

## **Proposal for Claims Administration Management**

Correctional Risk Services, Inc (CRS) will provide \_\_\_\_\_(County),  
\_\_\_\_\_ (State) claims administration management for all of its county, state  
and/or federal jail inmates.

### **Claims Administration Management**

CRS will perform claims administration management for all inmates housed in the  
County jail. Claims administration management will include the following:

1. Determine if the medical treatment was actually delivered.
2. Determine if the medical treatment was medically necessary.
3. Provide hospital and physician discounts, where available, through our PPO  
network.
4. Negotiate 'quick pay' discounts from providers whenever possible.
5. Prepare checks to be sent to hospitals, physicians, and other medical care  
providers.
6. Furnish explanations of payment.
7. Provide detailed claims reports.
8. Furnish Sheriff Department personnel with Inmate Provider Claim Cards.

### **Compensation to CRS**

Claims Administration ONLY:

CRS will perform claims administration management for all inmates housed in the  
County jail. As compensation for its claims management administration, County will pay  
CRS 30% (10% if CRS is unable to exceed County's current provider discounts) of  
claim savings for offsite inmate medical expenses. CRS agrees to this compensation rate  
for claims management administration to County for a period of two (2) years; however,  
this contract is renewable annually. County agrees to allow CRS to process all offsite  
County and State inmate medical expenses during this period of time.

### **Termination**

County may terminate this arrangement at any time with thirty (30) days written notice.  
Upon termination all pending inmate medical claims, incurred prior to and including  
termination date that are unpaid, will be returned to County.



This offer is valid for a period of 90 days from the date signed below.

Effective date of claims management services is: \_\_\_\_\_ (mm/dd/year).

Correctional Risk Services, Inc.

By: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ (mm/dd/year)

Accepted: \_\_\_\_\_ County: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ (mm/dd/year)

