



## REQUEST FOR PROPOSAL #DIS2019-2

### INDEPENDENT MEDICAL EXAMS/RECORD REVIEW SERVICES

#### QUESTIONS & ANSWERS

1. Do you anticipate extending the bid due date?  
*A- At this time, LAFPP does not anticipate extending the due date past January 24, 2020.*
2. What additional details are you willing to provide, if any, beyond what is stated in bid documents concerning how you will identify the winning bid?  
*A- Bids will be evaluated as set forth in Section 7- D, Evaluation Criteria, of the RFP.*
3. Was this bid posted to the nationwide free bid notification website at [www.mygovwatch.com](http://www.mygovwatch.com)?  
*A- No, this RFP was not posted on [www.mygovwatch.com](http://www.mygovwatch.com).*
4. Other than your own website, where was this bid posted?  
*A- The RFP was posted on City of Angeles' bid opportunities website, <http://www.labavn.org>.*
5. Is there an anticipated volume of IME's and Record Reviews?  
*A- As stated in the Section 1- Introduction, LAFPP processes an estimated 40 new disability pension applications each year. It is difficult to anticipate the volume of applications as this number is dependent on multiple external factors outside LAFPP's control.*
6. Is there an estimated cost per examination and also for record reviews?  
*A- There is no estimated cost per examination or for record reviews established by LAFPP. This information should be provided in the RFP submission and will serve as part of the evaluation criteria when determining the winning bid.*
7. Is that a rough list of the top ten specialties that will be utilized?  
*A- Section 4- A of the RFP lists the medical specialties commonly used for LAFPP evaluations. The top ten specialties used for LAFPP medical evaluations include Cardiology, Internal Medicine, Orthopedics, Neurology, Oncology, Psychiatry, Ophthalmology, Gastroenterology, Infectious Disease, and Ear, Nose, and Throat. This list is not exhaustive and may include other specialties not listed.*
8. The RFP states that examining physicians "must be active, licensed practicing physicians." What are LAFPP's requirements that consider a physician active?  
*A- In addition to the requirements set forth in Section 3- C of the RFP, LAFPP requires that the examining physicians used for LAFPP's disability medical examinations be actively examining patients and conducting physical examinations in their area of expertise. LAFPP prefers the use of physicians that are not exclusively examining patients for Agreed Medical Examinations/Qualified Medical Examinations.*



9. With regard to contractual period, what is the anticipated contract period? Please include base period and any option periods.

*A- It is anticipated that this contract will run from 2020 through 2023. The defined time period will be dependent on date of contract execution.*

10. The RFP states “disability medical evaluations shall be performed by examining physicians with specific accreditations for the specialty areas agreed upon to evaluate the applicant’s claimed disabilities.” We assume accreditation is for Board Certified examining physicians, is this correct? If not, please clarify.

*A- Yes, this assumption is correct. LAFPP expects the examining physicians to be Board Certified in their area/s of expertise.*

11. Please provide sample LAFPP Pension Physician Questionnaires as this may warrant an additional fee to compensate for the time an examining physician will spend to complete the questionnaire.

*A- Exemplars of the LAFPP Pension Physician Questionnaires are attached.*



ORTHOPEDIC/NEUROLOGICAL MEDICAL LIMITATIONS

Activities: (Please indicate how long this person can perform each activity)

Table with 5 columns: Activity (Hours Per Day), 0 to 15 minutes, No breaks, Up to 30 minutes, No breaks, Up to 45 minutes, No breaks, Up to 60 minutes, No breaks. Rows include Hold Position, Sitting, Standing, Walking, and Driving.

If there are limitations for Lifting, Carrying, and Weight-Bearing, please indicate how much can be handled by this person and for how long this person can perform each activity: If there are no limitations, please indicate in the box below:

[ ] No limitations for Lifting, Carrying or Weight-Bearing

Table for Lifting, Carrying, and Weight Bearing with Duty Equipment. Columns show time intervals (0-15, 16-30, 31-45, 46-60 mins) and weight intervals (0-10, 11-20, 21-25, 26+ lbs.).

If there are limitations for Pushing and Pulling, please indicate which number of pounds the person can handle: If there are no limitations, please indicate in the box below:

[ ] No limitations for Pushing or Pulling

Table for Pushing and Pulling. Columns show weight intervals (0-10, 11-20, 21-25, 26+ lbs.).

For the following activities, please indicate if there is no limitation, limitation, or if the activity is not recommended:

Table with 4 columns: Activity, No Limitation, Limited, Not Recommended. Rows include Participation in Physical Altercations, Use Stairs/Ladders, Walking on Uneven Surfaces, Squatting, Kneeling, Crawling, Work Above Shoulder Level, and Work with a Telephone or Computer.



INTERNAL MEDICINE SYMPTOMATOLOGY

Please check the boxes which best describe the patient's condition:

<input type="checkbox"/>	Symptoms can be controlled with modified diet or lifestyle, OTC medication or exercise program
<input type="checkbox"/>	Symptoms can be controlled with prescription medication
<input type="checkbox"/>	Symptoms only partially controllable with prescription medication
<input type="checkbox"/>	Symptoms are uncontrollable
<input type="checkbox"/>	Can handle normal physical/emotional occupational stress
<input type="checkbox"/>	No unusual or prolonged physical/emotional occupational stress
<input type="checkbox"/>	No sudden demands for physical/emotional occupational stress
<input type="checkbox"/>	No physical/emotional occupational stress
<input type="checkbox"/>	Limit exposure to environmental irritants (i.e. dust, fumes)
<input type="checkbox"/>	No environmental irritants (i.e. dust, fumes)
<input type="checkbox"/>	Can control bowel and bladder functions
<input type="checkbox"/>	Requires restroom to be readily available
<input type="checkbox"/>	Requires restroom in close proximity to workstation
<input type="checkbox"/>	Immediate access to restroom required
<input type="checkbox"/>	No end organ damage present
<input type="checkbox"/>	Early stages of end organ damage present
<input type="checkbox"/>	Significant end organ damage present
<input type="checkbox"/>	Extensive end organ damage present
<input type="checkbox"/>	Avoid abdominal constricting activities



PSYCHIATRIC FORM

Please check the boxes which best describe the patient's condition

A, B, C: Perform Simple and Repetitive Tasks; Perform Complex or Varied Tasks; Comprehend and Follow Instructions	
Can follow directions, perform normal tasks and assignments	<input type="checkbox"/>
Can follow directions, perform simple tasks and assignments	<input type="checkbox"/>
Can follow only simple directions, performing one task at a time	<input type="checkbox"/>
D: Make Generalization, Evaluations or Decisions Without Immediate Supervision	
Capable of self-initiating, planning and decision making activities	<input type="checkbox"/>
No planning or decision making responsibilities	<input type="checkbox"/>
Requires normal supervision	<input type="checkbox"/>
Requires close supervision	<input type="checkbox"/>
Requires constant supervision	<input type="checkbox"/>
E: Maintain a Work Pace Appropriate to a Given Work Load	
Can handle normal personal or occupations stress	<input type="checkbox"/>
Has difficult handling normal personal or occupations stress	<input type="checkbox"/>
Can handle very low levels of personal or occupations stress	<input type="checkbox"/>
G: Relate to Other People Beyond Giving and Receiving Instructions	
Can meet the public, work along or with others	<input type="checkbox"/>
No public contact	<input type="checkbox"/>
Is danger to self and others	<input type="checkbox"/>
H: Psychiatric Treatment	
Therapy required on an as needed basis	<input type="checkbox"/>
Therapy required at least twice per month	<input type="checkbox"/>
Therapy required weekly	<input type="checkbox"/>
Requires daily therapy	<input type="checkbox"/>
Does not require psychotropic medication	<input type="checkbox"/>
Requires psychotropic medication on an as needed basis	<input type="checkbox"/>
Requires psychotropic medication daily	<input type="checkbox"/>