and procedures that carefully focus on the primary factors of COI and MMRO’s approach in addressing all dimensions of conflict of interest as part of the disability evaluation process. MMRO complies with all Federal regulations and URAC accreditation requirements regarding conflict of interest. While MMRO recognizes that it is not possible to define all circumstances in which a conflict of interest does or does not exist, it is MMRO’s policy that if there is a mere

presence of a COI, the question will be referred to MMRO's President and Vice President of Clinical Operations for a decision.

MMRO complies with all Federal regulations and accreditation requirements and maintains a strict screening process of medical professionals and employees.

MMRO requires all Independent Physician Reviewers, prior to each assigned review, to execute a **Physician Reviewer Attestation Conflict of Interest Statement**.

**3.2.6 *Is vendor able to schedule independent medical exams with a MD or DO within West Virginia who would issue a written report with a recommendation of approval or denial?***

Yes, MMRO is capable of scheduling Independent Medical/Psychiatric Exams (IME/IPE) with a MD or DO within West Virginia who would issue a written report with a recommendation of approval or denial. For over 14 years, MMRO has provided Public Retirement Systems with IME/IPE Exams, when applicable to the disability retirement claim.

**3.2.7 *If yes to 3.2.5., please provide a step-by-step description of the process.***

MMRO proposes the following conceptual workflow for processing IME/IPE services for CPRB:

- 1. *IME/IPE Referral:*** MMRO will receive the Independent Medical Evaluation (IME) or Independent Psychiatric Evaluation (IPE) referral along with the disability claim related documents via our secure web-portal, MMRO ACCESS POINT (MAP).
- 2. *IME/IPE Process:*** MMRO's **Medical Evaluation Coordinator (MEC)** will outreach to the disability applicant (CPRB member) referred for an IME/IPE. The MEC is a specialized position created for coordinating all scheduling and notification aspects throughout the IME/IPE process. The initial call is to inform the applicant of the IME/IPE referral and to provide further explanation of what the applicant can expect as part of the IME/IPE process as well as:
  - Prepare correspondence and notify the applicant and CPRB staff of the scheduled appointment and that they will receive an appointment letter, including the dates, times, locations, directions, and names of the examining physician(s).
  - Communicate that no medical records can be taken to the IME/IPE appointment
  - Provide the CPRB member with contact information of the MEC
  - Answer questions specific to the IME/IPE process the applicant may have
  - Contact the disability applicants and provide a courtesy reminder of the appointment within 48 hours of the appointment and inform MMRO staff of unconfirmed appointments.
  - Send Appointment Notification Letter
    - Please see ***Exhibit 4: Sample - Appointment Notification Letter*** for a sample of written correspondence that will be provided to the disability applicant and CPRB staff.
- 3. *Physician Examiner:*** The Physician Examiner will review the disability retirement claim file (collateral medical records and data) prior to the examination, have familiarity with the specific criteria and questions needed to be evaluated, and provide comprehensive, accurate and thorough IME/IPE reports. The Physician

Examiner will see each disability applicant in person, verify the identities of applicants, verify the amount of time spent with each disability applicant (medical records and the applicants themselves) and conducts an examination.

**4. Quality Assurance Review:** Within one (1) business day of receiving the IME/IPE Report from the Physician Examiner, our Clinical Nurse Reviewer (CNR) will review for purposes of quality assurance. The Quality Assurance review process includes assurance of compliance to CPRB report format, correction of grammar and typographical errors, and ensuring clinically supported rationale in response to the questions posed. When any questions, clarifications, or issues are identified by the CNR, the “Draft Report” is presented back to the Examining Physician for review and finalization. All quality issues are addressed prior to finalization of the Report.

**5. IME/IPE Submission:** The final IME/IPE Report, along with the disability retirement claim file, will be available to CPRB following the report finalization being submitted to CPRB through our secure web-portal, MAP.

**3.2.8 If yes to 3.2.5., please provide a list of physicians and their specialty who would be completing the independent medical exams.**

MMRO maintains a network of board-certified Physician Examiners in the state of West Virginia (and all other states). Our network includes approximately 15 Physician Examiners in the state of West Virginia which will include the following specialties, but not limited to:

- **Cardiology**
- **Internal Medicine**
- **Occupational Medicine**
- **Family Medicine**
- **Geriatric Medicine**
- **Ophthalmology**
- **Psychiatry**

All examinations will be impartial, credible, and accurate while adhering to uniform standards that meet medically accepted guidelines.

**3.2.9 Is vendor able to provide a MD or DO to review medical records for recertifications? See attached Recertification Policies in Exhibit 3 (5 pages).**

Yes, MMRO has over 14 years of experience providing Recertifications and would provide an MD or DO to review medical records for Recertifications.

MMRO will provide Recertification according to the Schedule for Disability Recertification per Exhibit 3 (years 2, 5, 11, etc.).

**3.2.10 How long has the vendor been performing disability medical record reviews, examinations and recertifications?**

Managed Medical Review Organization (MMRO) is the national leader in providing disability retirement management services exclusively to public retirement systems. As the industry leader, we understand disability retirement. For almost 14 years, MMRO, in cooperation with its more than **75 state, county and municipal retirement system clients**, has been a trailblazer in creating and modernizing disability retirement programs for

the public sector that incorporate industry best practices, while also meeting the unique requirements of applicable statutes, ordinances and administrative rules.

At MMRO, we are adept at developing and implementing customized clinical and operational solutions that address the unique requirements of each public pension disability claim program. By combining deep industry knowledge with innovative thinking and a flexible operational platform, we can meet the needs of each retirement system client, including required customization to adhere to unique legislative provisions and the specific operational requirements of a disability retirement program.

### **3.3 DOCUMENTS BEING SOUGHT**

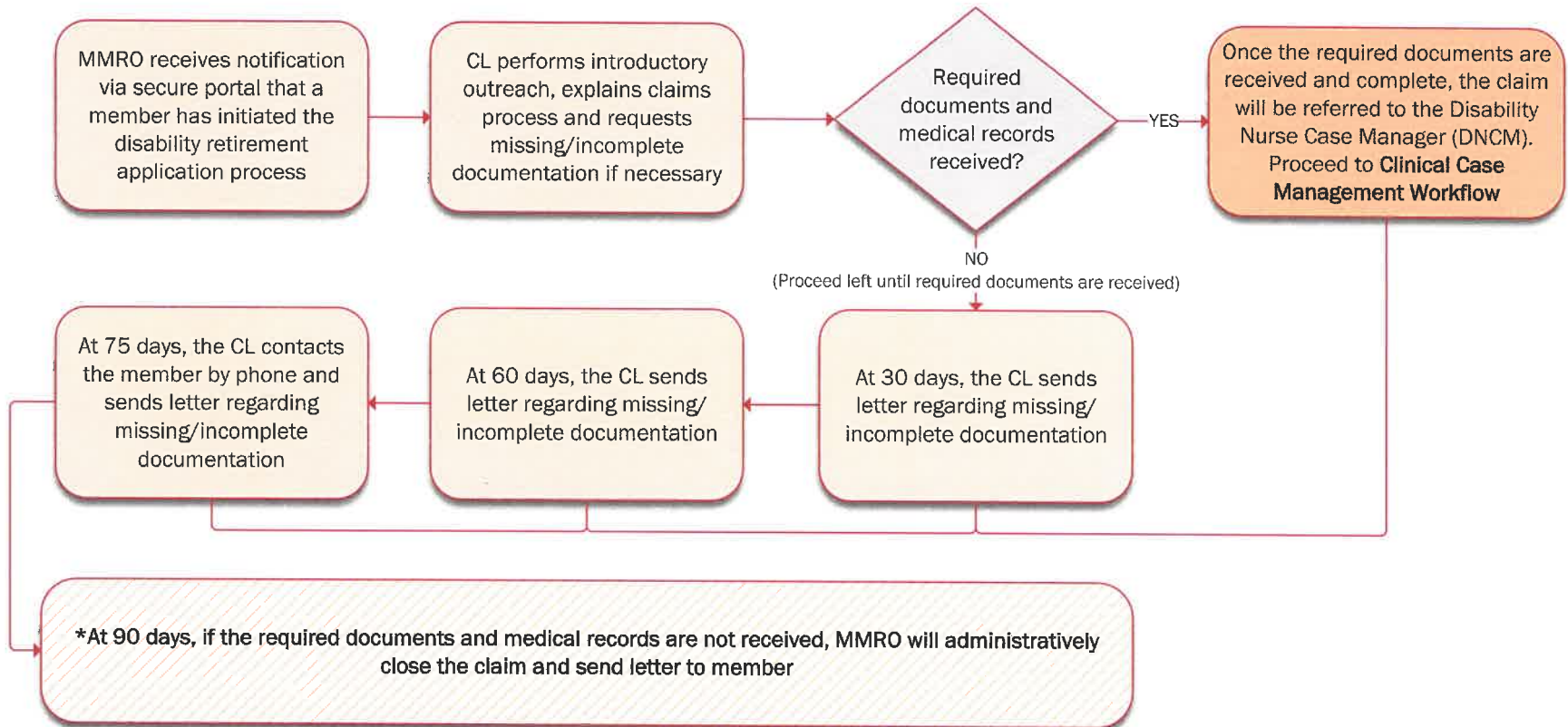
- 3.3.1. *Please provide a sample of a physician's report, with personally identifiable information redacted, in which an applicant is approved.***

*Exhibit 5: Sample Physician's Report - Approved*

- 3.3.2. *Please provide a sample of a physician's report, with personally identifiable information redacted, in which an applicant is denied.***

*Exhibit 6: Sample Physician's Report - Denial*

# EXHIBIT 1



\*This timeframe is strictly an example. The outreaches to the member and overall deadline for required claim documents would be customized to the Client's statutory requirements should Pre-Claim Administration be selected by the Client as a service offering from MMRO.

### LEGEND

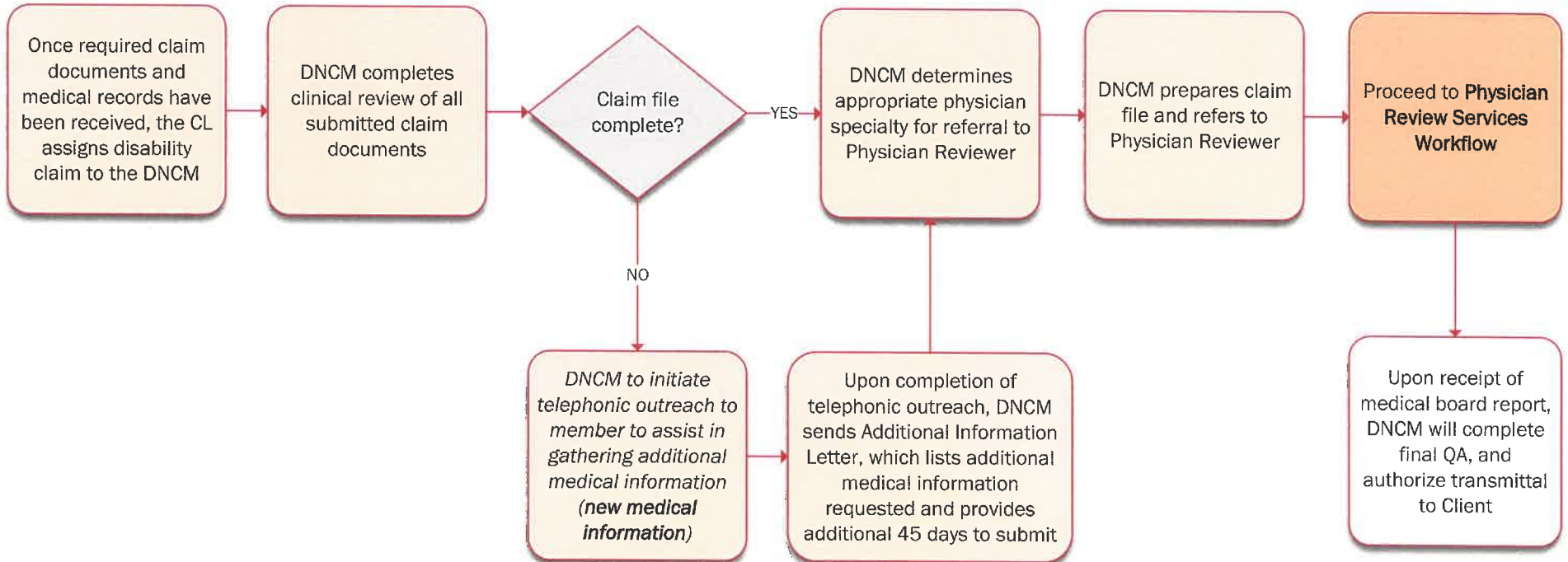
CL – Claims Liaison

DNCM – Disability Nurse Case Manager



## **EXHIBIT 2**

## DISABILITY NURSE CASE MANAGER (DNCM)



### LEGEND

CL - Claims Liaison

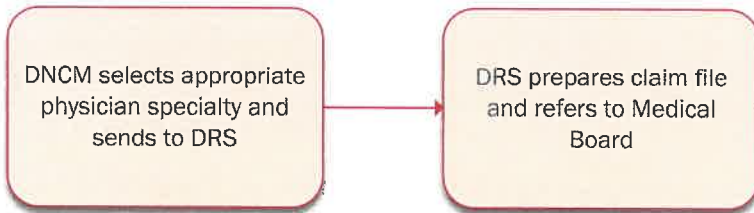
DNCM - Disability Nurse Case Manager



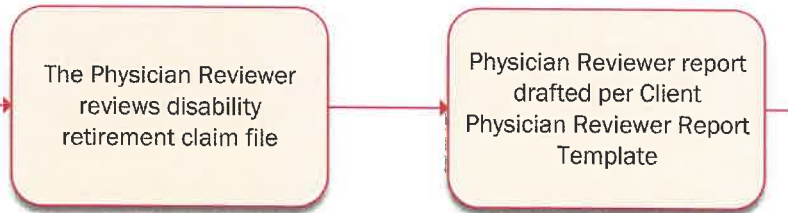
## **EXHIBIT 3**

# Physician Review Services Workflow

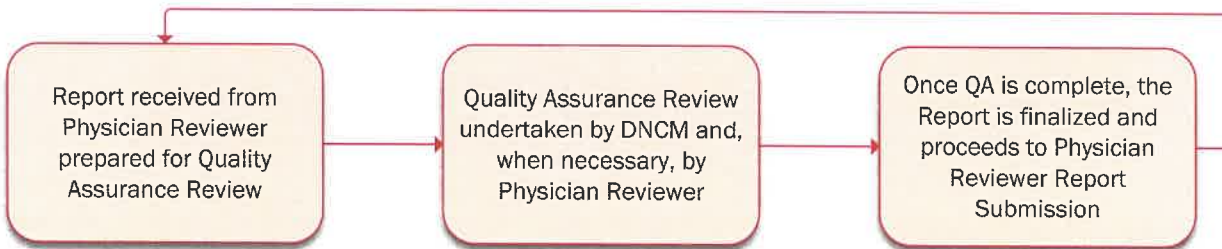
## PHYSICIAN REVIEWER REFERRAL



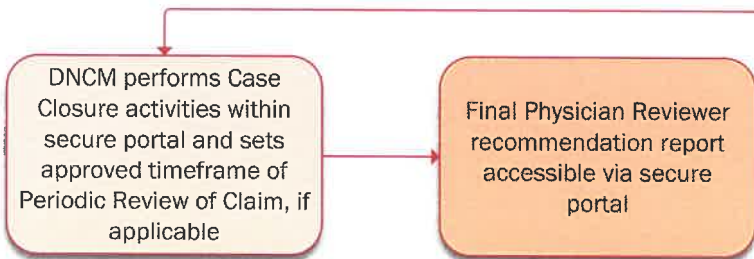
## PHYSICIAN REVIEWER REVIEW



## QUALITY ASSURANCE REVIEW



## PHYSICIAN REVIEWER REPORT SUBMISSION



### LEGEND

DNCM – Disability Nurse Case Manager  
 DRS – Disability Review Specialist



## **EXHIBIT 4**



«Now.ToShortDateFormat»

«FILE.CLAIMANT.FULLNAME»  
«CLAIMANT.FULLADDRESS»

Dear «File.Claimant.FullName»,

The following Independent Medical Evaluation has been scheduled for you at the request of \_\_\_\_\_ regarding your claim:

<i>Examining Physician:</i>	«ServiceProvider.FullName», «ServiceProvider.Designation»	<i>Date:</i>	«CurrentAppointment.Date.ToLongDateFormat»
<i>Physician Specialty:</i>	«ServiceProvider.PrimarySpecialty.Descrip»	<i>Time:</i>	«CurrentAppointment.Date.ToShortTimeForma»
<b>IMPORTANT</b> <ul style="list-style-type: none"> <li>Please arrive on time; failure to do so may result in cancellation of appointment and you may be subject to the late cancellation/no show fees below</li> <li>Allow 30-60 minutes for examination, unless otherwise noted</li> </ul>		<i>Appointment Location:</i> «CurrentAppointment.ServiceLocation.FullA» ph: «CurrentAppointment.ServiceLocation.Phone» <i>(for directions only)</i>	

**DO NOT bring any medical records (paper, digital or otherwise) to this appointment; examining physicians are unable to accept medical records brought by Examinee.** Photographing, audio and/or videotaping, note taking of any kind or the use of electronic devices, including cell phones, tablets, etc. during examination is strictly prohibited. You will be asked to present your driver’s license or other form of legal identification/picture ID; please be sure to have a valid document ready for verification at time of arrival.

**IF YOU ARE UNABLE TO ATTEND THIS APPOINTMENT, YOU MUST CONTACT YOUR MMRO MEDICAL ASSESSMENT SPECIALIST, AT 866.516.6676, IMMEDIATELY TO AVOID LATE CANCELLATION FEES AS NOTED BELOW.**

**\*\*\* LATE CANCELLATION/NO SHOW FEES \*\*\***

**Please be aware that if you cancel five (5) business days or less prior to your scheduled appointment, or if you do not show, your claim may be delayed, and you may be responsible for a [Doctor’s fee] late cancellation/no show fee.**

*Please **DO NOT** contact the doctor’s office or MMRO for notices of cancellation; they can only be accepted by your MMRO Medical Assessment Specialist as listed above.*

Please take a moment to review the enclosed “**Important Information about Your Scheduled Evaluation.**” This will answer many questions you may have about the upcoming appointment that has been scheduled for you.

Thank you.  
MMRO Medical Evaluation Services

# Important Information about Your Scheduled Evaluation

You probably have many questions concerning your upcoming appointment. Please take a few moments to read this. Many of your questions will be answered below. If you have further questions or concerns, please contact your MMRO Medical Assessment Specialist listed in your appointment letter.

## Who is MMRO?

We are a professional medical review and consulting service with doctors representing a variety of specialties. All doctors are independently contracted by us to provide evaluation services, and none have ownership in MMRO. This approach enables us to provide you with a completely independent, impartial and nonbiased examination with the most qualified evaluating doctor.

## Why Was This Examination Scheduled?

The requesting party is requiring this examination to further assess your claim. MMRO has been consulted to arrange an Independent Evaluation for you concerning your claim.

## Can I call the Doctor After I've Been Seen?

You may not contact the doctor's office directly for anything other than directions to the evaluation location. The doctor who will examine you was contracted to provide an impartial evaluation of your medical condition(s); therefore, s/he is unable to provide treatment or treatment recommendations. **As a matter of policy, the doctors will not accept telephone calls, letters or follow-up appointment requests from you.** Please direct any requests of the doctor you have to the person who sent you for this appointment.

## What About Bringing Another Person with Me?

For your comfort, most of our doctors do permit a spouse or other adult family member or friend to be present throughout the examination. However, due to the size of our exam rooms we will limit exam room occupancy to the person being examined and one additional person.

**IMPORTANT:** Due to the nature of the exam, we ask that you do not bring children to your appointment. Unattended children are not permitted in waiting rooms.

## What if I Can't Make the Appointment?

We strongly urge you to make every effort to attend the scheduled appointment. If you absolutely cannot be at the appointment on the scheduled date and/or time, please contact your MMRO Medical Assessment Specialist listed on your appointment letter as soon as possible to avoid possible late cancellation/no show fees as stated in your appointment letter. The examining physician, nor MMRO can accept cancellation or reschedule requests directly from you.

**IMPORTANT:** If you late cancel or do not attend your scheduled appointment, continuation of your benefits may be jeopardized or suspended, and as previously stated, you may be responsible for late cancel/no show fees. Please see appointment letter for details.

## How Long will the Examination Take?

Most medical and psychiatric evaluations take approximately 30 - 60 minutes, but your examination may take slightly more or less time, depending on the circumstances of your medical condition(s).

However, if you are scheduled for a psychological or functional capacity assessment, your appointment could take between 4 and 8 hours to be completed. Your appointment letter will inform you of how much time you should allow in order to complete the assessment that you have been scheduled for.

## What Will the Doctor Do?

The doctor conducting your evaluation will ask you questions concerning your medical and/or psychiatric condition(s). Questions may include asking about the history of the condition(s); what treatments you have received for your condition(s); if you feel the treatment is working; your current functioning level; how you are currently feeling; the nature of your job; etc.

The doctor will also conduct an examination to further evaluate the medical and/or psychiatric condition(s). There will be no treatment rendered. Following that, if the doctor has no further questions for you, the evaluation will conclude.

**IMPORTANT:** Please do not ask the doctor to offer any information concerning your treatment or inquire as to what will happen next with your claim. S/he cannot share their opinions with you concerning your claim.

## What Happens After My Examination?

Following your examination, the doctor will prepare a detailed report that will ultimately be forwarded onto the MMRO Assessment Specialist by whom you were referred.

## **MMRO OR THE EXAMINING PHYSICIAN CANNOT PROVIDE REPORT COPIES DIRECTLY TO YOU.**

If you wish to request a copy of your IME Report, please contact your MMRO Medical Assessment Specialist as listed on the accompanying appointment letter.



**MMRO**

44090 W 12 MILE RD NOVI, MI 48377



## **EXHIBIT 5**





# Medical Board Physician Reviewer Report

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**Claimant:**



**Date of Report:**

August 21, 2023

NAME: [REDACTED]  
DOB: [REDACTED]  
Page 2 of 10

## MEDICAL BOARD PHYSICIAN REVIEWER REPORT

MEMBER INFORMATION		
<b>Applicant Name:</b> [REDACTED]	<b>Claim #:</b> Not Provided	<b>DOB:</b> [REDACTED]
MEDICAL BOARD PHYSICIAN REVIEWER INFORMATION		
<b>Name of Medical Board Reviewer:</b>	[REDACTED], DO, MPH	
<b>Medical Board Reviewer Specialty:</b>	Occupational Medicine	
<b>Alleged Disabling Diagnosis(es):</b>	Lumbar disc displacement status post lumbar discectomy; Sciatica; Cervicogenic headache; Cervicalgia	

### LIST OF MEDICAL DOCUMENTATION:

1. Application Documents
2. Job Description: [REDACTED]
3. Doctor's First Report of Occupational Injury or Illness, [REDACTED], MD, 01/23/2015
4. Office Visit Notes, [REDACTED] Health System, 01/23/2015 to 02/28/2015
5. Work Status Sheet, [REDACTED], MD, 02/20/2015; 02/26/2015
6. Spine Patient Questionnaire, 03/11/2015
7. Emergency Department Notes, [REDACTED] Health System, 03/14/2015
8. MRI Lumbar Spine, 03/16/2015; 03/20/2021
9. Treating Physician's First Report, [REDACTED], MD, 03/18/2015
10. Primary Treating Physician's Progress Report (PR-2), [REDACTED], MD, 04/01/2015; 04/16/2015
11. Operative Report, [REDACTED], MD, 04/03/2015
12. Request for Authorization, [REDACTED], MD, 04/17/2015
13. Office Visit Notes, [REDACTED] Institute, 04/23/2015 to 09/15/2015

NAME: [REDACTED]

DOB: [REDACTED]

Page 3 of 10

14. Request for Second Bill Review, 04/29/2015
15. Operative Report, [REDACTED], MD, 05/04/2015
16. Spine PT Protocol, 05/11/2015
17. Request for Authorization, [REDACTED], MD, 05/15/2015
18. Confirmation of Physician Visit/Physical Therapy for the County of [REDACTED], Illegible Signature, 12/07/2018
19. X-Ray Cervical Spine, 12/07/2018
20. X-Ray Lumbar Spine, 12/07/2018
21. Work Status Summary, [REDACTED], MD, 12/07/2018
22. Doctor's First Report of Occupational Injury of Illness, [REDACTED], MD, 12/10/2018
23. County of [REDACTED] Work Status Report, [REDACTED], MD, 12/17/2018
24. Office Visit Notes, [REDACTED], MD, 12/19/2018
25. Work Status Summary, [REDACTED], MD, 12/19/2018
26. Primary Treating Physician's Progress Report (PR-2), [REDACTED], MD, 12/19/2018
27. Office Visit Notes, [REDACTED], MD, 12/08/2020 to 06/29/2022
28. Request for Authorization, [REDACTED], MD, 12/08/2020 to 06/02/2022
29. Office Visit Notes, [REDACTED], MD, 06/16/2021
30. Physician's Return-to-Work & Voucher Report, [REDACTED], MD, 08/12/2021
31. Correspondence from [REDACTED], MD, 08/18/2021
32. Supplemental AME Report, [REDACTED], MD, 10/10/2021
33. Correspondence from [REDACTED], JD, 10/26/2021
34. UR Recommendation: Certify, 06/07/2022
35. Medication List
36. Physical Therapy Office Visit Notes, [REDACTED], 02/11/2015 to 03/02/2015
37. EMG Report, 06/08/21

#### **SUMMARY OF MEDICAL DOCUMENTATION:**

The claimant is a [REDACTED]-year-old male who applied for service-connected disability retirement on 06/16/2022 from the position of [REDACTED]. The claimant reported the start of employment on 06/04/2007 with last day worked of 05/25/2021. The claimant reported disabling orthopedic injuries to his cervical and lumbar spine which began on 12/16/2018 and became incapacitating on 05/25/2021. The claimant reported two work-related injuries with falling down a hill on 01/13/2015 and a motor vehicle accident on 02/06/2018.

NAME: [REDACTED]  
DOB: [REDACTED]  
Page 4 of 10

The claimant reported inability to use physical force to detain, arrest, and control suspects or prisoners to protect a civilian or fellow deputy from physical harm. Reported unable to run, punch, wrestle, pull, push, grasp, climb, or lift.

The claimant presented to occupational medicine on 01/23/2015 after walking down a steep hill and falling on his buttocks with subsequent left leg pain and numbness down to the foot on 01/13/2015. The claimant was diagnosed with sacral contusion and sciatica. The claimant was prescribed Flexeril and Lodine and referred to physical therapy. The claimant was returned to full duties. The claimant received five sessions of physical therapy for a diagnosis of sciatica in his left lower extremity from February to March of 2015. Magnetic resonance imaging (MRI) of the lumbar spine on 03/16/2015 revealed multilevel degenerative disc disease with a large protrusion at L5-S1 causing significant left lateral recess stenosis and mild central spinal canal stenosis.

The claimant was evaluated by orthopedics on 03/18/2015 for evaluation of sciatica and diagnosed with left L5-S1 disc protrusion. The claimant received a left L5-S1 and a left S1 transforaminal epidural steroid injection on 04/03/2015 with only a few days of relief. The claimant underwent a left L5-S1 lumbar microdiscectomy without reported complications on 05/04/2015. The claimant presented for postoperative follow-up with orthopedics on 01/13/2015 and reported doing well with improvement in back pain. The claimant reported residual intermittent left lower extremity pain and completion of two physical therapy sessions. The claimant was seen for follow-up by orthopedics on 07/23/2015 and physical examination revealed healed surgical incision, negative straight leg raises bilateral, and intact strength in the lower extremities. The claimant was released to full work duties on 08/01/2015. The claimant reported doing well on full duties at follow-up with orthopedics on 09/15/2015 and was deemed permanent and stationary.

The claimant presented to occupational medicine on 12/07/2018 for neck and back pain following a motor vehicle accident in which he was rear ended on 12/06/2018. X-rays of the cervical spine on 12/07/2018 were normal. X-rays of the lumbar spine revealed degenerative disc disease at L5-S1 with no fracture or subluxation. The claimant was diagnosed with neck and low back strains and released to work without restrictions. The claimant reported improvement in pain and tolerating full duty at follow-up on 12/19/2018. The claimant was continued on no work restrictions and discharged from care.

NAME: [REDACTED]  
DOB: [REDACTED]  
Page 5 of 10

The claimant presented to pain management on 12/08/2020 for neck pain and back pain radiating down the right leg. The claimant was diagnosed with a history of discectomy, myofascial pain syndrome, cervicogenic headache, lumbar disc displacement, lumbar radiculopathy, and lumbar strain. The claimant was referred for acupuncture treatments, chiropractic treatments, physical therapy, MRI of the cervical spine, MRI of the lumbar spine, electrodiagnostic testing, and prescribed Celebrex. The claimant was continued on full work duties. The claimant was seen for follow-up on 03/05/2021 and denial of additional medical treatment was reported. The claimant was continued on full duties.

The claimant presented to pain management on 03/10/2021 for low back pain radiating to down his left leg. The claimant was referred for acupuncture treatments, massage therapy, trigger point injections, MRI of the lumbar spine, electrodiagnostic testing, and continued Celebrex. MRI of the lumbar spine on 05/20/2021 revealed severe foraminal stenosis and distal intraforaminal root contact on the right side at L5-S1, severe intervertebral narrowing of the posterior disc space of L5-S1, and right lateral peripheral disc space showing Modic type II changes. The claimant was seen for follow-up on 05/27/2021 and reported improvement in pain with acupuncture treatment. The claimant was taken out of work due to his MRI findings demonstrating a herniated disc. Electrodiagnostic testing on 06/08/2021 of the lower extremities revealed evidence suggestive of a left S1 radiculopathy, no denervation, no plexopathy, and no peripheral neuropathy.

The claimant underwent an agreed medical evaluation on 06/16/2021 by Dr. [REDACTED] with diagnoses of status post lumbar spine surgery, lumbosacral strain, and cervical strain. The claimant was deemed permanent and stationary and determined unable to return to his usual and customary work duties. A permanent work restriction was given of no lifting more than 15 pounds. Future medical treatment recommended of an exercise program, orthopedic evaluations, physical therapy, and non-steroidal anti-inflammatories for pain.

A functional capacity evaluation was recommended by Dr. [REDACTED] on 10/10/2021 to be able to provide a detailed report of permanent work restrictions.

A medical provider statement from Dr. [REDACTED] on 02/03/2022 reported diagnoses of lumbar disc displacement, cervicogenic headaches, history of discectomy, cervicalgia, and sciatica. Reported conditions diagnosed on 12/08/2020. The claimant's sciatica was reported to fluctuate following a failed lumbar surgery. Reported claimant to benefit from traction with chiropractic therapy and massage therapy.

NAME: [REDACTED]  
DOB: [REDACTED]  
Page 6 of 10

The claimant's condition was deemed permanent as of 06/16/2021 due to a report from Dr. [REDACTED]. Reported the claimant unable to perform his regular job duties due to a work-related injury.

A department statement on 09/21/2022 reported the [REDACTED] was unable to accommodate the claimant's restrictions given by Dr. [REDACTED].

**SUMMARY OF JOB DESCRIPTION:**

The job duties of a [REDACTED] were reported as supervising subordinates assigned to all divisions of the Department, and carrying out criminal, juvenile, or department administrative investigations, or performing extradition duties involving the transport of prisoners from other jurisdictions. Position requires mandatory firearm training a minimum of two times per year, defensive tactics training, and pursuit driving course. Physical requirements of constant repetitive hand use, pincher grasping, torquing with dominant hand, pushing/pulling, speaking, and hearing. Frequent sitting, walking, standing, and reaching below shoulder. Occasional running, climbing stairs, twisting neck, twisting waist, simple grasping, keyboarding, mouse use, and fine manipulation. Seldom bending at the neck, bending at the waist, squatting, kneeling, crawling, power grasping, and reaching at/above shoulder. Constant wearing of duty belt to include handcuffs, spray, radio, keys, and taser. Environmental exposures to physical altercations, overtime work, driving, walking on uneven ground, excessive noise, extreme temperatures, extreme humidity, dust, gases, fumes, chemicals, heights, and biohazards.

**CONCLUSION:**

**1) Is the claimant physically and/or mentally incapacitated from substantially performing the usual duties of his/her job?**

Yes, based on review of the available medical evidence, the claimant is physically incapacitated from substantially performing the usual duties of his job.

The claimant reported lumbar disc displacement status post lumbar discectomy and sciatica. The claimant has reported persistent low back pain with radiation into the bilateral lower extremities.

NAME: [REDACTED]  
DOB: [REDACTED]  
Page 7 of 10

The claimant's last magnetic resonance imaging (MRI) of the lumbar spine on 05/20/2021 revealed severe foraminal stenosis and distal intraforaminal root contact on the right side at L5-S1, severe intervertebral narrowing of the posterior disc space of L5-S1, and right lateral peripheral disc space showing Modic type II changes. Electrodiagnostic testing on 06/08/2021 of the lower extremities revealed evidence suggestive of a left S1 radiculopathy. The claimant underwent an agreed medical evaluation by orthopedics on 06/16/2021 and given permanent work restriction of no lifting more than 15 pounds. The claimant's job duties require the potential to be involved in physical altercations and the use of defensive tactics. The claimant's functional limitations due to his lumbar radiculopathy prevent his ability to safely perform this function without an increased risk of injury to himself or fellow coworkers. Based on the medical records available for review, the claimant's lumbar radiculopathy renders him physically incapacitated from the further performance of job duties as a [REDACTED].

The claimant reported cervicogenic headache and cervicalgia. The claimant reported persistent neck pain at last follow-up on 06/29/2022. Physical examination revealed myofascial tenderness in the cervical region. No MRI of the cervical spine was available for review. No electrodiagnostic studies of the upper extremities to diagnose a cervical radiculopathy were available for review. No physical therapy treatment notes for neck pain were available for review. No operative notes related to the cervical spine were available for review. No physical examination findings demonstrating significant functional limitations in the claimant's cervical spine were noted. Based on the medical records available for review, the claimant's cervicogenic headaches and cervicalgia do not render him physically incapacitated from the further performance of job duties as a [REDACTED].

**2) If you find that the claimant is considered incapacitated (either with/without accommodation), is the incapacity considered medically likely to be permanent?**

Yes, based on the medical records available for review, the claimant's incapacitation is considered permanent. The claimant has declined further surgical intervention and opted for conservative management of his lower back symptoms. The claimant's severe foraminal stenosis and disc space narrowing identified on imaging is unlikely to significantly improve without further surgical intervention.

NAME: [REDACTED]  
DOB: [REDACTED]  
Page 8 of 10

**3) If the claimant has indicated an alleged service-connected incapacity, does the documentation support that the claimant's incapacity is the result of an injury/disease arising out of or in the course of the claimant's employment AND that the claimant's employment contributed substantially to the disability?**

Yes, based on the medical records available for review, the claimant's incapacitating injury arose in the course of the claimant's employment and the claimant's employment contributed substantially to the disability.

The claimant had work-related injuries to his lower back in 2015 and 2018. The claimant reported symptoms consistent with a lumbar radiculopathy following both episodes. The claimant's initial injury resolved following surgery but worsened again after a motor vehicle accident in 2018. No evidence was available to suggest an alternate mechanism of injury to cause the pathology in the claimant's lumbar spine.

**4) Is the claimant able to perform other job duties of their position based on restrictions imposed by his/her conditions?**

Yes, based on the medical records available for review, the claimant is capable of performing the majority of his work-related duties. The claimant's permanent work restriction of no lifting more than 15 pounds interferes with his ability to be in potential physical altercations. Work duties of supervising, investigating, and reporting would not be significantly impacted by his lumbar spine pathology.

**5) Was the member continuously physically or mentally incapacitated to perform his/her duties as a [REDACTED] on the date of discontinuance of service, May 30, 2022 to the time that the Completed Application was filed June 16, 2022?**

Yes, based on the medical records available for review, the claimant was deemed permanent and stationary for his lumbar spine injuries on 06/16/2021 with permanent work restrictions.

**6) If the claimant is found to be permanently incapacitated, should annual medical examinations be required?**



NAME: [REDACTED]  
DOB: [REDACTED]  
Page 9 of 10

Yes, the claimant's condition has the potential to significantly improve with further treatments including surgical intervention. Annual examinations should be required to monitor for functional improvements and potential ability to return to his usual and customary duties.

**7) (If applicable) If the claimant requested an Earlier Effective Date, identify the approximate date the claimant knew or should have known his/her incapacity was permanent and the basis for that assessment.**

Not applicable. The claimant did not request an earlier effective date.

**MEDICAL LITERATURE REFERENCES:**

Alexander C. Lumbosacral radiculopathy. StatPearls. Available from:  
<https://www.statpearls.com/ArticleLibrary/viewarticle/24478>

American College of Occupational and Environmental Medicine (ACOEM). Low back disorders guideline. Available from: <https://app.mdguidelines.com/acoem-section//acoem/disorders/low-back-disorders>

Chawla J. Low back pain and sciatica. Medscape. Available from:  
<https://emedicine.medscape.com/article/1144130>

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**This reviewer declares, under penalty of perjury, that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, this report accurately describes the information provided to me.**

**CONFLICT OF INTEREST ATTESTATION:**

**I attest to the fact that there is no conflict of interest with this review for referring entity, benefit plan, enrollee/consumer, attending provider, facility, drug, device or procedure.**

**I attest that my compensation is not dependent on the specific outcome of my review or that I have had any involvement with this case prior to this referral.**

NAME: [REDACTED]  
DOB: [REDACTED]  
Page 10 of 10

**REVIEWER QUALIFICATION ATTESTATION:**

**I further attest that as a reviewer for this case:**

- (i) I have the appropriate license and Board Certification for practitioners who typically manage the medical condition/procedure/treatment or issue that is the subject of this review.**
- (ii) I have the knowledge and clinical experience to render a determination for the case under review.**
- (iii) I have at least five (5) years full-time equivalent experience (37.5-40 hours or more per week) providing direct clinical care to patients.**

**\*\*MMRO Tracking Number:** [REDACTED]

**\*\*REVIEWED BY:**

[REDACTED], DO, MPH  
Board Certified Occupational Medicine  
Board Certified Aerospace Medicine  
Licensed in the Following State(s): [REDACTED]

**Signature:**

**Date:** 08/21/2023



## **EXHIBIT 6**



# Physician Reviewer Report

---

**Member:**



**Date of Report:**  
August 9, 2023

**Claim Recommendation:**

**APPROVE**

**DISAPPROVE**

## PHYSICIAN REVIEWER REPORT

### MEMBER INFORMATION

**Applicant Name:**

[REDACTED]

**SRS Claim #:**

[REDACTED]

**DOB:**

[REDACTED]

### MEDICAL BOARD PHYSICIAN REVIEWER INFORMATION

**Name of Medical Board Reviewer:**

[REDACTED]

**Medical Board Reviewer Specialty:**

Internal Medicine

**Alleged Disabling Diagnosis(es):**

lower back strain, arthritis and inflammation of lower back, sciatica, kidney stone, flank pain, hypertension, and obstructive sleep apnea.

#### LIST OF MEDICAL DOCUMENTATION:

1. Release of Information Authorization, 06/07/2023
2. Nonoccupational Disability Benefit Application, 06/07/2023
3. Job Duty Statement, 07/12/2023
4. Nonoccupational Disability Medical Report, Dharam Anand, MD, 06/12/2023
5. Memorandum, Suzanne Maddox, Disability Claims Specialist, 07/27/2023
6. Office Visit Notes, Key Internal Medicine, 05/16/2023 to 07/14/2023
7. X-Ray Lumbar Spine, 05/16/2023
8. Labs, 05/15/2023

#### SUMMARY OF MEDICAL DOCUMENTATION:

The member is a [REDACTED]-year-old male with past medical history of kidney stone, low back pain, arthritis and inflammation of the lower back, sciatica, hypertension, obstructive sleep apnea, and flank pain. Medical documentation was reviewed beginning with the Job Duty Statement for a Mental Health Technician.

The member was seen in the primary care clinic on 05/16/2023 by Dr. [REDACTED] MD for main complaint of back and flank pain. He apparently had a kidney stone seen on a computed tomography (CT) scan that was 2 or 3 centimeters. The vital signs on this day were notable for temperature 98F, pulse 97, blood pressure 160/100, and oxygen saturations 98%. The exam was notable for back tenderness. No further description was provided. The assessment was of severe back pain, rule out stone versus early shingles versus sciatica. The plan was to rest, apply ice, trial Flexeril and Naprosyn, no lifting.

The member had x-rays of the lumbar spine done on 05/16/2023 for indication of low back pain. The findings were of no evidence of fracture or subluxation of the lumbar spine, mild degenerative changes of the lumbar spine similar to prior imaging done on 09/12/2022.

The member was seen in the primary care clinic on 05/30/2023 by Dr. [REDACTED] MD for follow up. He was described as “doing fair with back pain” and that x-rays were reviewed. The assessment was of back pain and x-rays were reviewed. No other clinical documentation was provided.

A Nonoccupational Disability Benefit Application was filled out by the member on 06/07/2023. This detailed that his stated disability began and the date he ceased work was on 05/15/2023. He was granted a medical leave of absence. The date expected to return to work was detailed as 06/16/2023. The accident or illness that caused the disability was detailed as lower back strain, arthritis, and inflammation of the lower back.

A Nonoccupational Disability Medical Report was filled out on 06/12/2023 by Dr. [REDACTED] MD. This detailed that the diagnosis and concurrent conditions were kidney stone, flank pain, back pain, sciatica. The member’s current symptoms were severe back pain and flank pain. The nature of the treatment was detailed as rest, ice, and no lifting.

The member was seen in the primary care clinic on 06/16/2023 by Dr. [REDACTED] MD for reevaluation of medical leave. The member still complained of back pain on this day. The vital signs were notable for weight 478 pounds, temperature 96.8 F, pulse 91, blood pressure 146/94 and oxygen saturations 99%. The physical exam was notable for both, no tenderness and tenderness in the back. The assessment was of degenerative joint disease. The plan was to refer to pain physician for evaluation, referred to physical therapy.

A letter from [REDACTED], Disability Claims Specialist, dated 07/27/2023 was included for review. This detailed that the member worked as a Mental Health Technician 4 and last worked on 05/26/2023. He began a medical leave of absence on 05/26/2023 because of lower back pain, arthritis, and inflammation of the lower back. On the nonoccupational disability medical report his doctor gave a diagnosis of kidney stone, flank pain, back pain, and sciatica. He was seen for an office visit on 05/16/2023 for hypertension, obstructive sleep apnea and kidney stone. He had tenderness to his back on exam and was given cyclobenzaprine, Viagra, Naprosyn, Lidocaine, and Maxide.

#### **SUMMARY OF JOB DUTIES:**

A Job Duty Statement for a Mental Health Technician was provided for review. This detailed that the member's job duties included:

- Working on or with moving machinery – never
- Driving automotive equipment including loading and unloading with intermittent rest – monthly
- Lifting 1-10, 11-25 pounds, 26-50 pounds, 51-100 pounds with help available daily
- Pushing and hand trucking weight with intermittent rest – daily
- Climbing stairs – daily
- Climbing ladders – never
- Walking, standing, sitting, running, bending or stooping, reaching above the shoulder level, using hands for gross manipulation, using hands for fine manipulation daily
- Wet work – daily
- Working with dust, fumes and gases – never
- Maintain an appropriate work pace – daily
- Relate to others – daily
- Make critical decisions – daily

- Manage or supervise projects or staff – daily
- Interact with public or co-workers in written form - daily

## CONCLUSION:

### **1. Based on review of the available medical evidence, is there support that the member is considered mentally or physically incapacitated to perform their duties as a Mental Health Technician?**

Based on review of the available medical records, there is no evidence that the member is considered mentally or physically incapacitated to perform their duties as a Mental Health Technician.

The member has a past medical history of kidney stone, low back pain, arthritis and inflammation of the lower back, sciatica, hypertension, obstructive sleep apnea, and flank pain. During the course of this review, he was seen by his primary provider.

His main complaint throughout this report was of nonspecific lower back pain. Despite this claim there is no evidence of any imaging or documented physical exam findings of impairment. The notes provided by his primary physician are extremely sparse both in terms of history taking documentation and any specific physical exam findings. There is no mention of any weakness, incoordination, sensory deficits, inability to ambulate, inability to lift or transfer. When seen in clinic in mid-June 2023 for follow up, the plan was to refer to pain management, physical therapy and continue with pain management. There is no evidence of any consultation reports from either of these two disciplines to comment on any degree of physical impairment. There is no evidence of any follow up magnetic resonance imaging (MRI) to comment on any spinal or disk abnormalities.

The member also has a medical history of hypertension, sleep apnea and kidney stones. There is no supporting documentation of hypertensive emergency necessitating hospitalization, imaging findings to comment on the nature of any kidney stones, or severity of sleep apnea that are incapacitating.



While it is certainly possible that the member has issues with back pain, there is no evidence provided at this time that the member is physically or mentally incapacitated and unable to fulfill his duties as a Mental Health Technician.

**2. If the answer to Question #1 above is in the affirmative, is there evidence to support that the member's incapacity is expected to last for a period of at least 30 days?**

Not applicable.

**3. If you do find the member meets the statutory standard to receive disability retirement benefits, please state if the claim should undergo a periodic review in the future, and set forth the timeframe when such further review should occur (e.g. no further review needed as the incapacity is likely to be permanent, review in three (3) months, review in six (6) months, etc.).**

Not applicable.

**4. If you do find the member to be mentally or physically incapacitated to perform their duties, and that such incapacity is expected to last for a period of at least 30 days, please identify the disabling diagnosis(es).**

Not applicable.

**MEDICAL LITERATURE REFERENCES:**

Casazza BA. Diagnosis and treatment of acute low back pain. Am Fam Physician. 2012 Feb 15;85(4):343-50. PMID: 22335313.

Will JS, Bury DC, Miller JA. Mechanical Low Back Pain. Am Fam Physician. 2018 Oct 1;98(7):421-428. PMID: 30252425.

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**This reviewer declares, under penalty of perjury, that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, this report accurately describes the information provided to me.**

**CONFLICT OF INTEREST ATTESTATION:**

**I attest to the fact that there is no conflict of interest with this review for referring entity, benefit plan, enrollee/consumer, attending provider, facility, drug, device or procedure.**

**I attest that my compensation is not dependent on the specific outcome of my review or that I have had any involvement with this case prior to this referral.**

**REVIEWER QUALIFICATION ATTESTATION:**

**I further attest that as a reviewer for this case:**

- (i) I have the appropriate license and Board Certification for practitioners who typically manage the medical condition/procedure/treatment or issue that is the subject of this review.**
- (ii) I have the knowledge and clinical experience to render a determination for the case under review.**
- (iii) I have at least five (5) years full-time equivalent experience (37.5-40 hours or more per week) providing direct clinical care to patients.**
- (iv) I have not been subject to any sanctions, disciplinary actions, or loss of licensure or certification.**

**\*\*MMRO Tracking Number: 019324**

**\*\*REVIEWED BY:**

Brian Pavic, MD  
Board Certified Internal Medicine  
Licensed in the Following State(s): OR

NAME: [REDACTED]  
DOB: [REDACTED]  
Page 8 of 8



A handwritten signature in black ink, appearing to be 'B. J. [unclear]'.

**Signature:**

**Date:** 08/09/2023



Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

State of West Virginia  
 Centralized Request for Information  
 Service - Prof

<b>Proc Folder:</b> 1380218			<b>Reason for Modification:</b> Addendum No. 1
<b>Doc Description:</b> Diagnosis of limitation of activities due to disability			
<b>Proc Type:</b> Request for Information			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2024-03-07	2024-03-13 13:30	CRFI 0203 CPR2400000001	2

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

**Vendor Customer Code:**

**Vendor Name :** Managed Medical Review Organization, Inc.

**Address :**

**Street :** 44090 W. 12 Mile Rd.

**City :** Novi

**State :** MI **Country :** USA **Zip :** 48377

**Principal Contact :** Erich Kelly, Vice President National Sales & Marketing

**Vendor Contact Phone:** 866-516-6676 **Extension:** 141

**FOR INFORMATION CONTACT THE BUYER**  
 Melissa Pettrey  
 (304) 558-0094  
 melissa.k.pettrey@wv.gov

**Vendor Signature X**  **FEIN#** 27-5032171 **DATE** 3/12/2024

**ADDITIONAL INFORMATION**

Addendum No. 1 is issued to publish and distribute the attached information to the vendor community.  
 \*\*\*\*\*

**REQUEST FOR INFORMATION**

The West Virginia Purchasing Division ("Purchasing Division") is issuing this Request for Information (RFI), on behalf of West Virginia Consolidated Public Retirement Board (CPRB), to all vendors that have a desire to provide information about disability medical records review, examination and re-certification processes in accordance with West Virginia statutes and legislative rules. This RFI is intended to provide the Agency with information necessary to plan and develop specifications for a future procurement.

\*\*\*QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO MELISSA.K.PETTREY@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE\*\*\*

\*\*\*ELECTRONIC RESPONSES ARE PROHIBITED FOR THIS SOLICITATION\*\*\*

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Diagnosis of limitation of activities due to disability				

Comm Code	Manufacturer	Specification	Model #
85456107			

**Extended Description:**  
 Diagnosis of limitation of activities due to disability

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
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# SOLICITATION NUMBER: CPR2400000001

## Addendum Number: 1

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The purpose of this addendum is to modify the solicitation identified as (“Solicitation”) to reflect the change(s) identified and described below.

### Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

### Description of Modification to Solicitation:

1. **To publish vendor questions and agency responses.**

**No other changes.**

**Additional Documentation:** Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

### Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

# Attachment A

**Medical Exams and Record Review  
CRFI 0203 CPR2400000001**

**VENDOR QUESTIONS AND ANSWERS**

**Q1. Is CPRB seeking a Cost Proposal for the services being requested in this RFI?**

**A1. No**

**Q.2 Per Section 3.2 Specific Questions, 3.2.4, what is your current process to obtaining medical records?**

**A2. Currently, it is the disability applicant's responsibility to gather their medical records and submit them to the CPRB reviewing physician prior to their independent medical exam.**

**Q. Per Section 3.2 Specific Questions, 3.2.4, would CPRB like the Bidder to provide Disability Case Management as an additional service offering to the Disability Medical Record Review, Examination and Re-certification services?**

**a. If yes, would CPRB like the Bidder to provide the fee associated with this service offering in the Cost Proposal?**

**R. Not necessarily, but vendor is welcome to provide information about services they are able to provide. However, please do not provide any costs in response to this RFI.**

**Q4. What specialties currently make up the Board's physicians to provide "Disability Medical Record Reviews"?**

**A4. Primarily, general and internal medicine, cardiology and psychiatry. In other limited circumstances, another specialist may be contracted such as an Ophthalmologist.**

**Q5. Per Exhibit 2, 2023 claim volumes, please confirm all 106 claims require "disability medical record review".**

**A5. Confirmed, but with one exception. In the case that a disability applicant has Stage IV cancer, it has been the CPRB's long standing practice that the applicant may submit 2 of their own physician's reports stating their disability and confirming it is Stage IV. In this case, no disability medical record review is required.**



**Q6. Per Exhibit 2, Potential Medical Recertifications, how many of the 63 claims were conducted by the Attending Physician and how many were conducted by the Board Physician?**

**A6.**

<u>Plan</u>	<u>Board Physician</u>	<u>Attending Physician</u>	<u>Not a Recertification Year</u>	<u>Total</u>
<b>Plan B</b>	1	2	4	7
<b>DSRS</b>	7	20	15	42
<b>EMSRS</b>	2	4	7	13
<b>MPFRS</b>	1	0	0	1

**Q7. Under your current process, under what circumstances would an Independent Medical Examination (IME) be utilized?**

**A7. Currently, all disability applicants who do not have 2 physicians stating they have Stage IV cancer have an IME.**

**Q8. How many IMEs were utilized in 2023?**

**A8. 97 (106 – 9 Stage IV cancer applicants = 97).**

**Q9. For the “any occupation” disability standards, does CPRB utilize a Vocational Specialist?**

**A9. No.**

**Q10. Would CPRB select a Vendor to contract with from this RFI?**

**A10. This RFI will not produce a contract. It is a Request for Information (RFI) to obtain written information from vendors about a commodity or service, to assist the agency in developing a Request for Quotation (RFQ) or a Request for Proposal (RFP) if they choose to solicit these services.**

**Q11. If this RFI greenlights a solicitation, what is the estimated timeframe for procurement?**

**A11. Unknown**

**Q12. What is the anticipated contract value?**

**A12. We are prohibited from disclosing that information at this time.**

**Q13. Is there a current vendor providing these services? If so, how may I obtain copies of any incumbent contract documents?**

**A.13 "Requesting copies of previously awarded contracts, other solicitations, or documents related to previous contracts through the question and answer process included in this solicitation is not appropriate. Requests for documentation of this nature can be obtained by interested parties through a Freedom of Information Act request."**

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: CPR240000001**

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

**Addendum Numbers Received:**

(Check the box next to each addendum received)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Managed Medical Review Organization, Inc.

Company



Authorized Signature

3/12/2024

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

# Request for Information

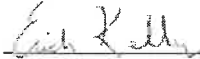
WV Consolidated Public Retirement Board (CPRB)  
CRFI CPR2400000001

- 4.2.2. **Table of Contents:** Clearly identify the material by section and page number.
- 4.2.3. **Response Reference:** Vendor's response should clearly reference how the information provided applies to the RFI request. For example, listing the RFI number and restating the RFI request as a header in the proposal would be considered a clear reference.
- 4.2.4. **Responses:** All responses must be submitted to the Purchasing Division **prior** to the date and time stipulated in the RFI as the opening date. All submissions must be in accordance with the provisions listed in Section 2: Instructions to Vendors Submitting Information.

By signing below, I certify that I have reviewed this Request for Information in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this information for review and consideration;

Managed Medical Review Organization, Inc.

(Company)



Erich Kelly, Vice President, National Sales & Marketing

(Representative Name, Title)

866-516-6676 ext. 141 / fax: 248-530-7411

(Contact Phone/Fax Number)

2/26/2024

(Date)