



**REQUEST FOR PROPOSAL #DIS2019-2  
INDEPENDENT MEDICAL EXAMS/RECORD REVIEW SERVICES**

- Release Date:** December 20, 2019
- Proposal Due Date:** **January 24, 2020, 3:00 P.M. PDT**  
Los Angeles Fire and Police Pensions  
ATTN: Kristen Rosauer, Disability Pensions Section  
701 E. 3<sup>rd</sup> Street, 2<sup>nd</sup> Floor  
Los Angeles, CA 90013
- RFP Administrator:** **Kristen Rosauer**  
Disability Pensions Section  
E-mail: [Kristen.Rosauer@lafpp.com](mailto:Kristen.Rosauer@lafpp.com)  
Fax: (213) 628-7782
- All questions must be e-mailed to the RFP Administrator no later than:** **January 10, 2020, 3:00 P.M. PDT**  
Questions concerning the RFP and all answers will be posted by January 17, 2020 on the LAFPP website [www.lafpp.com/requests-proposals](http://www.lafpp.com/requests-proposals) and the City of Los Angeles' bid opportunities website, <http://www.labavn.org>.
- Official RFP Notices/Addendums:** To ensure that no firm is provided advantage over another, all requirements are specified in this RFP. Any changes to the requirements will be posted as an addendum to the RFP on the LAFPP website [www.lafpp.com/requests-proposals](http://www.lafpp.com/requests-proposals) and the City of Los Angeles' bid opportunities website, <http://www.labavn.org>. Proposers are solely responsible for monitoring the website and adhering to RFP notices/addendums.
- Prohibited Communications:** From the RFP release date until a contract date for these services are fully executed, firms are prohibited from communicating with Board members or staff, other than the RFP Administrator, concerning this RFP or the resulting contract. Any communications could be considered attempts to lobby or market services, and is therefore prohibited by LAFPP's Marketing Cessation Policy. Firms will be disqualified from contract consideration if the prohibition is not honored.



## Table of Contents

1. Introduction
2. Background
3. Minimum Business Requirements
4. Scope of Services – Independent Medical Exams
  - A. Independent Medical Exams
  - B. Scheduling Appointments with Licensed and Practicing Physicians
  - C. Examination Services
  - D. Post-Medical Examination Services
  - E. “Ad Hoc” Disability Medical Evaluation Services
  - F. Late Cancellations or “No Show” Services
  - G. Specialized Medical Testing
  - H. Transportation Services
5. Scope of Services – Record Reviews
  - A. Report Format
6. Required Services
7. RFP Process/Timeline
  - A. Evaluation Process
  - B. Proposer Questions
  - C. Proposal Deadline
  - D. Evaluation Criteria
8. Questionnaire
  - A. Company Information
  - B. Employee Information
  - C. Services
  - D. Physician Resources
  - E. Reporting
  - F. Conflicts of Interests/Confidentiality
9. Fee Schedule
  - A. Disability Medical Evaluation Fees
  - B. “Ad Hoc” Disability Medical Evaluation Services
10. General Terms & Conditions
  - A. General Conditions
  - B. Valid Period of RFP



- C. Proposal Submission
  - D. Proposer Assumes RFP Costs
  - E. Proposer's Right to Withdraw Proposal
  - F. Prohibited Use of City Seal or LAFPP Logo & Alteration of RFP
  - G. Amendments to RFP
  - H. LAFPP's Right to Reject Proposals & Withdraw RFP
  - I. Confidential Information/Public Records Law
  - J. Ownership of Documents
  - K. Award of Contract
  - L. Independent Contractor
  - M. Nondiscrimination, Equal Employment Practices & Affirmative Action Policies
  - N. Bidder Certification City Ethics Commission (CEC) Form 50
  - O. Business Inclusion Program
  - P. Conflict of Interest
  - Q. Contractor Disclosure Policy
  - R. Standard Provisions
  - S. Bonding, Insurance & Indemnification
  - T. Business Tax Registration Certificate (BTRC)
  - U. Solicitation of Contributions
11. Appendix
- A. Standard Provisions for City Contracts (Rev. 10/17, v.3)
  - B. Instructions and Information on Complying with City Insurance Requirements
  - C. Nondiscrimination, Equal Employment Practices & Affirmative Action
  - D. Bidder CEC Form 50
  - E. LAFPP Contractor Disclosure Policy
  - F. LAFPP Contractor Disclosure Policy Reporting Form
  - G. LAFPP Solicitation of Contributions Policy
  - H. Release of Member Personal Information



## 1. Introduction

The Los Angeles Fire and Police Pension System (LAFPP) is seeking proposals from qualified medical evaluation services firms that specialize in disability medical examinations and record review. LAFPP processes around 40 new disability applications each year and requires the services of an established disability medical evaluation services firm that will provide access to a comprehensive network of physicians primarily in the greater Los Angeles area, provide scheduling services, report preparations and possible “Ad Hoc” services related to the disability medical evaluation services. LAFPP is one of three defined benefit pension plans in the City of Los Angeles. LAFPP is a team of dedicated professionals who administer defined retirement plan benefits for all sworn employees of the City of Los Angeles. LAFPP has been serving eligible members and their beneficiaries since June 7, 1899. We continue our efforts to provide professional and prompt service to approximately 13,500 active members and 13,000 retired members and beneficiaries. LAFPP is administered by the Board of Fire and Police Pension Commissioners (Board). This body is made up of nine commissioners – five appointed by the Mayor and four elected by the active and retired Fire and Police sworn members.

## 2. Background

The LAFPP Disability Pensions Section (DPS) processes disability pension applications which have been submitted to the Department by Los Angeles Police Officers, Firefighters, Port Police Officers, Airport Peace Officers and their survivors. DPS receives the applications, processes them in accordance with applicable provisions of the City Charter, Administrative Code, the Policies and Procedures of the Board, and prepares a recommendation on each application for consideration by the LAFPP Board.

As part of its fiduciary duty and City Charter requirement, LAFPP must confirm the veracity of all applications filed by members who are seeking a disability pension or survivors filing for service-connected death benefits. Pursuant to City Charter requirements, LAFPP members (active, retired, deferred, or Deferred Retirement Option Plan participants) who file for a disability pension must be examined by a minimum of three (3) independent licensed and practicing physicians (other than the member’s treating physician(s) or Workers’ Compensation doctor) in the area of specialty corresponding to the member’s claimed injury/illness. For qualified survivors of deceased LAFPP members who file for a service-connected survivor pension, the deceased member’s medical records must be reviewed by a minimum of one (1) regularly licensed and practicing physician to establish an informed/objective/evidence-based medical opinion to determine whether the member’s death was service-connected.

## 3. Minimum Business Requirements

- A. The firm shall have at least five years of experience providing disability medical evaluation services, as *independent medical evaluators*, for purposes of evaluating disability retirement applicants.



- B. The personnel assigned to the LAFPP account shall have a minimum of three years of experience advising employers or public retirement systems on disability-related issues.
- C. The examining physicians used for LAFPP disability medical evaluations must be active, licensed practicing physicians, licensed with the Medical Board of the State of California, or possess equivalent licensing requirements if performing disability medical evaluations out-of-state.
- D. The firm shall have an online case management portal to transmit referrals, upload medical records, view cases electronically, and download completed examining physician reports.

#### 4. Scope of Services – Independent Medical Exams

Please specify your ability to provide the following services listed below. If you cannot provide a particular service, please indicate the reason. During the contractual period, the selected firm(s) will be expected to provide a full range of services, both required and "Ad Hoc".

##### A. Independent Medical Exams

The firm will provide pre-examination services to assess the medical information provided by LAFPP staff regarding each applicant's claim for disability. These services shall include, but not be limited to:

Reviewing the applicant's claimed disability(ies), as described on their disability application, plus all medical records obtained from various sources, to determine the medical specialty (one to three) most applicable to evaluating the applicant's claimed disability(ies). The medical specialties commonly used by LAFPP for evaluations include, but are not limited to:

- Allergy
- Cardiology
- Dermatology
- Ear, Nose, and Throat
- Endocrinology
- Gastroenterology
- Hematology
- Immunology
- Internal Medicine
- Neurology
- Oncology
- Ophthalmology
- Orthopedics
- Pathology



- Psychiatry
- Pulmonology
- Radiology
- Rheumatology
- Urology

**B. Scheduling Appointments with Licensed and Practicing Physicians**

These 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. These appointments shall be scheduled by the contractor with the examining physicians subject to LAFPP approval. Proposed examining physicians must confirm that they have no prior relationship of any kind with the applicant before performing the examination.

The scheduling of the three disability medical evaluations shall commence upon receipt/review of the claimant's file, otherwise known as the "Admin File". The Admin File may include the applicant's employment, personnel, and medical records and possibly surveillance reports/footage. The firm shall attempt to schedule appointments within a 25-mile driving radius of the disability applicant's home address, if residing in California.

Scheduling of applicants for out-of-state disability medical evaluations will occasionally be required. The firm shall attempt to schedule such appointments within each disability applicant's state of residence within the cost limits, as provided by LAFPP staff and defined for use in California. These appointments shall be subject to approval by LAFPP staff and shall require special notification to LAFPP staff of any additional costs associated with scheduling of appointments out-of-state. Applicants may be required to travel to California if costs for the out-of-state disability medical evaluation exceed the costs for a disability medical evaluation within the State of California. These appointments shall also be scheduled with licensed and practicing physicians of the applicable state. These medical evaluations shall be performed by examining physicians with specific accreditation for the specialty areas agreed upon to evaluate the applicant's claimed disabilities.

Scheduling of appointments for out-of-country applicants shall be within the downtown Los Angeles area. Applicants are required to travel to the Los Angeles area for disability medical evaluations if they reside outside of the United States.

Scheduling of medical appointments shall only take place whenever all medical records have been provided to the firm. LAFPP staff shall provide the Administrative File to the firm prior to the scheduling of any appointments. The scheduling of any appointments prior to receipt of the medical records shall only occur as exceptions supported by written requests from the staff of LAFPP.

The firm shall prepare correspondence to be sent to LAFPP staff clearly indicating



the dates, times, locations, directions, and names of the examining physicians performing the medical evaluations. These notifications must be provided at least 10 business days prior to the date of the medical appointments, unless a disability applicant voluntarily agrees to a shorter period. This correspondence must also be provided in written format to the applicant and their representative, if applicable.

Medical appointments are always expected to be completed as scheduled. However, it is presumed that some applicants may miss an appointment and need to be re-scheduled. Applicants will notify the firm of a cancellation or missed appointment within 24 hours without penalty. There will be no additional charges to LAFPP when notice of cancellation has been provided to the firm at least 24 hours in advance of the scheduled date and time for the appointment. If the notice is not received timely, the services and charges shall be covered within the scope of the "Ad Hoc" Disability Medical Evaluation Services section of the Scope of Services. The firm shall contact the applicant and provide a courtesy reminder of the appointment within 48 hours of the appointment and inform LAFPP staff of unconfirmed appointments.

### **C. Examination Services**

Prior to examining the claimant, the physician must verify the identity of the applicant and note the method of verification used. The required identification shall be in the form of a valid government-issued picture identification, such as a driver's license issued by the State of California, U.S. passport, or an equivalent form of picture identification. After the applicant's identity is verified, the examining physician must examine the applicant in-person.

It is expected that the examining physician will have received and reviewed all medical records included in the Administrative File prior to the applicant's medical examination.

### **D. Post-Medical Examination Services**

Upon completion of each in-person disability medical examination, the following services are required to be performed:

1. A written draft medical report shall be prepared for each disability medical evaluation and electronically submitted or uploaded via a secure client web portal within 10 business days. The format for disability medical evaluation reports may vary by specialty, but the reports must include discussion areas unique to each specialty (such as MMPI results for a psychiatric evaluation or diagnostics research for cancer claims). However, LAFPP will provide a sample report structured as such:



- a. Cover Page on Letterhead - Each report shall have a cover page on the firm's letterhead identifying the applicant's name, last four digits of their social security number, department (Police, Fire, Harbor, Airports), position title, date of examination, and title of the medical specialty for the examining physician.
- b. Identity Verification - State the method used to identify the applicant when they appeared for the disability medical evaluation, including the applicant's age/height/weight/gender and the specific time and location of the evaluation.
- c. Time spent with the Applicant - The examining physician will specify the amount of time spent with each applicant. Physicians are expected to spend sufficient time reviewing the medical records in advance of the examination, discussing the circumstances/etiology of the injury/illness with the applicant, and examining the applicant to complete a thorough and quality disability medical evaluation.
- d. Review of Records - A description detailing the medical records reviewed for the disability medical evaluation.
- e. Medical History - A description of the applicant's medical history, with a chronology of the applicant's medical conditions, including allergies, surgeries, hospitalizations, social, family, and occupational histories.
- f. Medications - A detailed listing of the applicant's past/current medications.
- g. Present Complaints/Symptomatology - A description of the specific complaints/symptoms provided by the applicant or observed by the examining physician.
- h. Current Employment/Activities Status - A description of the applicant's current employment or other activities described in the disability medical evaluation.
- i. Past Employment - A description of the applicant's past employment history.
- j. Examination Results - A description of the specific medical examination performed and results appropriate for the type of medical specialty covered in the disability medical evaluation.
- k. Special Tests - A detail of any special tests performed by the examining physician as a part of the medical examination





process. Special tests will require LAFPP approval in advance. If a special test is recommended but was not performed for any reason, the examining physician shall justify the recommendation for such specialized tests. The examining physician should describe why a test was not requested or performed.

- i. Diagnosis - A detailed description of the diagnosis determined by the examining physician as a result of their disability medical evaluation of the applicant. The examining physician needs to provide clear statements of facts and the reasoning to support their conclusions.
- m. Discussion - A description of the rationale and medical findings that led to the examining physician's diagnosis, causation (i.e., work-related or not), restrictions, recommended lifestyle changes, life expectancy if terminal, and opinions on the disability of the applicant.
- n. Disability Findings - A detailed description of the examining physician's opinion as to whether or not the applicant is disabled from performing their essential functions or modified duties, as provided in a job duties description.
- o. Continuity of Disability - A detailed description of the examining physician's opinion on the likelihood an applicant's disability has remained continuous since the date the applicant last worked. The opinion should cite the examining physician's justification for their opinion. If the examining physician does not have sufficient information to render such an opinion, they shall describe this situation. If applicable, they shall make a recommendation on what might be required to render such an opinion.
- p. Accommodations - A detailed description of the specific requirements for an accommodation the examining physician believes would allow a disabled applicant to return to work. Examining physicians should differentiate between restrictions, whereby an applicant would be considered disabled if they were not accommodated, as opposed to recommendations, whereby an applicant would not be considered disabled. In no instance shall an accommodation recommendation be made if the physician has opined the applicant is not disabled.

If the examining physician opines that an accommodation is possible for an applicant, the examining physician is



expected to state clearly whether the accommodation, if allowed, would permit the employee to return to their work. The examining physician shall also opine as to whether or not the applicant would be considered disabled if the accommodation is denied. Examining physicians should attempt to explain if medical restrictions requiring accommodations are thought to be temporary or permanent.

- q. Prognosis - A detailed description of the likelihood for medical recovery. The prognosis should address whether the applicant might be expected to medically recover sufficiently to return to their job. If a prognosis for recovery exists, the examining physician should make a recommendation on the reasonable length of time they expect will be needed to elapse before such a recovery is reasonable, and would be expected to be sufficient to require a reexamination of the applicant. The examining physician should state if an applicant shows no possibilities for recovery or where a recovery is not expected to allow an applicant to return to their job. If the applicant is terminally ill, a definitive diagnosis of the terminal status is required.
- r. LAFPP Pension Physician Questionnaire – It is requested that the examining physician complete the questionnaire appropriate to the specialty for which the applicant is examined. The purpose of the questionnaire is to ensure that the examining physician includes an analysis of all applicable restrictions that the applicant may have. These restrictions are used by LAFPP to determine a disability rating.
- s. Other Important Issues - A description of any other issues the examining physician believes should be considered or addressed relative to assessing the applicant's disability claim. For example, if an examining physician observes some other disabling condition, outside of their own medical specialty, they would be expected, if they haven't already done so in the report, to comment on the observed situation and possibly make a recommendation for examination by the other appropriate specialist.

Examining physicians should provide information in this section if they become aware of any specific medical information that exists, but was not provided to them for review, which they believe would have been important in completing their disability medical evaluation.



2. The firm shall provide signed copies of the disability medical evaluation draft reports to LAFPP staff responsible for the disability application processing. These reports must be signed by the examining physicians. Staff will review the draft reports and determine if the content meets the formatting requirements expected. If LAFPP staff notes any omissions or errors, they shall bring the omissions or errors to the attention of the firm within 10 business days of receipt of the draft report, and the firm shall be expected to work with the examining physicians to assure any omissions or errors are corrected and a revised report sent to LAFPP within 5 business days. An example of an omission might be, but is not limited to, when a report may not contain specific prognosis information, or an accommodation was not covered with enough specificity to address the physician's recommendation.
3. The billing for disability medical evaluations and associated services provided under this contract shall be handled directly with the selected firm. LAFPP intends to contract only with the successful firm(s). LAFPP will not be billed by, or pay, physicians, labs, or other individual entities associated with these services, directly.

**E. "Ad Hoc" Disability Medical Evaluation Services**

The following services may be required on an as-needed basis:

1. Supplemental Medical Reports

In situations where new/additional medical information is received due to an amended claim, surgery, or surveillance/background investigation, LAFPP staff may need "Supplemental Medical Reports" post-evaluation. One example is when LAFPP receives new medical information such as an AME or QME that was not available prior to the disability medical evaluation. LAFPP may request a "Supplemental Report" from the original examining physicians to determine whether new medical information/records received after the evaluation will change the examining physician's opinion. Another example is to address a specific question or obtain clarification to the examining physicians' reports during the course of Board hearings. The expectations are that "Supplemental Reports" shall always be provided in a timely manner, and the firm is expected to work directly with the examining physicians to assure the timely delivery of any "Supplemental Reports".

2. Expert Testimony

On an as-needed basis, an examining physician may be asked to provide oral testimony before the LAFPP Board or in court to provide expert



testimony regarding their own disability medical evaluation and report.

**F. Late Cancellations or "No Show" Services**

In some cases, applicants will not show up for an appointment, resulting in a "No Show", or provide a late cancellation. The firm will be expected to reschedule the disability medical evaluation as soon as possible.

**G. Specialized Medical Testing**

On an as-needed basis, examining physicians may require specialized testing to render a full opinion on a disability claim. This will require advance LAFPP approval. Upon approval, the firm and examining physician will arrange the specialized tests.

**H. Transportation Services**

Although this is not a required service, it would be desirable if the firm can arrange/provide transportation services when applicants need assistance traveling to and from an examining physician's office.

**5. Scope of Services – Record Reviews**

In the unfortunate event of a member's death, LAFPP shall forward the deceased member's medical records to at least one regularly licensed and practicing physician for review. A written report shall be provided to the Board to determine whether the death was service-connected or nonservice-connected.

**A. Report Format**

Upon completion of the record review, the report shall follow the format established in Section 4.D.1 of this RFP, only including subsections a, d, e, i, m and n.

**6. Required Services**

The selected proposer shall perform/handle the following general duties:

- A.** Treat all LAFPP information as confidential as defined in **Section 11H, LAFPP Release of Member Information Policy**. This applies to all data created, gathered, generated, or acquired within the scope of the contract. Sensitive information inclusive of, but not limited to, LAFPP members and beneficiaries must be kept confidential in accordance with HIPAA standards. Selected proposers shall notify LAFPP immediately if there are any breaches to the confidentiality of LAFPP member information. The breach of this agreement is subject to cancellation of contract and the selected proposer being held liable for damages.



- B. Notify LAFPP immediately of any anticipated changes in personnel assigned under the terms of this engagement. The firm shall submit resumes of any proposed replacement personnel, and obtain written approval from LAFPP for any change in the personnel assigned to the work.
- C. Notify LAFPP staff in writing of any conflict of interest or when a potential conflict of interest arises regarding the provision of these services.

## 7. RFP Process/Timeline

The RFP process will consist of a submission period, a Q&A opportunity, an evaluation to reject/accept proposals based on submission requirements, contract award recommendations to the Board, legal review, and contract execution, if any.

LAFPP reserves the right to reject any and/or all proposals, to waive any informality in such proposals, to request new proposals, to revise the RFP prior to proposal submission, to withdraw this RFP, to not award the contract, or to not award a portion of the contract at any time.

### A. Evaluation Process

The recommended proposer must pass the following levels of review:

1. Level I – Review of Qualifications, Experience, & References

Proposer must demonstrate it:

- Meets the minimum qualifications (see Section 3)
- Has maintained a positive record as a responsible provider of services
- Has the resources and experience to perform the required services.

2. Level II – Proposed Services and Fee Schedule (“Proposal”)

Firm’s services and applicable fees/rates are reviewed and considered by the evaluation panel. Interviews may also be conducted.

3. Level III – Final Approval by the Board

The most qualified proposers considered by LAFPP staff to be able to provide the required services at the best overall value to LAFPP will be recommended for contract award to the LAFPP Board. The Board, at its sole discretion, will make the final award determinations.

### B. Proposer Questions

Please direct all questions by e-mail to the RFP Administrator identified on the RFP



cover page. Questions from all proposers and LAFPP answers will be posted on the LAFPP website ([www.lafpp.com/requests-proposals](http://www.lafpp.com/requests-proposals)) and the City of Los Angeles' bid opportunities website (<http://www.labavn.org>).

### **C. Proposal Deadline**

All RFP responses and requested documents must be received by LAFPP by the due date and time indicated on the cover page to be considered. The complete proposal package shall be placed in a sealed envelope or box with the following label: RFP #DIS2019-2.

Number of Copies: Please provide two reproducible hard copies and one electronic copy on a CD or flash drive in Microsoft Word or PDF format as submitted, and any charts or exhibits in PDF. Please identify the respective documents.

### **D. Evaluation Criteria**

An evaluation panel comprised of LAFPP staff will select the winning proposers for recommendation to the LAFPP Board (tentatively scheduled for May 2020) based on the criteria below.

- Qualification and experience of the firm in providing services required
- Capacity to perform as contracted and ability to produce timely results
- Positive contracting history
- Cost
- Best overall value to the City

## **8. Questionnaire**

Proposer must respond to each question asked in the questionnaire. Each response must follow the corresponding question from the questionnaire. If a question does not apply to proposer, please write "not applicable" and state the reason.

### **A. Company Information**

1. Specify the total number of years of experience your firm has in providing independent medical exam services/record review services? Describe the types of experience with both the public and private sectors.
2. Describe the range of disability medical evaluation services, by category and market share. Some examples might be, but should not be limited to, independent medical evaluations, agreed/qualified-medical evaluations, workers' compensation evaluations, etc.
3. Specify the size of your organization both by annual revenue and total numbers of employees involved in the services associated with this RFP.



4. Describe your firm ownership type (LLC, LLP, Inc., Sole Proprietorship) and any alliance with parent or affiliated companies or joint ventures.
5. Are there any pending or anticipated ownership changes? Describe any ownership changes which have occurred in the past five years.
6. Discuss any future short-term and long-term growth objectives/plans.
7. Over the past five years, has your company or any of its affiliates or parent, or any officer or principal, been involved in any business litigation or other legal proceedings relating to providing medical evaluation services? If so, provide a brief explanation and indicate how the litigation was resolved or its current status.
8. If you have any other types of pending litigation against your firm, explain any negative outcome that may arise from the litigation that could impact your firm's ability to provide the services described in this RFP.
9. Describe your tested business continuity plans should your firm's facilities/technological systems become inoperable because of a natural disaster, emergency, or cyber-attack.
10. Describe your firm's IT and data security policies as they pertain to your online case management portal and internal records management and maintenance. Are there regularly scheduled data security audits? Provide a description of the measures that are taken to maintain restricted access to the portal and ensure appropriate data security practices are implemented and followed. After a report is finalized, is physician access to the report restricted or limited? Who is able to retain access to finalized reports within your portal? Please explain.
11. If your firm has more than one office location, which of your firm's offices will be servicing this account? List the specific locations as part of your response and indicate the hours of availability for each location. Indicate any current or future plans to relocate the listed office(s) or personnel that would be servicing the account from the location(s).
12. Do you provide disability medical evaluation services to any other governmental agencies, such as state or federal agencies? If so, describe the agencies and the nature of the services and relationship you have with the agencies.
13. Provide at least three references from current or past contracts with





two or more public retirement systems for which you currently provide or provided similar services within the last five years. For each reference listed please include: length of time that you have worked with the client, services provided, client name, address, title and telephone number of contact person.

14. What are your firm's competitive advantages compared to your industry peers?
15. Have you had a disability medical evaluation services contract with any governmental or private entities terminated within past five years? If applicable, describe the situation and the entity involved.

**B. Employee Information**

1. Provide information on the account manager you will be assigning to manage the services contract with LAFPP, including the name, position in your organization, backup, professional accreditations, and experience in providing these types of management services.
2. Provide specific information on the key employees your firm will be dedicating to the function of making recommendations on the medical specialties LAFPP should use for disability medical evaluations. Describe your backup plan to assure the firm will be capable of providing these services in the event of unforeseen absence.
3. Describe all other personnel, including any support personnel, the firm would expect to assign to the LAFPP account, including the names, job titles, roles, accreditations, and years of experience (both within your firm and the medical evaluation industry).
4. Describe how your firm approaches your workforce management. Describe how the firm assures professional accreditations are maintained and encourages maintenance of a stable workforce sufficient to assure continuity of the firm's abilities to provide quality medical evaluation services.

**C. Services**

1. Describe your firm's philosophy and approach to providing disability medical evaluation services as described in the Scope of Services.
2. Describe your firm's policies regarding customer service. How do you monitor quality of customer services provided by your staff as they relate to disability medical evaluation services?





3. What is your timeframe, in days, from the date when you receive client medical records to the date when you have finished determining the recommended medical specialties applicable for the applicant's disability medical evaluations? Please describe your process.
4. What is your typical timeframe, in days, between the date you are requested to schedule appointments by a client and the date on which they are scheduled with the examining physicians? Please describe your process.
5. Describe the typical timeframe, in days, between the date when you schedule appointments with examining physicians and the actual dates of the disability medical examinations?
6. Describe the timeframe, in days, between the date the appointments are scheduled with examining physicians and the actual dates on which the client's medical/employment records are sent to the examining physicians. Please describe your process.
7. Describe your appointment scheduling, tracking, monitoring, confirmation process and reminder system and its features. Provide a sample letter or email of an appointment notification.
8. Do you have any special capabilities to arrange for, or provide, transportation services for applicants? Please describe any transportation services you might provide.
9. Provide a description of your billing system and provide a sample of an invoice for an IME with the required breakdown (time spent, report writing, etc.) and a record review.

**D. Physician Resources**

1. Provide a physician resource list, by specialty, location, years of experience, and accreditations. Provide specific information on the geographic areas and the numbers of examining physicians available within each geographic area. If you do not have the capability to cover a specific specialty, please state the reason.
2. Provide specific information on the geographic areas and the numbers of examining physicians available within each geographic area. Provide in detail the medical specialties you have available in each geographic area. Please include a list of physicians and specialties for each of the following counties: Los Angeles, Orange, San Bernardino, Riverside, Ventura, and Kern.



3. Please provide specific information as to how many of your examining physicians practice primarily as Agreed Medical Examiners (AMEs) or Qualified Medical Examiners (QMEs). How many of your examining physicians are in private practice, but provide services as Independent Medical Examiners?
4. What steps do you take to ensure that examining physician reports are objective and address only the claimed disability?
5. Do you require examining physicians to verify the amount of time spent with each applicant? If so, please provide sample verification forms that physicians submit along with their report.
6. Describe the criteria used in recruiting, evaluating, and selecting examining physicians? How do you monitor the examining physicians you engage for the quality of their medical evaluation services? How do you assure they remain licensed and in good standing? In the last five years, how many examining physicians have you stopped using due to them not providing satisfactory services?
7. On occasion, an applicant, or their treating physician, will disagree with the findings and/or diagnosis of an examining physician. Are your examining physicians available to provide responses and/or expert testimony to explain their medical findings, either in writing or orally? Describe your firm's experience in providing such services.

**E. Reporting**

1. Submit five redacted disability medical evaluation sample reports, in the following medical specialties: Orthopedic, Psychiatric, Internal Medicine, Cardiology, and Neurological. Attach two examples of "Supplemental Reports" that accompanied these reports.
2. Describe the average timeframe, in days, from the time an applicant's disability medical evaluation has been completed through to the date the completed disability medical evaluation report would be sent out to your client?
3. Describe the process of how the disability medical evaluation report is generated. Does your firm use medical transcription staff to transcribe the physician's report? Please describe your Quality Assurance process, and include the steps taken when a draft report is returned to the physician for corrections or edits.



**F. Conflicts of Interests/Confidentiality**

1. Describe your firm's policy on handling potential conflicts of interests between your firm, staff, examining physicians, and the applicants and/or clients?
2. What methods does your firm use to assure that no conflicts of interests are overlooked in dealing with client services? What steps would you expect to take if a conflict of interest was discovered?
3. Please describe how your firm ensures and maintains the confidentiality of patient information. Does your firm require confidentiality agreements for each examining physician, and how are the agreements tracked and maintained to ensure they are current?
4. Has your firm been involved with, within the past five years, any litigation involving unauthorized releases of client confidential information or information loss/leaks? If so, please explain.

**9. Fee Schedule**

The fee schedule should itemize each service as "Proposed Fees." Proposers must provide fixed prices, including out-of-pocket expenses, for all costs associated with the scope of services identified in the proposal.

**A. Disability Medical Evaluation Fees**

Provide in detail the specific costs you will bill to LAFPP for each disability medical evaluation, per each examining physician. If you intend to use a flat fee for all medical specialties, please indicate that flat fee, and list the specialties and services that you would expect to provide under that flat fee. If you will be billing based on each individual medical specialty, please detail the costs for each specialty, as well as any tests and other related services you would expect to be covered under the flat fee for each specialty. Additionally, please provide a breakdown of the fees that are paid to the physician versus your firm's administrative/overhead fees.

The fees quoted here are expected to cover all areas of Scope of Services provided as "Independent Medical Exams", "Scheduling Appointments", "Record Reviews", "Examination Services", and "Post-Medical Examination Services". The basic disability medical evaluation fees covered here are not expected to cover unique services listed within the "Ad Hoc" Disability Medical Evaluation Services" portion of the Scope of Services. If the firm wishes to include any of the "Ad Hoc" Disability Medical Evaluation services within the basic disability medical evaluation fee quotes, please specify them clearly by listing each additional service.



**B. "Ad Hoc" Disability Medical Evaluation Services**

Provide detailed fee proposals for each portion of the "Ad Hoc" Disability Medical Evaluation Services section of the Scope of Services, as follows:

"Supplemental Reports"

Provide details on the manner of billing you expect to use for Supplemental Reports, as described in the Scope of Services. LAFPP would like you to quote a flat fee for these expected charges. If you are not able to provide a flat fee, please provide very detailed information on the specific manner you would use to bill for "Supplemental Reports" as described in the Scope of Services.

Expert Testimony

Provide a quote on the expected costs for expert testimony. Provide this using a schedule of rates, per hour, for such services. The expectation is that proposers will provide a rate sheet with various medical specialties and associated rates per hour. If your charges are unique to each examining physician, please provide details. If you only expect to charge based on a flat hourly rate for all medical specialties, please provide that rate and explain the type of services covered by the flat rate.

Late Cancellations and "No Shows"

Provide LAFPP with the flat rate charge you would expect to bill for "No Show" or late cancellations as described in the Scope of Services. If you expect to charge varying rates for "No Shows" and/or late cancellations, please provide a very specific response detailing the exact manner you would use in charging and billing for "No Shows" and late cancellations.

Specialized Medical Testing

Describe how you will bill for additional medical tests requested by the examining physicians, subject to pre-approval by LAFPP staff, such as Magnetic Resonance Images (MRIs), Computerized Axial Tomography (CAT) scans, etc. Provide a detailed list of the types of tests you would expect to charge for in addition to the medical examination basic charges. Please explain the specific types of tests you expect to cover within the scope of the basic medical examination fees.

Transportation Services

If this service is applicable, provide specific information on the expected method of billing you would use for such services, including any third-party expenses.



## 10. General Terms & Conditions

### A. General Conditions

Submission of a response to this RFP shall constitute acknowledgment and acceptance of the standard terms and conditions set forth herein.

### B. Valid Period of RFP

All proposals shall be firm and final offers, and may not be withdrawn for a period of one hundred twenty (120) days following the announced deadline for the submission of proposals under this RFP. A response to this RFP is an offer to contract with LAFPP based upon the terms, conditions, service level agreement and specifications contained in the proposal submitted.

### C. Proposal Submission

All proposals should be submitted by the deadline specified in the RFP. Late responses will not be considered. Proposals should contain accurate and complete information as required in this RFP. The Proposer is liable for all errors or omissions incurred by the Proposer in preparing the proposal. The Proposer will not be allowed to alter the proposal documents after the due date of submission. Unclear, incomplete, and/or inaccurate documentation may cause a response to be removed from further consideration. Unnecessary or lengthy responses beyond those needed to sufficiently respond to all of the RFP requirements should be omitted.

### D. Proposer Assumes RFP Costs

LAFPP shall not be liable for any expenses incurred by any Proposer prior to issuing any contract that may result from this RFP. If Proposers are selected for personal interview, additional copies of the proposal may be required. These copies must be exact duplicates of the response initially submitted.

### E. Proposer's Right to Withdraw Proposal

The Proposer may withdraw its submitted proposal in writing at any time prior to the specified due date and time. Emailed or faxed withdrawals will also be accepted. A written request, signed by an authorized representative of the company, must be submitted to:

Los Angeles Fire and Police Pensions  
ATTN: Kristen Rosauer, RFP Administrator  
701 E. 3<sup>rd</sup> Street, Suite 200  
Los Angeles, CA 90013  
[Kristen.Rosauer@lafpp.com](mailto:Kristen.Rosauer@lafpp.com)  
(213) 628-7782 – fax



After withdrawing a previously submitted proposal, the Proposer may submit another proposal at any time, up to the specified due date and time.

**F. Prohibited Use of City Seal or LAFPP Logo & Alteration of RFP**

The Proposer is prohibited from using, copying or replicating in any form the City seal or LAFPP logo. In addition, the Proposer shall not change any wording in the RFP or associated documents.

**G. Amendments to RFP**

LAFPP retains the right to amend this RFP and will make reasonable attempts to notify prospective Proposers of any changes. However, it is the Proposer's responsibility to monitor the RFP page on the LAFPP Web site ([www.lafpp.com/requests-proposals](http://www.lafpp.com/requests-proposals)) and the City of Los Angeles' bid opportunities website (<http://www.labavn.org>) for any amendments pertaining to this RFP. LAFPP will not be liable for the Proposer's failure to receive such notice and any consequential nonresponsiveness or noncompliance. LAFPP reserves the right to extend the deadline for submission. Proposers will have the right to revise their response in the event the deadline is extended.

**H. LAFPP's Right to Reject Proposals & Withdraw RFP**

LAFPP reserves the right to withdraw this RFP or reject any or all proposals at any time without prior notice; to waive any minor informality in proposals received; to reject any unapproved alternate proposal(s); and reserves the right to reject the proposal of any Contractor who has previously failed to perform competently in any prior business relationship with LAFPP. The withdrawal of this RFP or rejection of any or all proposals shall not render LAFPP liable for costs or damages.

**I. Confidential Information/Public Records Law**

All responses to the RFP will be kept confidential until such time as recommendation for award of a contract has been announced. Thereafter, proposals are subject to public inspection and disclosure under the California Public Records Act. Proposers must clearly and conspicuously identify all copyrighted material, trade secrets or other proprietary information that the Proposer claims are exempt from the California Public Records Act (CPRA) – California Government Code Section 6250 et seq.

In the event a Proposer claims that any of its documents are exempt from inspection under the CPRA, the Proposer is required to state in the proposal the following: "The Contractor will indemnify the City and its officers, employees and agents, and hold them harmless from any claim or liability and defend any action brought against them for their refusal to disclose copyrighted material, trade secrets or other proprietary information to any person making a request therefor."



Failure to include such a statement shall constitute a waiver of a Proposer's right to exemption from this disclosure.

**J. Ownership of Documents**

All reports, tables, charts and other contract documents prepared under this RFP by the Proposer shall be and remain the property of LAFPP upon LAFPP compensation of the Contractor for its services as herein provided. Contractor shall not release to others information furnished by LAFPP or any other City agency, Commission or Board without prior written approval from LAFPP.

**K. Award of Contract**

Firms awarded a contract pursuant to this RFP will be required to enter into a written contract with the Board of Fire and Police Pension Commissioners of the City of Los Angeles, approved as to form by the City Attorney. This RFP and the proposal, or any part thereof, may be incorporated into and made part of the final contract. LAFPP reserves the right to negotiate the terms and conditions of any contract resulting from this RFP.

**L. Independent Contractor**

The selected Contractor shall, at all times during the term of any contract resulting from this RFP, retain its status as an independent contractor. The Contractor's employees shall under no circumstances be considered or held to be employees or agents of either LAFPP or the City of Los Angeles.

**M. Nondiscrimination, Equal Employment Practices & Affirmative Action Policies**

Bidders/Proposers are advised that any contract awarded pursuant to this procurement process shall be subject to the applicable provisions of Los Angeles Administrative Code Section 10.8.2., Non-discrimination Clause.

All contracts (both construction and non-construction) for which the consideration is \$1,000 or more shall comply with the provisions of Los Angeles Administrative Code Sections 10.8.3., Equal Employment Practices Provisions. By affixing its signature on a contract that is subject to the Equal Employment Practices Provisions, the Contractor shall agree to adhere to the provisions in the Equal Employment Practices Provisions for the duration of the contract.

All contracts (both construction and non-construction) for which the consideration is \$25,000 or more shall comply with the provisions of Los Angeles Administrative Code Sections 10.8.4., Affirmative Action Program Provisions. By affixing its signature on a contract that is subject to the Affirmative Action Program Provisions, the Contractor shall agree to adhere to the provisions in the Affirmative Action Program Provisions for the duration of the contract.





Furthermore, contractors shall include similar provisions in all subcontracts awarded for work to be performed under the contract with the City and shall impose the same obligations. The contract with the subcontractor that contends similar language shall be made available to the Office of Contract Compliance upon request.

Bidders/Proposers seeking additional information regarding the requirements of the City's Non-Discrimination Clause, Equal Employment Practices and Affirmative Action Program may visit the Bureau of Contract Administration's web site at <http://bca.lacity.org>.

**N. Bidder Certification City Ethics Commission (CEC) Form 50**

Proposers (bidders) are subject to City of Los Angeles Charter Section 470(c)(12) and related ordinances. As a result, Proposers seeking to contract with the City of Los Angeles for goods or services contracts of a value of more than \$25,000 and a term of at least three months acknowledge and agree to comply with the disclosure requirements and prohibitions established in the Los Angeles Municipal Lobbying Ordinance if they qualify as a lobbying entity under Los Angeles Municipal Code Section 48.02.

Proposers must submit the *Bidder CEC Form 50* (Appendix D) with their proposal. Proposals submitted without a completed form shall be deemed nonresponsive.

Contractors who fail to comply with City law may be subject to penalties, termination of contract and debarment. Additional information regarding these restrictions and requirements may be obtained from the City Ethics Commission at (213) 978-1960, or <http://ethics.lacity.org/>.

**O. Business Inclusion Program**

It is the policy of the City under the Business Inclusion Program (Mayor's Executive Directive No. 14) to help ensure that all businesses, including certified Minority Business Enterprise (MBE), Women Business Enterprise (WBE), Other Business Enterprise (OBE), Small Business Enterprise (SBE), Emerging Business Enterprise (EBE) and Disabled Veterans-Business Enterprise (DVBE), have an equal opportunity to do business with the City. LAFPP strongly encourages all Proposers to make an effort to include members of these groups in any sub-contracting work to be performed if awarded the contract. The proposal shall include a list of all prospective sub-contractors, their status (MBE, WBE, OBE, etc.) and the service they will provide.

**P. Conflict of Interest**

LAFPP requires that all contractors disclose any existing or potential conflict of interest relative to the performance of services required by any contract resulting from this RFP. Any relationship that may be perceived or represented as an actual or potential conflict of





interest must be disclosed. Failure to disclose shall result in immediate termination of any contract resulting from this RFP.

**Q. Contractor Disclosure Policy**

Any Proposer awarded a contract pursuant to this RFP must comply with the *LAFPP Contractor Disclosure Policy*, provided in Appendix E. Failure to comply shall result in termination of any contract resulting from this RFP.

**R. Standard Provisions**

Proposers must comply with the *Standard Provisions for City Contracts (Rev. 10/17, v.3)*, provided in Appendix A, except for the following:

- 
- PSC-28 Living Wage Ordinance
- PSC-29 Service Contractor Worker Retention Ordinance (*only*)
- PSC-31 Contractor Responsibility Ordinance
- PSC-32 Business Inclusion Program
- PSC-33 Slavery Disclosure Ordinance
- PSC-34 First Source Hiring Ordinance
- PSC-35 Local Business Preference Ordinance
- PSC-36 Iran Contracting Act
- PSC-41 Compliance with California Public Resources Code Section 5164.

**S. Contractor Disaster Recovery and Business Continuity Plan**

During the term of any contract resulting from this RFP, LAFPP requires its contractors to have a working Disaster Recovery and Business Continuity Plan (DR/BCP) that will ensure continuity of operations and timely delivery of the services listed in Sections 4 and 5, Scope of Services. Contractors shall also test and maintain the DR/BCP throughout the life of the contract term(s) and an updated copy and testing results of the DR/BCP shall be kept on file with the Board at all times for reference. The DR/BCP shall show how contractors will continue to deliver essential business functions despite damage, loss, or disruptions due to a natural or man-made emergency or disaster.

Contractors shall present the DR/BCP to the Board when requested to do so upon reasonable notice. Should contractors fail to maintain an updated DR/BCP, are unable to promptly produce the DR/BCP when requested, or fail to meet the agreed recovery time objectives of when contractors will return to normal business, the Board reserves the right to terminate the contract for cause.

**T. Bonding, Insurance & Indemnification**

If awarded a contract, the respondent will furnish the City evidence of insurance coverage



with minimum limits, as set forth in the Insurance Schedule of the Contract – sample insurance requirements and minimum limits are provided in Appendix B. Proof of insurance must be submitted in accordance with requirements of the Office of the City Administrative Officer, Risk Management upon contract execution. Information on compliance with City Insurance and Bond requirements is appended to this RFP in Exhibit 1 of Appendix A, and is also available on the City Risk Manager’s website:  
[http://cao.lacity.org/risk/Submitting\\_proof\\_of\\_Insurance.pdf](http://cao.lacity.org/risk/Submitting_proof_of_Insurance.pdf)

The Contractor must maintain the required insurance coverage for the duration of any contract resulting from this RFP.

The Contractor must certify that it is aware of and will comply with Labor Code 3700 of the State of California requiring every employer to be insured against liability for Workers’ Compensation or to undertake self-insurance before commencing any services under the terms of any contract resulting from this RFP.

The Contractor will be required to indemnify the City in accordance with the provisions set forth in PSC-20 and PSC-21 of the *Standard Provisions for City Contracts (Rev. 10/17, v.3)*, provided in Appendix A.

#### **U. Business Tax Registration Certificate**

The Contractor understands that the activity described herein constitutes doing business in the City of Los Angeles and it therefore understands that it must register for and pay a business tax pursuant to Section 21.03 of the Los Angeles Municipal Code. The Contractor shall obtain and keep current a Business Tax Registration Certificate Number (BTRC #) and all such certificates required of it and shall not allow any such certificate(s) to be revoked or suspended while any contract is in effect. The Office of Finance administers this program. They are located at City Hall, 200 North Spring Street, Room 101, Los Angeles, CA 90012. Their phone number is (844) 663-4411. Forms and instructions can be accessed via the Internet at <http://finance.lacity.org>.

#### **V. Solicitation of Contributions**

Any Proposer awarded a contract pursuant to this RFP must comply with the *LAFPP Solicitation of Contributions Policy*, provided in Appendix G. Failure to comply shall result in termination of any contract resulting from this RFP.

### **11. Appendix**

- A. Standard Provisions for City Contracts (Rev. 10/17, v.3)**
- B. Instructions and Information on Complying with City Insurance Requirements**
- C. Nondiscrimination, Equal Employment Practices & Affirmative Action**
- D. Bidder CEC Form 50**



- E. LAFPP Contractor Disclosure Policy
- F. LAFPP Contractor Disclosure Policy Reporting Form
- G. LAFPP Solicitation of Contributions Policy
- H. Release of Member Personal Information