



Alameda County Employees' Retirement Association

Request for Information for:
Medical Advisor Services & Disability Claims Management Services

Issued by:
Alameda County Employees' Retirement Association

Issue Date: February 1, 2022

Response Date: March 1, 2022

475 14th Street, Suite 1000
Oakland, CA 94612
Phone: (510) 628-3000
kfoster@acera.org
Website: www.acera.org

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Section 1 - General Information

1.1 Purpose

The purpose of this Request for Information (RFI) is to evaluate the current product offerings for disability retirement claims processing and medical advisor services for Alameda County Employees' Retirement Association (ACERA).

1.2 Submission Instructions

Please submit all responses and refer all inquiries to:

2022 Medical Advisor RFI
Alameda County Employees' Retirement Association
475 14th Street, Suite 1000
Oakland, CA 94612
Phone: (510) 628-3000
Email: kfoster@acera.org
Website: www.acera.org

You may withdraw your response at any time up to the response deadline noted below simply by notifying ACERA in writing.

Pertinent Dates:

All questions, clarifications, and other comments regarding this RFI must be received no later than 4:00 p.m. PDT on February 15, 2022.

The deadline to respond to the RFI is 4:00 p.m. PDT on March 1, 2022. Any RFI submitted at 4:01 p.m. or later on March 1st will NOT be considered.

1.3 Information Requested from Vendors

Please describe how and if your organization can provide the desired services identified in Section III. Vendors are encouraged to recommend alternatives to the requested services if the vendor determines, based on their experience, that there is a better approach.

1.4 Confidentiality and ACERA Ownership

This RFI is both confidential and proprietary to ACERA and ACERA reserves the right to recall the RFI in its entirety or in part. Vendors agree that they will not duplicate, distribute, or otherwise disseminate or make available this document or the information contained in it without the express written consent of ACERA.

Vendors shall not include or reference this RFI in any publication without prior written approval from ACERA. All responses to the RFI will become the property of ACERA and will not be returned.

1.5 Disclosure of RFI Contents

ACERA has the right to use any or all ideas presented in any reply to the RFI. Should the vendor deem it necessary to include confidential or proprietary information in response to this RFI, the vendor must specifically mark each page/section in large bold type (**PROPRIETARY INFORMATION**).

1.6 California Public Records Act

All materials submitted in response to this RFI may be subject to disclosure should ACERA receive a request for documents under the Public Records Act (Gov. Code 6250 et seq.) If you specifically designate documents in your response to this RFI as confidential or proprietary information, ACERA will notify you that we have received a PRA for your information. ACERA does not promise to withhold production of documents on your behalf. If you believe that your information is not subject to disclosure under the PRA, you may seek a court order preventing such production.

Section 2 – Description of the Organization

2.1 Organization of ACERA

The Alameda County Employees' Retirement Association (ACERA) is a public, defined benefit pension plan, located in Oakland, California, established and governed under applicable state and federal law, and the provisions of the County Employees' Retirement Law of 1937 (CERL, California Government Code, §§ 31450-31898¹), the California Pension Protection Act of 1992 (California Constitution, Article 16, § 17), and the California Public Employees' Pension Reform Act of 2013 (PEPRA, California Government Code, §§ 7522-7522.74). The market value of ACERA's total assets, as of December 31, 2021, is \$11.8 billion.

ACERA is seeking information from qualified medical professional organizations to serve as Medical Advisor to ACERA's Board of Retirement (Board) in evaluating disability retirement applications as well as providing disability claims management.

Disability Claims Management

Alameda County offers a disability retirement to qualifying members. Upon receipt of an application for disability retirement, the Board, through its staff and consultants, must determine whether an applicant is permanently incapacitated from performing the usual and customary duties of her position, whether the applicant's condition is the result of injury or disease arising out of, or in the course of, the member's employment, and such employment contributed substantially to such incapacity. Additionally, ACERA may also be required to ascertain the effective date of any benefit payable (e.g., Gov. Code §31724).

The disability claims process at a broad level includes counseling members through the application process, analyzing eligibility, substantive review of medical records and reports to determine compliance with the requirements of the Disability Retirement Procedures (DRP), communication with the applicant and their legal counsel, interaction with ACERA's Participating Employers who are involved in the application process, preparing medical records for review, and initiating a monthly benefit once a disability retirement has been approved by the Board.

Medical Advisor Role

The Board currently retains a Medical Advisor to review medical records, obtain additional medical evaluation and/or diagnosis (when necessary), or refer to a medical expert in a particular medical specialty in an effort to review/evaluate the medical condition of a disability applicant. Ultimately the Medical Advisor is responsible for providing a recommendation to the Board as to whether to grant or deny the requested disability retirement, as well as opine on when the member was able to ascertain the permanency of her condition.

¹ ACERA administers disability retirement benefits to eligible members pursuant to CERL (e.g., See Article 10, and 15 of CERL.)

The Medical Advisor is also called upon to serve as a medical expert at evidentiary hearings held in connection with disability applications which are held at and administered by ACERA.

The Medical Advisor is regularly called upon to advise the Board at ACERA Board Meetings in order to assist the Board in reaching its decision regarding whether to grant or deny a disability application.

In addition to evaluating the initial completed application, the Medical Advisor's opinion is sought to determine whether an ACERA member's medical condition continues to prevent her from re-entering the workforce.

2.2 Current Structure & Services to Be Provided

ACERA's disability retirement unit is currently supported by 5 employees, the majority of whom rely on the Disability Claims Management Service Provider/Medical Advisor (MA) to support their job function. MA services include reviewing, evaluating, tracking and assessing claims for disability made by a member or participating employer of the retirement system.

ACERA currently reviews member disability applications for eligibility and sends accepted applications to the MA for case management and recommendation. The portal is a secure web-based tool that helps staff manage pending claims for disability retirement.

Portal Features for ACERA Staff:

- View member application profile
- View and print disability packet
- View correspondence from MA to all parties
- View statistics on pending applications
- View data and run analytical reports

Disability Claims Management

The services information that ACERA is seeking for its Disability Claims Management process include, but are not limited to, the following:

1. Communicate (oral and written) with applicants, members, medical service providers, employers, legal counsel for the parties, third party administrators of workers' compensation programs, medical experts, and ACERA staff.
2. Prepare documentation; maintain records of all transactions and communication related to processing of disability retirement applications.
3. Prepare the disability packet prior to application being deemed complete.
 - a) Index and paginate packet, including Disability Application and claim documents (medical and other records submitted to ACERA with the application)

- b) Review claim documents and perform outreach to confirm, or clarify, information provided by applicant and employer
 - c) Obtain additional evidence or supporting information, including, but not limited to: documentation needed to determine eligibility, medical condition, status of injury, employment records, workers' compensation records, and disability status
4. Facilitate review period after application is deemed complete.
 - a) Distribute disability packet to applicant and employer for comment and final review
 - b) Receive and add commentary or additional information to finalize packet
 5. Facilitate referral to evidentiary hearing phase.

Medical Advisor

The services to be provided by the Medical Advisor include, but are not limited to, the following:

1. Review of completed applications and associated disability packets submitted by ACERA members applying for disability retirement, including any documentation or independent medical examiner (IME) reports, submitted to it by ACERA; and make recommendations on referring completed applications to independent medical professionals with expertise and/or specialties on an as-needed basis.
 - a) Disability Packet may consist of:
 - Application for Disability Retirement;
 - Medical provider's statement;
 - Treating physician's narrative;
 - Delayed Disability Application Affidavit form;
 - Analysis of Employee's Essential Job Function Analysis (EFJA);
 - Prior and/or subsequent employment records;
 - Reasonable accommodation documents;
 - Medical reports and records related to the injury/illness listed on the disability application claim;
 - Workers' compensation documents;
 - Comment papers submitted by the applicant and/or employer; and/or
 - Written responses, under penalty of perjury, to written inquiries concerning any matter that is either relevant to the case or is reasonably calculated to lead to the discovery of evidence that is relevant to the case.
2. Preparation and submission of a comprehensive narrative report to the Board which shall contain the following:
 - a) History of present illness/injury, including current objective conditions;
 - b) Service provider's own findings and a clear statement of conclusions and facts, reports, rationale, basis, and reasoning which support the conclusions;
 - c) Discussion of relevant laboratory and diagnostic findings;
 - d) History of treatment including current and proposed therapy; and

- e) An opinion regarding whether the member is physically or mentally incapacitated from substantially performing the usual duties of their job, whether member is permanently or continuously disabled, when member ascertained permanence and whether the disability is service-connected. In rendering this opinion, the service provider shall be informed by relevant legal precedents as directed by ACERA.
3. Medical examinations and/or review of medical records of disability recipient to determine whether they continue to be physically or mentally permanently incapacitated from substantially performing the usual duties of their job, as informed by the Board and/or ACERA.
4. Submission of a report to the Board containing a medical opinion as to whether the disability recipient continues to be physically or mentally incapacitated for the position held by her when retired for disability.
5. Serve as “Medical Advisor” to the Board, which services shall include providing advice to the Board at Board Meetings and provision of expert testimony at Disability Hearings.

Section 3 – RFI Response Submission

3.1 Vendor Qualifications

Vendor must complete and return the *Minimum Qualifications Certification, Attachment A*; certifying that the vendor satisfies all minimum qualifications and requirements. The certification must be signed by the same individuals who signed the cover letter.

3.2 Vendor Questionnaire

Vendor must complete and return the *Questionnaire, Attachment B*. The information requested must be provided in the prescribed format; all questions must be repeated in their entirety before the answers are given. Responses that deviate materially from the prescribed format may result in the rejection of the information submitted.

3.3 Required Copies and Format

Submit six (6) copies in total of each information submission as follows:

A cover letter and all attachments, exhibits and documents.

One (1) copy of the information **unbound**, (i.e., no binder covers, comb bindings, etc.) containing original signatures and marked as “**Master Copy**”.

Five (5) remaining copies must be **bound** and organized in a manner to facilitate ease of review by evaluators.

An electronic copy of the completed proposals in PDF read-only format.

3.4 Packaging and Marking This RFI

All six (6) copies of a proposal must be submitted in a sealed package and clearly marked with **“RESPONSE TO REQUEST FOR INFORMATION – MEDICAL ADVISOR & DISABILITY CLAIMS MANAGEMENT”**.

3.5 Questions Regarding This RFI

If you have questions or need clarification of any aspect of this RFI, submit your questions to Kathy Foster at kfoster@acera.org by 4:00 p.m. PDT on February 15, 2022. All questions received will be responded to in writing and both questions and answers will be posted on the ACERA website at <https://www.acera.org/rfp>.

3.6 Final Filing Date and Time

The RFI package must be received no later than **4:00 p.m. PDT on March 1, 2022** by ACERA at the following address:

2022 Medical Advisor RFI
Alameda County Employees' Retirement Association
475 14th Street, Suite 1000
Oakland, CA 94612

Attention: Kathy Foster, Assistance Chief Executive Officer

Email the PDF copy to: kfoster@acera.org and sduenas@acera.org

ATTACHMENT A



MEDICAL ADVISOR SERVICES ONLY

MINIMUM QUALIFICATIONS CERTIFICATION

(Completed by vendor for each individual proposal)

Name of Vendor: _____

All vendors are required to complete and sign this document, and provide written evidence to substantiate how each qualification is met. If the relevant information is contained in the vendor's response to the *RFI Questionnaire (Attachment B)*, please cite the specific reference applicable to the following certifications.

I certify the following:

1. The vendor is a viable business operation in existence in the United States for at least one year as of December 31, 2021.
2. The vendor has experience working with public sector clients.
3. The vendor has experience in meeting strict timelines and deadlines.
4. The vendor has experience protecting the privacy and security of health information.
5. The vendor is licensed to practice medicine in the United States of America.
6. The vendor has experience rendering medical opinions based on review of medical records.
7. The vendor has experience conducting medical examinations.
8. The vendor has experience preparing narrative reports for clients which include identifying and explaining medical history, analyzing relevant laboratory and diagnostic reports, analyzing medical treatment history and opining on the eligibility for disability benefits.
9. The vendor must have experience in applying legal standards to medical conditions and forming an opinion on eligibility for benefits under the standard (i.e., Workers' Compensation, Social Security Disability, etc.).
10. The vendor has experience presenting recommendations, conclusions, and opinions orally.

(Signature Page to Follow)

Authorized Signature 1

Title

Printed Name

Date

Authorized Signature 2

Title

Printed Name

Date

ATTACHMENT B



**MEDICAL ADVISOR SERVICES &
DISABILITY CLAIMS MANAGEMENT SERVICES**

RFI QUESTIONNAIRE

(Completed by vendor for each individual proposal)

Name of Vendor: _____

Address: _____

RFI Contact: _____

Contact Title: _____

Phone: _____ **Email:** _____

Authorized Signature 1

Title

Printed Name

Date

Authorized Signature 2

Title

Printed Name

Date

A. Proposal Questionnaire Response

1. Please provide a brief history on your organization (name, year founded, ownership, organizational structure, lines of business, whether yours is a “for profit” or “not for profit” enterprise, business license and date first issued, etc.).
2. Please list the headquarters and regional office locations, if any, of your organization (if different than above) and identify the number and type of staff at each location.
3. How many years has your organization been providing disability claims processing services, medical services, and/or determinations or evaluations of eligibility for disability benefits?
4. Within the past three years, have there been any significant developments in your organization (changes in ownership, personnel reorganization, etc.)? If so, please describe.
5. Do you anticipate any significant changes in your firm in the near-term? If so, please explain.
6. Please provide descriptions of the services you would provide to fulfill the role of Medical Advisor?
7. Please describe what services you would outsource to subcontractors if any? Who are the subcontractors? What are the experience requirement to subcontract with you?

B. Experience and Expertise

Please describe your experience in the following areas:

1. In the past five years, how many public, corporate, and non-profit clients have you provided medical services to?
2. What minimum qualifications and experience do you require of your medical professionals that perform determinations or evaluations of disability benefits?
3. How would your disability claims team be structured to meet the needs of ACERA’s disability claims management and medical advisor services?

C. Client Services and Administration

What is your policy and procedures for compliance with HIPAA privacy rules?

D. Reporting

Please provide a redacted sample medical evaluation report for determination concerning eligibility for disability benefits.

E. Implementation

1. Please describe your performance standards and guarantees, if any, you would offer ACERA.
2. Please describe the professional and/or general liability insurance carried by your firm. Include the type of insurance, acts or liabilities covered, per occurrence, and total policy limits.

F. Cost for Services

Description	Fee
Case review, submission of narrative report, medical examination of recipients:	\$ _____/per case
IME/IPE	\$ _____/per case
Expert testimony, including attendance at Board meetings	<p>\$_____/per hour plus expenses. Expenses shall include reasonable and customary mileage charges, parking fees, and bridge tolls.</p> <p>If a request for attendance/testimony is cancelled with less than one (1) week notice, Contractor will receive payment for their time.</p>
Administrative	\$_____/per month.
Review of disability cases previously approved/granted by ACERA	\$_____ per disability case/applicant.

G. Desired Services

Review the list of desired services and describe how you can assist ACERA with meeting these goals:

- Member portal access and tracking from the submission the disability application with the Medical Advisor to the recommendation to the ACERA Board of Retirement
- Ability to generate analytical reports of Medical Advisor performance in processing applications timely
- Interfaces with external systems such as: OnBase and Pension Gold
- A base product that can be modified to fit ACERA’s needs
- Flexibility in systems operations to allow for use of both the data contained in the database and to allow for use of data not included in the database, but needed to perform calculations, allowing staff to provide the additional data as required in completing operations in the system and have this data and the calculations stored within the system
- Security administration, including the ability to add/delete/modify user’s access to particular pages, reports, views, and actions
- An all-encompassing activity monitoring system that tracks and logs all of a user’s actions while logged into the system
- Browser based design
- Willingness to participate in intrusion testing periodically
- Option to choose where production data is hosted (on-site, in the cloud, off-site, or vendor hosted)
- Full control of all fields that have built in context restrictions and drop down menu selections

H. References and Client List

List your three largest public sector pension fund clients, where your firm provides medical advisor services and/or disability claims management services to, who may be contacted as references. For each reference listed include: client name, address, name, title and telephone number of contact person, number of members, and length of time as your client.

List any clients that have terminated services within the last two years and the reasons for the terminations. For each client listed include client name: address, name, title and telephone number of contact person, number of members, and length of time as your client.

List each client that you are currently providing medical evaluation services to, specifying the service provided for each client.