

### Responses to RFP Questions

- Q1. Section 2.2 DISABILITY RETIREMENT APPLICATION PROCESSING, the effective date of any benefit payable (e.g., Gov. Code §31724). Please provide the current process for ascertaining the effective date of any benefit payable and provide greater detail as to what is required of the vendor in this analysis.
- A1. The effective date of the disability retirement benefit, if granted, is determined based on statute by MCERA staff or the Retirement Board. The Medical Advisor is not involved in the determination of benefit effective dates.
- Q2. Section 2.4 SCOPE OF SERVICES, Medical Advisor Services to be Provided, how often would MCERA's current Medical Advisor refer to a medical expert in a particular medical specialty related to the applicants claimed disability?
- A2. The Medical Advisor is expected to refer all new applications to an Independent Medical Examination (IME). Based on the nature of the applicant's claims, the Medical Advisor may deem it appropriate to refer the application to more than one IME in differing specialties.
- Q3. Section 2.4 SCOPE OF SERVICES, states that the Medical Advisor may also called be called upon to serve as a medical expert at appeal hearings conducted by the California State Office of Administrative Hearings ("OAH") as well as before the Marin County Superior Court. The Medical Advisor will attend MCERA Board meetings to present their recommendation and assist the Board in reaching its decision regarding whether to grant or deny a disability application. Please address the following questions as it relates to this section of the RFP.
- Q3a. Would MCERA consider the presence of the Medical Advisor as a medical expert at evidentiary hearings telephonically?
- A3a. The Medical Advisor must be physically present at Board Meetings and Administrative Hearings, if called upon.
- Q3b. Is the presence of the Medical Advisor at Board meetings solely to address questions from MCERA's Board of Retirement as it relates to a specific claim?
- A3b. The Medical Advisor provides the Board with a summary of the application, including the medical evidence presented and his/her opinion and recommendation, and addresses questions from the Board.
- Q3c. Would MCERA consider the presence of the Medical Advisor at Board meetings telephonically?
- A3c. The Medical Advisor must be physically present at Board meetings.

- Q4. Section 2.2, DISABILITY RETIREMENT APPLICATION PROCESSING, provides that “the review and processing of disability applications is managed internally”, and that “MCERA staff...collects medical records...[and] provides medical records to the current Medical Advisor”. Please confirm whether the Medical Advisor will be charged with gathering any additional medical records, or will the medical claim file, as provided to the Medical Advisor by MCERA staff, be the complete record upon which the Recommendation will be issued?
- A4. The medical file provided to the Medical Advisor by MCERA staff is the complete record upon which the Medical Advisor’s recommendation will be issued. The Medical Advisor does not gather medical records. However, if a record is referenced but is absent from the file, the Medical Advisor may request that MCERA staff locate the appropriate document. In that case, MCERA staff would request the record from the medical provider. Applicants may also submit records of ongoing treatment. MCERA staff provide these records to the Medical Advisor as they are received.
- Q5. Section 2.3, CURRENT MEDICAL ADVISOR: Of the 14 applications received each year, please provide the following:
- Q5a. How many were New Applications?
- A5a. The stated average refers to new applications only.
- Q5b. How many were Periodic Examinations?
- A5b. Periodic examinations only occur after an application is granted to an applicant under the age of 55.
- Q5c. On average, how many Periodic Examinations are performed each year?
- A5c. The number of periodic examinations ranges from zero to three annually.
- Q5d. What is the average breakdown of Service-Connected Disability Retirement (SCD) versus Non-Service-Connected Disability Retirement (NSCD)?
- A5d. The majority of applications are for service-connected disability retirement. Of the 12 new applications we have received in 2018, one was non-service connected. On average, MCERA receives one non-service connected disability retirement application per year.
- Q6. Attachment A, Minimum Qualifications Certification, #3, states that MCERA requests that the proposer is licensed to practice medicine in the State of California.
- Q6a. As the Bidder proposing services for Medical Advisor Services is a corporate entity, please further clarify this requirement as set forth in this section.

- A6a. All proposers must identify at least one key person who will provide and supervise services provided to MCERA under the Personal/Professional Services Agreement contemplated by the RFP, and that such person(s) must be licensed to practice medicine in the State of California.
- Q6b. If this provision is an absolute requirement for a Bidder please clarify which licensed medical professional this requirement would apply to.
- A6b. This requirement applies to the Medical Advisor contracted with MCERA. If the Medical Advisor utilizes staff to assist with tasks such as medical records organization or transcription, the staff does not need licensure.
- Q7. The Bidder requires, upon contract award, an Implementation Program be completed for which there is a cost associated with this effort. Shall this one-time implementation cost be part of the Cost Proposal or shall it be listed directly in the proposal response?
- A7. MCERA does not require an implementation program as part of the bid. If the vendor requires this, it should be included in the Cost Proposal as a unique and separate item.
- Q8. Please provide MCERA's current fee schedule for the services currently being utilized to fulfill the services as required in the RFP?
- A8. The current Medical Advisor fees are \$81 per hour for review, analysis and report preparation, presentation of reports at Board meetings in Marin County and delivery of educational seminars at Board workshops in Marin County. Travel expense reimbursement per round trip to Marin County is \$150.
- Q9. What is MCERA's preferred method of transmitting claims to the contractor and receiving final claim recommendations back from the contractor?
- A9. MCERA sends hard copies of new applications and medical records to the Medical Advisor via FedEx. All subsequent communication, including final claim recommendation, is conducted by phone and email.
- Q10. Who is the incumbent that currently provides Medical Advisor Services as required in the RFP?
- A10. The current Medical Advisor is Charles Fracchia, M.D.
- Q11. How many applications for disability retirement benefits required an Independent Medical Evaluation (IME) for calendar year 2017 and 2018?
- A11. It is MCERA's policy that all new applications are referred to an IME.
- Q12. If the applicant resides in a rural area, what is MCERA's expectation for maximum travel distance from the member's primary residence for an IME?

- A12. MCERA typically seeks an IME that is located in the applicant's county of residence or in an adjacent county.
- Q13. Would there be a "transition process" of disability retirement claims from the incumbent to the new provider? Will the new Medical Advisor inherit any claim backlogs? If so, what is the volume of that backlog?
- Q13. There would be a transition process to transfer all applications currently in process. As of today, there are 22 applications in various stages of processing including those pending receipt of medical records, IME appointments, IME reports, and OAH hearings.
- Q14. Are the members who are initially applying for disability retirement in and around Marin County?
- A14. The majority of MCERA members live in Marin and Sonoma Counties.
- Q15. In Section 2.4 SCOPE OF SERVICES, Medical Advisor Services to be Provided, #6 states that "Communicate (oral and email) frequently with the MCERA counsel and Disability Coordinator. Participate in frequent conference call that may or may not include the IME's. Also participate in the occasional vocational field inspection (applicant's job site) when necessary", please provide clarification as to what Communication is expected of the Medical Advisor.
- A15. The Medical Advisor is the MCERA staff's reference when there are medical questions pertaining to the applicant's claimed disability. He/She provides insight and responses to those questions as they arise. Possible issues include, but are not limited to, statements made in physician reports, whether a second IME is necessary, if clarification or more information from the IME should be requested, and whether accommodation is possible based on work restrictions.
- Q16. In Attachment C, Fee Proposal, under the subsection titled "Proposed Fees", there is a line item that states, "Proposed fee for review of disability packet and reporting". Please provide clarification as to what cost elements this relates to the Scope of Services Medical Advisor Services to be Provided (Section 2.4) of this RFP.
- A16. The Proposed Fee for review of disability packet and reporting refers to all services noted in Section 2.4 except personal appearances.