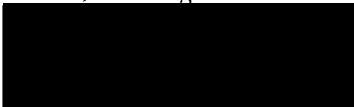




Experts in Defining and Improving the Quality of Health Care

# 8 Stephanie Cassier



RECEIVED

APR 29 2005

EBD-CMU

April 28, 2005

Mr. Robert W. DuBois, CEBS  
Director, Employee Benefits Division  
Attn: Stephanie Cassier  
New York State Department of Civil Service  
W. Averell Harriman State Office Building Campus  
Building 1, Room 154  
Albany, NY 12239  
Re: Proposal Submission – Dispute Resolution Program

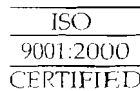
Dear Mr. DuBois:

On behalf of IPRO, I am pleased to submit this proposal in response to the Request for Proposals issued by the New York State Department of Civil Service entitled *Workers' Compensation Dispute Resolution Program*, dated March 10, 2005. One original and nine copies each of our Technical Proposal and Cost Proposal have been provided in separate packages.

IPRO has served as the State's Workers' Compensation Dispute Resolution Agent since 1998 and has reviewed more than 500 related appeals to date. All reviews have been conducted objectively and completed on time. In addition to providing reviewers who are already experienced in the requirements of the program, IPRO has established procedures and systems that ensure timely completion of reviews in full compliance with the Department's requirements. We believe our performance speaks well of our ability to continue to successfully manage this program on behalf of the State at a fair cost and with the added value of our experience.

In compliance with the instructions in Section II.F.3, please note that IPRO:

- Meets all of the mandatory qualifications specified in Section II.F.2 (a-d) in the RFP.
- Agrees in principle to provide the comprehensive contractor requirements outlined in Section III of the RFP.
- Has read, understands and accepts the terms and conditions set forth in Section VI of the RFP, including Appendices A and B.
- Will comply with the provisions of Executive Order 127 and Tax Law Section 5-a, and has included its completed forms herein.
- Will provide a completed Certification Regarding Sales and Compensating Use Tax (Exhibit I.F) upon conditional award of the contract.





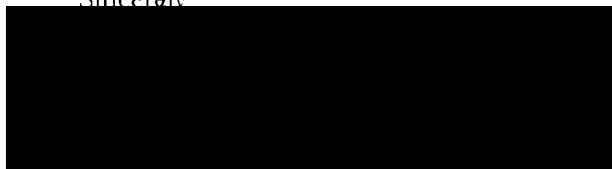
Page Two  
April 28, 2005

This proposal and all provisions of our pricing will remain valid until April 29, 2006. Authorized to negotiate and contract on behalf of IPRO are Theodore O. Will, Chief Executive Officer and Harry M. Feder, Senior Vice President for Program Operations. Should you have any questions or require additional information, please contact Mr. Feder at:

IPRO  
1979 Marcus Avenue  
Lake Success, NY 11042-1002  
(516) 326-7767, extension 528  
hfeder@ipro.org

We look forward to continuing to service the New York State Department of Civil Service in assuring the uninterrupted successful operation of the Workers' Compensation Dispute Resolution Program for the State of New York Security Services Employees.

Sincerely,



Harry M. Feder  
Senior Vice President

cc: T. Giorgio  
T. Will

# Cost Proposal

Prepared for the  
New York State Department of Civil Service



## Workers' Compensation Dispute Resolution Program

April 29, 2005

SUBMITTED BY

**I**PRO

1979 MARCUS AVENUE  
LAKE SUCCESS, NY 11042-1002  
516-326-7767 • FAX 516-328-2310  
WEBSITE @ WWW.IPRO.ORG

COPY -

# **COST PROPOSAL**

Prepared for  
New York State Department of Civil Services

---

## **Workers' Compensation Dispute Resolution Program**

April 29, 2005

**Submitted by**

**I  
P  
R  
O**

1979 Marcus Avenue  
Lake Success, NY 11042  
(516) 326-7767  
<http://www.ipro.org>

---

This proposal and any appendices referenced herein contain trade secrets and/or other confidential information, the public disclosure of which would cause substantial injury to IPRO's competitive position. IPRO requests that the government use the information herein only for the purpose of evaluating this proposal and limit disclosure to the extent necessary and proper under state and federal law.

## 1.0 Cost Proposal

IPRO proposes to charge the following fee for review of each Valid Appeal reviewed IPRO:

\$385.00

IPRO understands that the number of reviews to be completed under the agreement cannot and shall not guarantee the number of Appeals under the Agreement resulting for this RFP.

IPRO also understands that payment under the contract resulting from this RFP will be based on the actual monthly appeal volume times the quoted review fee.

IPRO shall submit the bill that meets the State's requirements for a given month to the DCS within fifteen (15) days following the end of the month. This bill shall be processed within thirty (30) days of receipt of the bill.

# **TECHNICAL PROPOSAL**

Prepared for  
New York State Department of Civil Services

---

## **Workers' Compensation Dispute Resolution Program**

April 29, 2005

**Submitted by**

**I****PRO**

1979 Marcus Avenue  
Lake Success, NY 11042  
(516) 326-7767  
<http://www.ipro.org>

---

This proposal and any appendices referenced herein contain trade secrets and/or other confidential information, the public disclosure of which would cause substantial injury to IPRO's competitive position. IPRO requests that the government use the information herein only for the purpose of evaluating this proposal and limit disclosure to the extent necessary and proper under state and federal law.

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## 1.0 Executive Summary

### 1.1 Understanding of DRP Requirements and Approach

REQUIREMENT: RFP Sections III.A 1 and 2

The State of New York Medical Evaluation Program (MEP) is a voluntary program that provides injured Employees covered by six specific units<sup>1</sup>, an expedited consultant examination. The medical examination, which is arranged by the Workers' Compensation Fund and conducted by an Evaluating Physician, determines the Employee's degree of disability and prognosis. It is used by management to determine the Employee's ability to return to work and eligibility for limited duty assignments.

When the Evaluating Physician determines that the degree of disability exceeds 50 percent, the Employee continues to receive leave benefits at full pay. When the degree of disability is 50 percent or less, the Evaluating Physician prepares a statement of capabilities and limitations so that the Employing Agency has sufficient information to establish limited duty assignments for the Employee. The Employee may request that his/her Treating Physician file an appeal when:

- The Treating Physician determines that the Employee has an injury/illness resulting in a disability of greater than 50 percent, but the Evaluating Physician determines that the Employee has an injury/illness resulting in a disability of 50 percent or less; or
- The Treating Physician determines that a disability exists and the Evaluating Physician determines that the Employee has no disability.

Under the DRP, a neutral third party physician must review the medical reports and related documentation from both physicians and make a determination that upholds either the Treating or Evaluating Physician's opinion.

---

<sup>1</sup> Group 1: Security Services, Security Supervisors and Agency Law Enforcement Services Units. Group 2: State Police in the State Police Investigators Unit, State Police Commissioned Officers and Non-Commissioned Officers (Supervisors) Unit, and State Police Management/Confidential Group

Once an appeal is received from the Treating Physician, IPRO, as the DRP Administrator, is required to:

- Determine if the appeal is valid;
- Notify all parties (Employee, Employing Agency, Treating Physician, Evaluating Physician, appropriate union or fund and Workers' Compensation Fund) as to whether the appeal is valid or invalid;
- For valid appeals, have a qualified and independent Program Reviewing Physician (PRP) with expertise in the condition that is the subject of the appeal review the medical records and documentation from both the Treating and Evaluating Physicians and make a determination that agrees with either the Treating or Evaluating Physician's determination; and
- Within seven calendar days (for Group 1) or ten calendar days (for Group 2) of receipt of a valid appeal, notify all parties of the outcome of the review.

Additional program requirements include, but are not limited to, issuing timely notice that an appeal has been received, collecting and reporting Program data, preparing internal PRP monitoring reports, managing medical information in a confidential and secure manner, and testifying before the Board if required.

## 1.2 How IPRO Will Accomplish the DRP Objectives

REQUIREMENT: RFP Section B. A. 1

IPRO stands ready to operate the Dispute Resolution Program (DRP) into the next contract period immediately on contract award, without interruption in service. In 1998, in collaboration with the New York State Department of Civil Service (DCS), IPRO executed an implementation plan that assured the smooth rollout of the DRP. All elements of the plan were completed on time and to the satisfaction of DCS.

Since that time, IPRO has administered the DRP efficiently, completing expert and timely processing of approximately 500 appeals to date. IPRO has already established all of the program elements needed to continue operating the program successfully. Elements of the existing DRP review program include, but are not limited to:

- An Appeal Request Form that has been tested, refined and used successfully for six years;

- An established and experienced panel of qualified Program Review Physicians (PRPs) representing all required specialties;
- Established working relationship with DCS program staff;
- An effective quality assurance system for tracking case outcomes by PRP;
- Standard notification letters that have been approved by DCS;
- Established administrative and review procedures that our Program Staff and PRP panel are accustomed to following;
- Established procedures for secure transport and confidentiality of medical information;
- Developed a system for maintaining records by unique identification number; and
- Standardized reports that have been approved by DCS and submitted timely since program inception.

In addition to our experience in administering the DRP review program to date, IPRO has extensive experience in implementing and managing other review programs that are similar in size and scope to the DRP. These programs are also characterized by the need to meet stringent time constraints, for qualified and trained independent physician reviewers, adherence to standard procedures and other similarities. These projects are described in Section 4.2.1.

IPRO has selected highly experienced personnel to implement and operate the program into the new contract term, all of whom have been involved in running the program for more than a year. Our selected Program Director implemented the initial DRP rollout. The qualifications of our proposed DRP operations team are detailed in Section 4.2.3.

### 1.3 IPRO Addresses and Contacts

REQUIREMENT: RFP Section 6.0.1.1

IPRO's main and branch offices are located at the addresses below:

**Corporate Office**

1979 Marcus Avenue  
Lake Success, NY 11042-1002

**Regional Office**

20 Corporate Woods Blvd.  
Albany, NY 12211-2370

Theodore O. Will, Chief Executive Officer and Harry M. Feder, Senior Vice President are authorized to negotiate on behalf of IPRO for a contract resulting from this response to the DCS Dispute Resolution Program RFP.



## **2.0 Acceptances and Assertions**

### **2.1 Omnibus Procurement Act of 1992**

REQUIREMENT: RFP Section III.A.3

I<sup>PRO</sup> has reviewed, understands and accepts the terms and conditions of the Omnibus Procurement Act of 1992.

### **2.2 MacBride Act/Non-Collusive Bidding**

REQUIREMENT: RFP Section III.A.4

An executed copy of the combined MacBride Act/Non-Collusive Bidding statement form provided in the RFP is provided on the next page.

### **2.3 Conflict of Interest Provisions**

REQUIREMENT: RFP Section III.A.5

I<sup>PRO</sup> hereby asserts that it has no conflict of interest or potential for conflict of interest due to prior, current or proposed contracts, engagements or affiliations.

### **2.4 Procurement Disclosure**

REQUIREMENT: RFP Section III.A.15

I<sup>PRO</sup>'s completed Procurement Disclosure -- Offeror/Contractor Disclosure of Contacts (RFP Exhibits I.C and I.D) forms are provided following this page.



**BIDDER IS REQUIRED TO SIGN BOTH SECTIONS ON THIS PAGE**

**NON-DISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND  
MACBRIDE FAIR EMPLOYMENT PRINCIPLES**

In accordance with Chapter 807 of the Laws of 1992 the bidder, by submission of this bid, certifies that it or any individual or legal entity in which the bidder holds a 10% or greater ownership interest, or any individual or legal entity that holds a 10% or greater ownership interest in the bidder, either (answer "yes" or "no" to one or both of the following, as applicable):

(1) Have business operations in Northern Ireland.

Yes \_\_\_\_\_ or No  X

If yes:

(2) Shall take lawful steps in good faith to conduct any business operations they have in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of their compliance with such Principles.



IPRO  
(Name of Business)

**NON-COLLUSIVE BIDDING CERTIFICATION**

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.



IPRO  
(Name of Business)



State of New York  
 Department of Civil Service  
 The State Campus  
 Albany, NY 12239

**ADMINISTRATIVE SERVICES DIVISION**  
**Procurement Disclosure –**  
**Offeror Disclosure of Prior Non-Responsibility Determinations**

ADM-524 (1/04L)

**Instructions:**

The Offeror must demonstrate its compliance with New York State Executive Order No. 127 by disclosing to the Department whether any State department, office or division, or any board, commission or bureau thereof, or any public benefit corporation, public authority or commission at least one of whose members has been appointed by the Governor, including the State University of New York and the City University of New York, has made a finding of the Offeror's non-responsibility under Executive Order No. 127 in the five years preceding the date of the Offeror's submission of its proposal to the Department. Failure to complete and submit this form shall result in a determination of non-responsiveness and disqualification of the Offeror's proposal.

Date of Submission: April 29, 2005

Name of Offeror: I PRO

Address: 1979 Marcus Avenue, Lake Success, NY 11042

Name and Title of Person Submitting this Form: Theodore O. Will, Chief Executive Officer

Has any covered agency or authority made a finding of non-responsibility, for any reason, regarding the Offeror in the last five years? (Please check):

no  yes

If yes, was the basis for the finding of the Offeror's non-responsibility due to the intentional provision of false or incomplete information required by Executive Order No. 127? (Please check):

no  yes

If yes, please provide details regarding the finding of non-responsibility below:

Covered Agency or Authority: \_\_\_\_\_

Year(s) of Finding of Non-responsibility: \_\_\_\_\_

Basis of Finding of Non-Responsibility: \_\_\_\_\_

Has any covered agency or authority terminated a procurement contract with the Offeror due to the intentional provision of false or incomplete information required by Executive Order No. 127? (Please check):

no  yes

**PERSONAL PRIVACY PROTECTION NOTIFICATION** - The information you provide on this form is requested for the principal purpose ensuring compliance with Executive Order No. 127. Failure to provide the information may interfere with the Department's ability to administer the procurement to which the request for information relates. The information will be maintained by the Procurement Manager for the subject procurement, Department of Civil Service, The State Campus, Albany, NY 12239. The information will be used in accordance with Public Officers Law section 96(1), also known as the Personal Privacy Protection Law. For information about the Personal Privacy Protection Law, call (518) 457-9375. For information about this form, call the Procurement Manager of the subject procurement.



State of New York  
 Department of Civil Service  
 The State Campus  
 Albany, NY 12239

**ADMINISTRATIVE SERVICES DIVISION**

**Procurement Disclosure – Offeror/Contractor Disclosure of Contacts**

ADM-524.1 (1/04L)

**INSTRUCTIONS:**

**OFFERORS** are required to demonstrate compliance with New York State Executive Order No. 127, "Providing for Additional State Procurement Disclosure" by completing this form at the time the Offeror's Proposal is submitted to the Department, and to provide such additional information throughout the procurement until the date of the final contract award, as necessary to ensure compliance with the Executive Order. Failure to complete and submit this form may result in a determination of non-responsiveness and disqualification of the Offeror's proposal. This information will be maintained in the Procurement Record and will be available for inspection as a public record.

**CONTRACTORS** are required to use this form to update this information throughout the term of any contract awarded to the Contractor by the Department. This information will be maintained in the record for the contract(s) for which the Contractor provides services and will be available for inspection as a public record.

Date of Submission: April 29, 2005

Name of Offeror/Contractor: IPRO

Address: 1979 Marcus Avenue, Lake Success, NY 11042

Name and Title of Person Submitting this Form: Theodore O. Will, Chief Executive Officer

Please specify whether this is an initial filing in accordance with Section II, paragraph 1 of Executive Order No. 127 or an updated filing in accordance with Section II, paragraph 2 of Executive Order No. 127. (Please check):

Initial filing       Updated filing

The following person or organization was retained, employed, or designated by or on behalf of the Offeror/Contractor to attempt to influence the procurement process:

Name: Mel Miller/Giorgio DeRosa

Address: 35 Worth Street, New York, NY 10013

Telephone Number: (212) 431-4748

Place of Principal Employment: same

Occupation: Consultant/Lobbyist

Does the above named person or organization have a financial interest in the procurement? (Please check):

no       yes

**PLEASE USE ADDITIONAL SHEETS AS NECESSARY AND ATTACH THEM TO THIS PAGE**

**PERSONAL PRIVACY PROTECTION NOTIFICATION** - The information you provide on this form is requested for the principal purpose ensuring compliance with Executive Order No. 127. Failure to provide the information may interfere with the Department's ability to administer the procurement to which the request for information relates. The information will be maintained by the Procurement Manager for the subject procurement, Department of Civil Service, The State Campus, Albany, NY 12239. The information will be used in accordance with Public Officers Law section 96(1), also known as the Personal Privacy Protection Law. For information about the Personal Privacy Protection Law, call (518) 457-9375. For information about this form, call the Procurement Manager.



### 3.0 Mandatory Proposal Requirements

REQUIREMENT: RFP Sections II.F.2 and 4.3.1

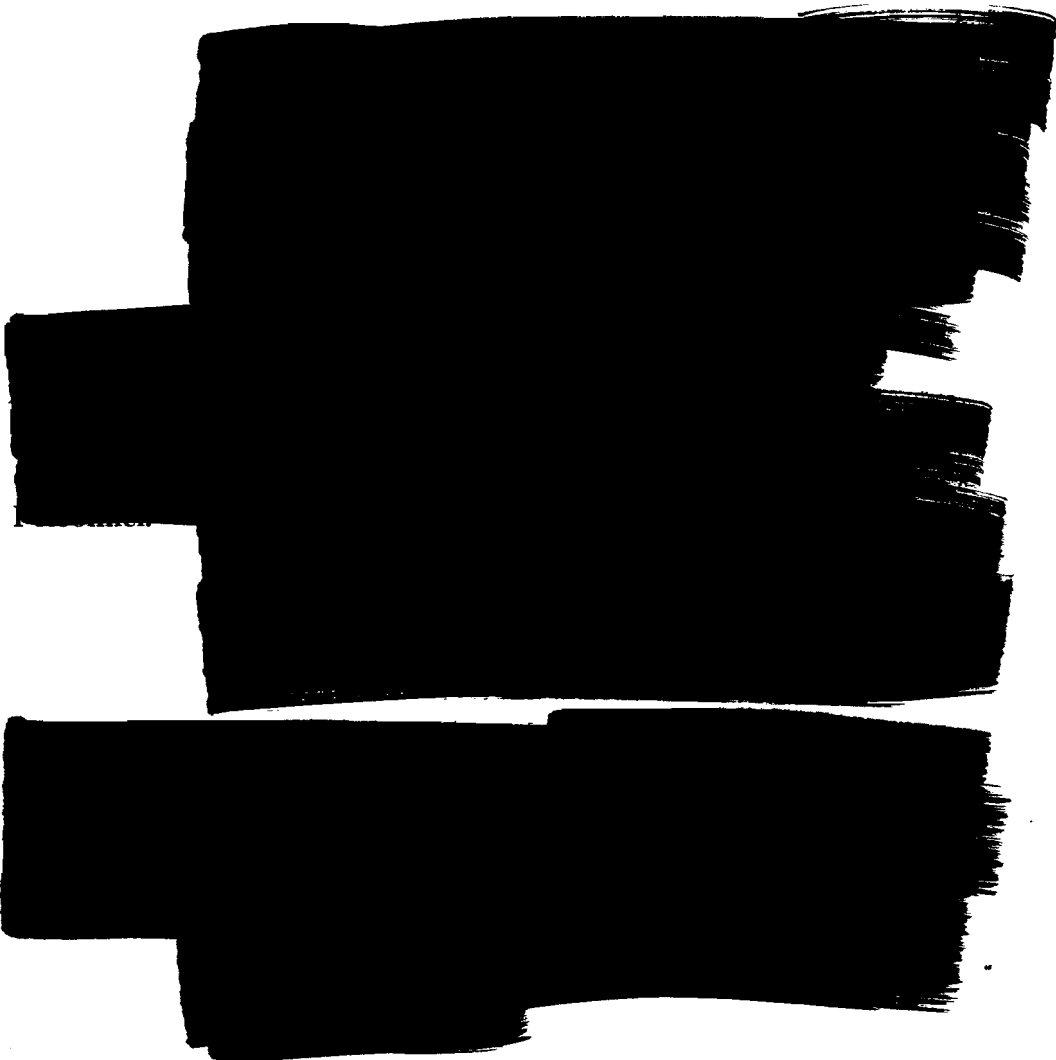
IPRO is a qualified Offeror, meeting or exceeding all prerequisites detailed in Section II.F.2 of the RFP, as follows:

- IPRO is a national health care quality assessment and medical review organization, incorporated in 1983. IPRO is a federally designated Medicare Quality Improvement Organization for the State of New York, holds several major state Medicaid contracts for utilization management and managed care, and conducts HEDIS auditing and independent medical review. IPRO initially implemented and has been successfully conducting the New York State Dispute Resolution Program since 1998. Today, IPRO provides health care review, evaluation, compliance and quality improvement services to government and private sector clients under approximately 100 separate contracts.
- As a not-for-profit 501-3-C corporation, incorporated in the state of New York, IPRO has the legal capacity to enter into a contract with the President of the New York State Civil Service Commission (“Commissioner”). IPRO holds numerous contracts with the State of New York, other states, the federal government and private companies. IPRO’s Certificate of Incorporation is provided as Appendix F.
- IPRO’s headquarters and satellite offices are located in New York State. All work to be conducted under this contract will be completed at IPRO’s Lake Success, New York headquarters.
- If awarded the contract, IPRO agrees to complete Exhibit I.F to comply with Section 5-a of the Tax Law.
- IPRO maintains a panel of physicians representing all specialties as listed in Section II.F.2.d. A current report listing physician reviewers and their specialties is provided in Section 4.3.1.

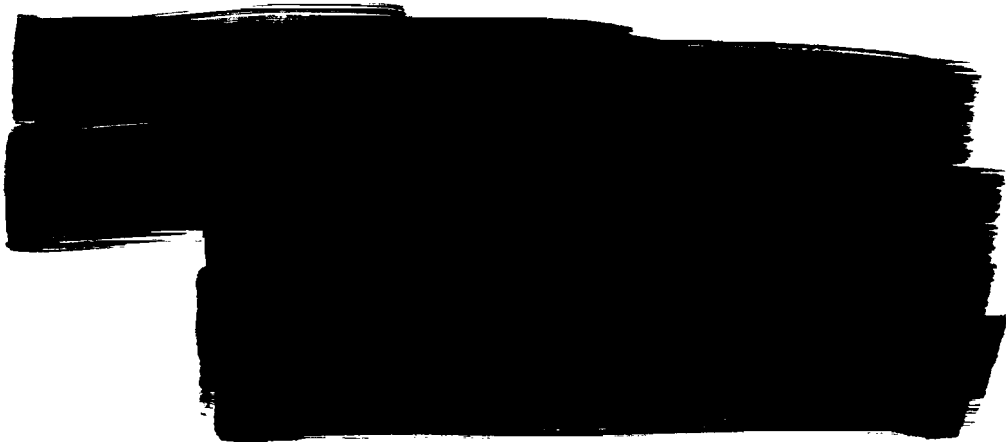
### 3.1 Subcontractors

REQUIREMENT: RFP Section 4.3.1





3.2.2





**3.3 Audited Financial Statements**

DISCLOSURE REQUIRED

Audited financial statements are provided in Appendix A for fiscal years ending July 31, 2003 and July 31, 2004. IPRO's most recent quarterly financial statement is also provided.

**3.4 Current Litigation**

DISCLOSURE REQUIRED

IPRO is not currently involved in any litigation.



### **3.5 Vendor Responsibility Questionnaire**

REQUIREMENT REFERENCE: 3.5.1

IPRO's completed Vendor Responsibility Questionnaire (Exhibit I.H of the RFP) is provided following this page.

### **3.6 Work Force Employment Utilization Report**

REQUIREMENT REFERENCE: 3.6.1

IPRO's completed Work Force Employment Utilization Report Service and/or Consultant Firms form (Exhibit I.I of the RFP) is provided following this page.

**STATE OF NEW YORK  
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN #

|                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                                                                           |                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| 1. VENDOR IS:<br><input checked="" type="checkbox"/> PRIME CONTRACTOR <input type="checkbox"/> SUB-CONTRACTOR                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                           |                                  |
| 2. VENDOR'S LEGAL BUSINESS NAME<br>Island Peer Review Organization, Inc.                                                                                                                                                                                                                                                          |                                  | 3. IDENTIFICATION NUMBERS<br>a) FEIN # 112662689<br>b) DUNS # 14-762-7939                                                                                                                                 |                                  |
| 4. D/B/A – Doing Business As (if applicable) & COUNTY FILED:<br>IPRO                                                                                                                                                                                                                                                              |                                  | 5. WEBSITE ADDRESS (if applicable)<br>ipro.org                                                                                                                                                            |                                  |
| 6. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE<br>1979 Marcus Avenue, Lake Success, NY 11042                                                                                                                                                                                                                            |                                  | 7. TELEPHONE NUMBER<br>516-326-7767                                                                                                                                                                       | 8. FAX NUMBER<br>516-326-7791    |
| 9. ADDRESS OF PRIMARY PLACE OF BUSINESS/EXECUTIVE OFFICE<br><i>IN NEW YORK STATE</i> , if different from above                                                                                                                                                                                                                    |                                  | 10. TELEPHONE NUMBER                                                                                                                                                                                      | 11. FAX NUMBER                   |
| 12. PRIMARY PLACE OF BUSINESS IN NEW YORK STATE IS:<br><input type="checkbox"/> Owned <input checked="" type="checkbox"/> Rented<br>If rented, please provide landlord's name, address, and telephone number below:<br>Broadway Real Estate Services, Suite #E 127, 1979 Marcus Avenue, Lake Success, NY 11042, Tel: 516-620-9884 |                                  | 13. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE<br>Name Daniel A. Schweitzer<br>Title Senior Director of Finance<br>Telephone Number 516-326-7767<br>Fax Number 516-326-7791<br>e-mail dschweitzer@ipro.org |                                  |
| 14. VENDOR'S BUSINESS ENTITY IS (please check appropriate box and provide additional information):                                                                                                                                                                                                                                |                                  |                                                                                                                                                                                                           |                                  |
| a) <input type="checkbox"/> Business Corporation                                                                                                                                                                                                                                                                                  | Date of Incorporation            | State of Incorporation*                                                                                                                                                                                   |                                  |
| b) <input type="checkbox"/> Sole Proprietor                                                                                                                                                                                                                                                                                       | Date Established                 |                                                                                                                                                                                                           |                                  |
| c) <input type="checkbox"/> General Partnership                                                                                                                                                                                                                                                                                   | Date Established                 |                                                                                                                                                                                                           |                                  |
| d) <input checked="" type="checkbox"/> Not-for-Profit Corporation                                                                                                                                                                                                                                                                 | Date of Incorporation 7/83       | State of Incorporation* NY<br>Charities Registration Number 036084                                                                                                                                        |                                  |
| e) <input type="checkbox"/> Limited Liability Company (LLC)                                                                                                                                                                                                                                                                       | Date Established                 |                                                                                                                                                                                                           |                                  |
| f) <input type="checkbox"/> Limited Liability Partnership                                                                                                                                                                                                                                                                         | Date Established                 |                                                                                                                                                                                                           |                                  |
| g) <input type="checkbox"/> Other – Specify:                                                                                                                                                                                                                                                                                      | Date Established                 | Jurisdiction Filed (if applicable)                                                                                                                                                                        |                                  |
| * If not incorporated in New York State, please provide a copy of authorization to do business in New York.                                                                                                                                                                                                                       |                                  |                                                                                                                                                                                                           |                                  |
| 15. PRIMARY BUSINESS ACTIVITY - (Please identify the primary business categories, products or services provided by your business)<br>Health care analysis, utilization review, quality assurance, quality improvement, and consulting                                                                                             |                                  |                                                                                                                                                                                                           |                                  |
| 16. NAME OF WORKERS' COMPENSATION INSURANCE CARRIER: Hartford                                                                                                                                                                                                                                                                     |                                  |                                                                                                                                                                                                           |                                  |
| 17. LIST ALL OF THE VENDOR'S PRINCIPAL OWNERS AND THE THREE OFFICERS WHO DIRECT THE DAILY OPERATIONS OF THE VENDOR (Attach additional pages if necessary):                                                                                                                                                                        |                                  |                                                                                                                                                                                                           |                                  |
| a) NAME (print)<br>Theodore O. Will                                                                                                                                                                                                                                                                                               | TITLE<br>Chief Executive Officer | b) NAME (print)<br>Louis Ferreri                                                                                                                                                                          | TITLE<br>Chief Financial Officer |
| c) NAME (print)<br>Harry M. Feder                                                                                                                                                                                                                                                                                                 | TITLE<br>Senior Vice President   | d) NAME (print)<br>Clare Bradley, MD                                                                                                                                                                      | TITLE<br>Chief Medical Officer   |

**STATE OF NEW YORK  
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN #

**A DETAILED EXPLANATION IS REQUIRED FOR EACH QUESTION ANSWERED WITH A "YES," AND MUST BE PROVIDED AS AN ATTACHMENT TO THE COMPLETED QUESTIONNAIRE. YOU MUST PROVIDE ADEQUATE DETAILS OR DOCUMENTS TO AID THE CONTRACTING AGENCY IN MAKING A DETERMINATION OF VENDOR RESPONSIBILITY. PLEASE NUMBER EACH RESPONSE TO MATCH THE QUESTION NUMBER.**

|     |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 18. | Is the vendor certified in New York State as a (check please):<br><input type="checkbox"/> Minority Business Enterprise (MBE)<br><input type="checkbox"/> Women's Business Enterprise (WBE)<br><input type="checkbox"/> Disadvantaged Business Enterprise (DBE)?<br><i>Please provide a copy of any of the above certifications that apply.</i>                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      |
| 19. | Does the vendor use, or has it used in the past ten (10) years, any other Business Name, FEIN, or D/B/A other than those listed in items 2-4 above?<br><i>List all other business name(s), Federal Employer Identification Number(s) or any D/B/A names and the dates that these names or numbers were/are in use. Explain the relationship to the vendor.</i>                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      |
| 20. | Are there any individuals now serving in a managerial or consulting capacity to the vendor, including principal owners and officers, who now serve or in the past three (3) years have served as:                                                                                                                                                                                                                        |                                                                          |
|     | a) An elected or appointed public official or officer?<br><i>List each individual's name, business title, the name of the organization and position elected or appointed to, and dates of service.</i>                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      |
|     | b) A full or part-time employee in a New York State agency or as a consultant, in their individual capacity, to any New York State agency?<br><i>List each individual's name, business title or consulting capacity and the New York State agency name, and employment position with applicable service dates.</i>                                                                                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>* |
|     | c) If yes to item #20b, did this individual perform services related to the solicitation, negotiation, operation and/or administration of public contracts for the contracting agency?<br><i>List each individual's name, business title or consulting capacity and the New York State agency name, and consulting/advisory position with applicable service dates. List each contract name and assigned NYS number.</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      |
|     | d) An officer of any political party organization in New York State, whether paid or unpaid?<br><i>List each individual's name, business title or consulting capacity and the official political party position held with applicable service dates.</i>                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      |

\* K. Heiner – Consultant, NYS DOH

**STATE OF NEW YORK  
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN #

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <p><b>21.</b> Within the past five (5) years, has the vendor, any individuals serving in managerial or consulting capacity, principal owners, officers, major stockholder(s) (10% or more of the voting shares for publicly traded companies, 25% or more of the shares for all other companies), affiliate<sup>1</sup> or any person involved in the bidding or contracting process:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |
| <p><b>a)</b> 1. been suspended, debarred or terminated by a local, state or federal authority in connection with a contract or contracting process;</p> <p>2. been disqualified for cause as a bidder on any permit, license, concession franchise or lease;</p> <p>3. entered into an agreement to a voluntary exclusion from bidding/contracting;</p> <p>4. had a bid rejected on a New York State contract for failure to comply with the MacBride Fair Employment Principles;</p> <p>5. had a low bid rejected on a local, state or federal contract for failure to meet statutory affirmative action or M/WBE requirements on a previously held contract;</p> <p>6. had status as a Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise denied, de-certified, revoked or forfeited;</p> <p>7. been subject to an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal government contract;</p> <p>8. been denied an award of a local, state or federal government contract, had a contract suspended or had a contract terminated for non-responsibility; or</p> <p>9. had a local, state or federal government contract suspended or terminated for cause prior to the completion of the term of the contract?</p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <p><b>b)</b> been indicted, convicted, received a judgment against them or a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <p><b>c)</b> been issued a citation, notice, violation order, or are pending an administrative hearing or proceeding or determination for violations of:</p> <p>1. federal, state or local health laws, rules or regulations, including but not limited to Occupational Safety &amp; Health Administration (OSHA) or New York State labor law;</p> <p>2. state or federal environmental laws;</p> <p>3. unemployment insurance or workers' compensation coverage or claim requirements;</p> <p>4. Employee Retirement Income Security Act (ERISA);</p> <p>5. federal, state or local human rights laws;</p> <p>6. civil rights laws;</p> <p>7. federal or state security laws;</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**STATE OF NEW YORK  
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN #

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
|     | <p>8. federal Immigration and Naturalization Services (INS) and Alienage laws;</p> <p>9. state or federal anti-trust laws; or</p> <p>10. charity or consumer laws?</p> <p><i>For any of the above, detail the situation(s), the date(s), the name(s), title(s), address(es) of any individuals involved and, if applicable, any contracting agency, specific details related to the situation(s) and any corrective action(s) taken by the vendor.</i></p>                                                                                                                                                              |                                                                                                                                                |
| 22. | <p>In the past three (3) years, has the vendor or its affiliates<sup>1</sup> had any claims, judgments, injunctions, liens, fines or penalties secured by any governmental agency?</p> <p><i>Indicate if this is applicable to the submitting vendor or affiliate. State whether the situation(s) was a claim, judgment, injunction, lien or other with an explanation. Provide the name(s) and address(es) of the agency, the amount of the original obligation and outstanding balance. If any of these items are open, unsatisfied, indicate the status of each item as "open" or "unsatisfied."</i></p>             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            |
| 23. | <p>Has the vendor (for profit and not-for profit corporations) or its affiliates<sup>1</sup>, in the past three (3) years, had any governmental audits that revealed material weaknesses in its system of internal controls, compliance with contractual agreements and/or laws and regulations or any material disallowances?</p> <p><i>Indicate if this is applicable to the submitting vendor or affiliate. Detail the type of material weakness found or the situation(s) that gave rise to the disallowance, any corrective action taken by the vendor and the name of the auditing agency.</i></p>                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            |
| 24. | <p>Is the vendor exempt from income taxes under the Internal Revenue Code?</p> <p><i>Indicate the reason for the exemption and provide a copy of any supporting information.</i></p> <p style="text-align: center;">501 C3 Corp.</p>                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                            |
| 25. | <p>During the past three (3) years, has the vendor failed to:</p> <p>a) file returns or pay any applicable federal, state or city taxes?<br/><i>Identify the taxing jurisdiction, type of tax, liability year(s), and tax liability amount the vendor failed to file/pay and the current status of the liability.</i></p> <p>b) file returns or pay New York State unemployment insurance?<br/><i>Indicate the years the vendor failed to file/pay the insurance and the current status of the liability.</i></p>                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 26. | <p>Have any bankruptcy proceedings been initiated by or against the vendor or its affiliates<sup>1</sup> within the past seven (7) years (whether or not closed) or is any bankruptcy proceeding pending by or against the vendor or its affiliates regardless of the date of filing?</p> <p><i>Indicate if this is applicable to the submitting vendor or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed.</i></p> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                            |

**STATE OF NEW YORK  
VENDOR RESPONSIBILITY QUESTIONNAIRE**

FEIN #

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 27. | Is the vendor currently insolvent, or does vendor currently have reason to believe that an involuntary bankruptcy proceeding may be brought against it?<br><i>Provide financial information to support the vendor's current position, for example, Current Ratio, Debt Ratio, Age of Accounts Payable, Cash Flow and any documents that will provide the agency with an understanding of the vendor's situation.</i>                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 28. | Has the vendor been a contractor or subcontractor on any contract with any New York State agency in the past five (5) years?<br><i>List the agency name, address, and contract effective dates. Also provide state contract identification number, if known. (See attached)</i>                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. | In the past five (5) years, has the vendor or any affiliates <sup>1</sup> :<br>a) defaulted or been terminated on, or had its surety called upon to complete, any contract (public or private) awarded;<br>b) received an overall unsatisfactory performance assessment from any government agency on any contract; or<br>c) had any liens or claims over \$25,000 filed against the firm which remain undischarged or were unsatisfied for more than 90 days ?<br><i>Indicate if this is applicable to the submitting vendor or affiliate. Detail the situation(s) that gave rise to the negative action, any corrective action taken by the vendor and the name of the contracting agency.</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 30. | Please attach a copy of your organization's latest audited financial statements to this questionnaire.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |

<sup>1</sup> "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.



Response to Question #28  
State of New York Vendor Responsibility Questionnaire

**IPRO NYS Client**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

IPRO requests that the government use the information herein only for the purpose of evaluating this proposal and limit disclosure to the extent necessary and proper under state and federal law.



[REDACTED]

[REDACTED]

[REDACTED]

**WORK FORCE EMPLOYMENT UTILIZATION REPORT  
SERVICE and/or CONSULTANT FIRMS**

Agency: NYS Dept. of Civil Service /Code \_\_\_\_\_ Reporting period: \_\_\_\_\_  
 Check One:  Quarterly  Semi-Annual Report

Contractor/Firm Name: I PRO Address: 1979 Marcus Avenue, Lake Success, NY 11042  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Report:  Contract Specific WorkForce  Total Work Force Check if NOT-For- Profit:

Federal ID/Payee ID No. [REDACTED] Contract No. \_\_\_\_\_ Location of Work Nassau 11042  
 County \_\_\_\_\_ Zip \_\_\_\_\_

Check One:  Prime Contractor  Subcontractor Product/Service Provided: Workers' Compensation Appeals Review

Contract Amount: \$ Bill per Review Contract Start Date: November 1, 2005 Percent of Job Completed \_\_\_\_\_

| Federal Occupational Category | Number of Employees       |            |                                |           |          |          |                           |           |                                |          | Total Percent Minority Employees | Total Percent Female Employees |
|-------------------------------|---------------------------|------------|--------------------------------|-----------|----------|----------|---------------------------|-----------|--------------------------------|----------|----------------------------------|--------------------------------|
|                               | Total Number of Employees |            | Black (Not of Hispanic origin) |           | Hispanic |          | Asian or Pacific Islander |           | Native American/Alaskan Native |          |                                  |                                |
|                               | Male                      | Female     | Male                           | Female    | Male     | Female   | Male                      | Female    | Male                           | Female   |                                  |                                |
| Officials/Admin.              | 28                        | 75         | 0                              | 9         | 0        | 0        | 3                         | 4         | 0                              | 0        | 11%                              | 17%                            |
| Professionals                 | 20                        | 114        | 4                              | 17        | 1        | 2        | 2                         | 12        | 0                              | 0        | 35                               | 27                             |
| Technicians                   | 24                        | 24         | 3                              | 4         | 3        | 0        | 3                         | 6         | 0                              | 0        | 37                               | 41                             |
| Sales Worker                  |                           |            |                                |           |          |          |                           |           |                                |          |                                  |                                |
| Office & Clerical             | 6                         | 58         | 3                              | 22        | 1        | 2        | 1                         | 5         | 0                              | 0        | 83                               | 58                             |
| Craft Workers                 |                           |            |                                |           |          |          |                           |           |                                |          |                                  |                                |
| Operatives                    |                           |            |                                |           |          |          |                           |           |                                |          |                                  |                                |
| Laborers                      |                           |            |                                |           |          |          |                           |           |                                |          |                                  |                                |
| Service Workers               |                           |            |                                |           |          |          |                           |           |                                |          |                                  |                                |
| <b>TOTALS</b>                 | <b>78</b>                 | <b>271</b> | <b>10</b>                      | <b>52</b> | <b>5</b> | <b>4</b> | <b>9</b>                  | <b>27</b> | <b>0</b>                       | <b>0</b> | <b>31%</b>                       | <b>31%</b>                     |

Company Official's Name: [REDACTED] Title: Sr. Director of Human Resources  
 Company Official's Signature: [REDACTED] Date: April 26, 2005  
 Telephone Number: [REDACTED]

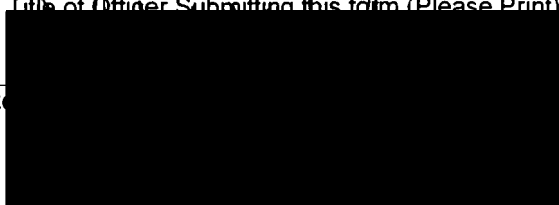
**DISPUTE RESOLUTION PROGRAM**  
**Equal Employment Opportunity (EEO) Obligations**  
**Offeror Certification of Compliance**

The Offeror must demonstrate its compliance with the Equal Employment Opportunity Act (EEO) by affirming to the Department that the Offeror's EEO Policy Statement contains, at a minimum, language consistent with the provisions of numbered paragraphs 1, 2, 3, and 4. Failure to comply with this provision will result in rejection of the Offeror's proposal.

1. The Offeror shall not discriminate against any employee or applicant for employment because of race, creed, color, national origin, gender, age, disability, or marital status; shall undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination; and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on the Agreement.
2. The Offeror shall state in all solicitations or advertisements for employees that, in the performance of the Agreement, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, gender, age, disability, or marital status.
3. The Offeror shall not do business with any employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other Agreement or understanding, that discriminates on the basis of race, creed, color, national origin, gender, age, disability, or marital status.
4. At the request of the DCS, the Offeror agrees to require any employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other Agreement or understanding to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, gender, age, disability, or marital status and that such union or representative will affirmatively cooperate in the implementation of the Offeror's obligation under the agreement.

The undersigned states that the affirmative statements contained in this certification are true, accurate and complete.

|                                                             |                    |
|-------------------------------------------------------------|--------------------|
| IPRO                                                        | April 29, 2005     |
| Name of Offeror                                             | Date of Submission |
| Theodore O. Will, Chief Executive Officer                   |                    |
| Name & Title of Officer Submitting this form (Please Print) |                    |
| Authorized                                                  |                    |



**4.0 Response to Offeror's  
Responsibilities/  
Questionnaire**

## 4.0 Response to Offeror's Responsibilities/Questionnaire

REQUIREMENT: RFP Section III.B

This section contains IPRO's responses to the requirements and questions in Section III, Part B of the RFP, Offeror Responsibilities/Questionnaire. The order of our responses matches the order of the questions in the RFP.

### 4.1 Program Implementation

#### 4.1.1 Implementation Plan

REQUIREMENT: RFP Section III.B.1.1.1 a and b

IPRO stands ready to operate the DRP into the next contract period immediately upon contract award and without interruption in service. In 1998, IPRO executed an implementation plan for the first phase of the DRP that included more than 25 discrete deliverables, all of which were delivered on time and to the satisfaction of DCS. A list of completed milestones follows.

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]



Since the program is now fully established, IPRO stands ready to continue to conduct DRP reviews immediately on contract award. We acknowledge, however, that modifications may be needed to reflect any new State or DCS requirements, and have developed a preliminary implementation plan based on this premise. All current tools and processes will be reconsidered under this implementation plan, which is described in narrative below. All modifications will be submitted to DCS for approval and appropriate parties will be notified of these changes. Sub-tasks are detailed in the table following the steps below.

**Task 1.0 Contract Award Announcement**

**Responsibility:** DCS

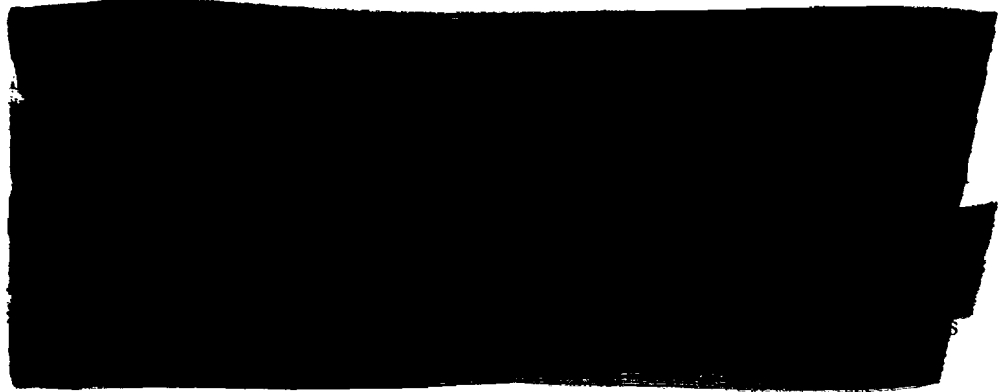
**Completion Date:** 7/15/2005

Based on specifications in the RFP, the contract award announcement is expected to be made on or around 7/15/2005.

**Task 2.0 Update and Distribute Appeal Request Form**

**Responsibility:** IPRO

**Completion Date:** 10/3/2005





**Task 3.0 Assess and Update PRP Report Form**

**Responsibility:** IPRO

**Completion Date:** 10/28/2005



**Task 4.0 Assess PRP Panel**

**Responsibility:** IPRO

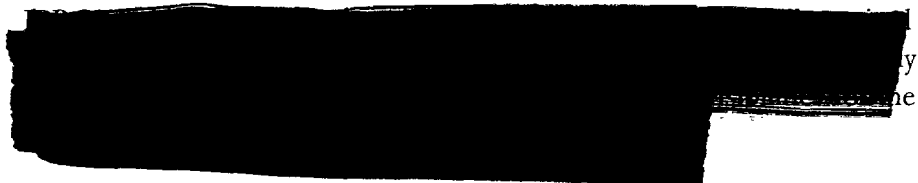
**Completion Date:** 10/15/2005



**Task 5.0 Establish DRP Administrative Program Staff**

**Responsibility:** IPRO

**Completion Date:** Completed



**Task 6.0 Assess and Update PRP Profiling System**

**Responsibility:** IPRO

**Completion Date:** 10/28/2005



**Task 7.0 Review and Update Medical Guidelines**

**Responsibility:** IPRO

**Completion Date:** 10/3/2005



**Task 8.0 Review and Update Review Procedures**

**Responsibility:** IPRO

**Completion Date:** 10/14/2005



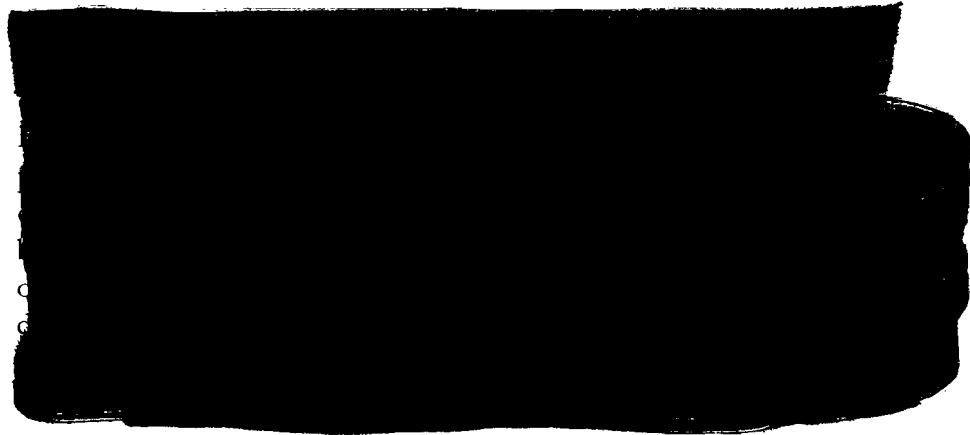




**Task 9.0 Review Security and Privacy Procedures**

**Responsibility:** IPRO

**Completion Date:** 9/8/2005



**Task 10.0 Review and Update Notification Letters**

**Responsibility:** IPRO

**Completion Date:** 10/3/2005



**Task 11. Review and Update Appeals Status Report**

**Responsibility:** IPRO

**Completion Date:** 9/16/2005



**4.1.2 Implementation Tasks and Sub-tasks**

| ID                 | Task Description | Respon-<br>-sibility | Comple-<br>tion Date |
|--------------------|------------------|----------------------|----------------------|
| [Redacted content] |                  |                      |                      |





**4.1.4    DRP Implementation Team Members**

REQUIREMENT REF: Section # 4.1.4.1.a and b

[REDACTED]

**4.1.5    Procedures to Ensure Timeliness**

REQUIREMENT REF: Section # 4.1.5

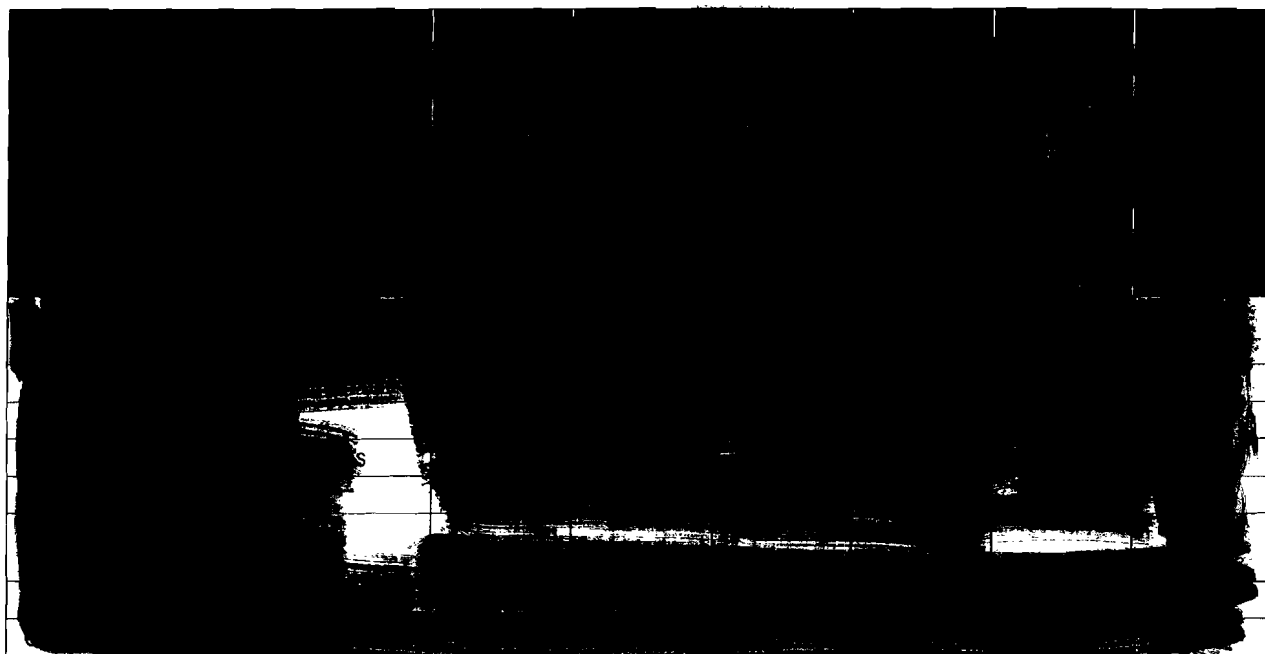
[REDACTED]

## 4.2 Program Administration

### 4.2.1 Dispute Resolution and Medical Record Review Experience

REQUIREMENT: RFP Section 4.2.1.1

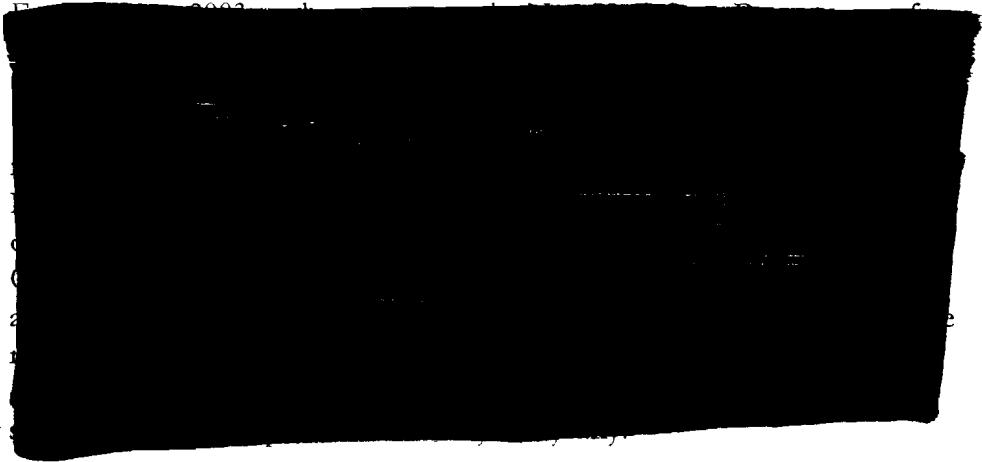
IPRO has extensive experience in implementing and operating review programs similar in scope and size to the New York State Workers' Compensation Dispute Resolution Program. The table below lists areas for comparison in the left hand column and a partial listing of similar projects we have managed in the right hand columns, which we believe lend significant credibility to our ability to continue to operate the DRP. The narrative following the summary table provides a description of each contract.



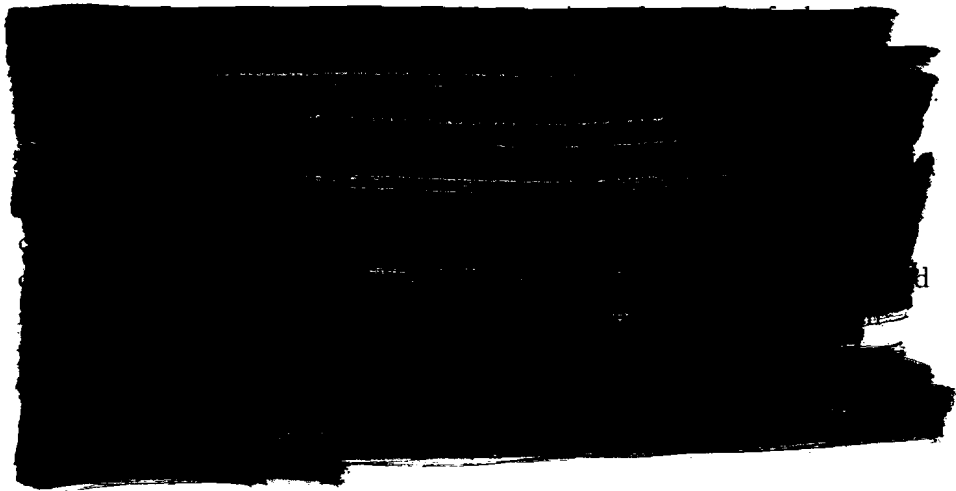
#### New York State Department of Civil Services, Dispute Resolution Program

IPRO has managed the New York State Dispute Resolution Program since 1998, assisted DCS in the rollout of the program. The scope of work that has been conducted is precisely the same as that outlined in the RFP. IPRO has successfully processed approximately 500 appeals since the start of the program, and has met or exceeded all deadlines for case review and reporting. Data reports are submitted to DCS by the 7<sup>th</sup> day of each month.

New York State Department of Health, Division of Disability Determinations



Independent Review Organization for Fifteen States and Private Entities



New York State Medicaid Utilization Review and Quality Assurance



[REDACTED]

New York State Department of Health AIMS Contract

[REDACTED]

[REDACTED]

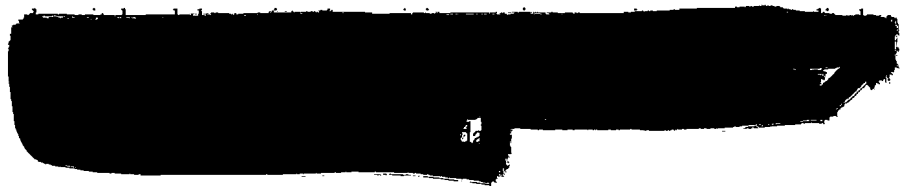
New York State Medicare – Hospital-Issued Notice of Non-Coverage (HINN)

[REDACTED]

[REDACTED]

[REDACTED]



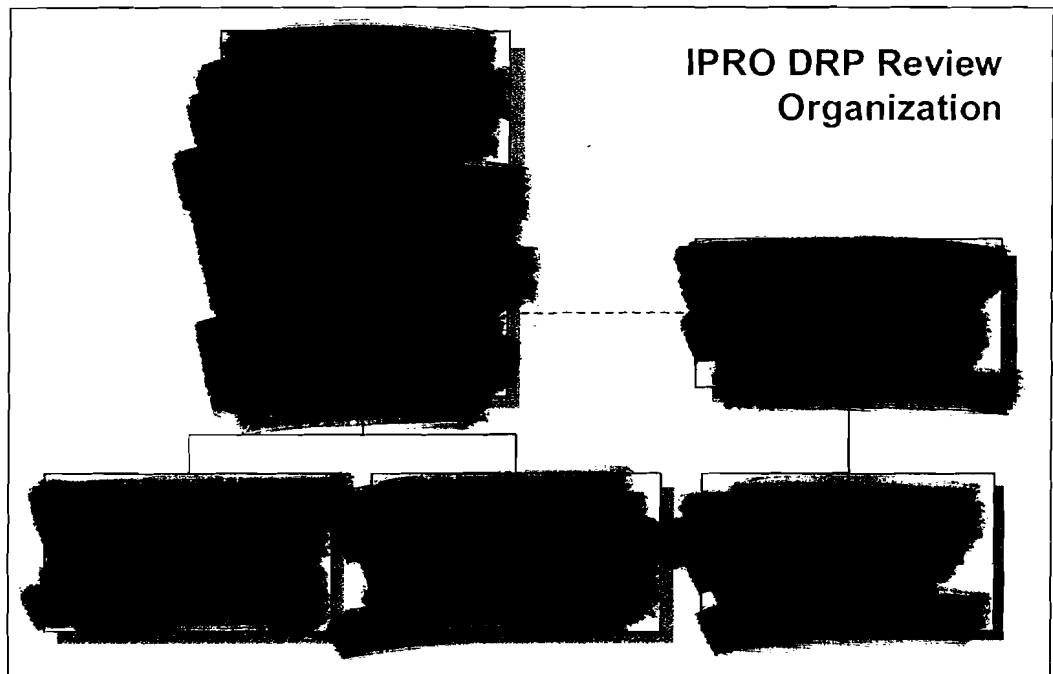


I PRO provides CMS with system-generated reports from our database on a monthly basis. I PRO developed software to support the reporting requirements of this program.

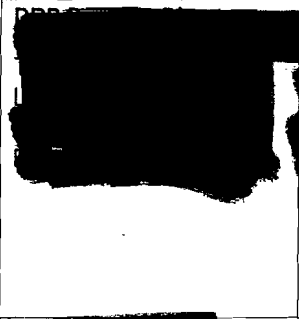
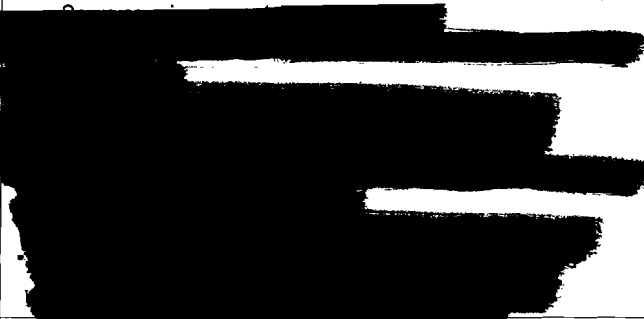
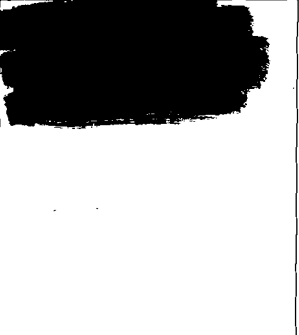

**4.2.2    DRP Organization and Staffing**







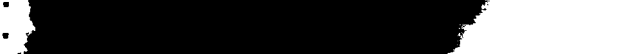
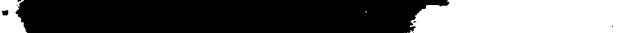
REQUIREMENT REF Section 4.2.2

The Dispute Resolution Program will continue to be a component of I PRO's Corporate Programs/External Appeals Department under the leadership of Terese Giorgio, BSN, MA, LNC. The chart below depicts the position of the DRP review program within the Program Operations department, and identifies relationships of the team members who will operate the DRP program.



Since IPRO has been processing DRP appeals successfully and without interruption since the fall of 1998, we anticipate no changes to the current program organization. IPRO intends to continue to carry out DRP activities under the management and operation of IPRO's current DRP staff who fully understand the requirements of the program and have been working with our PRP panel and/or the DCS for several years. Their ongoing roles are summarized below.

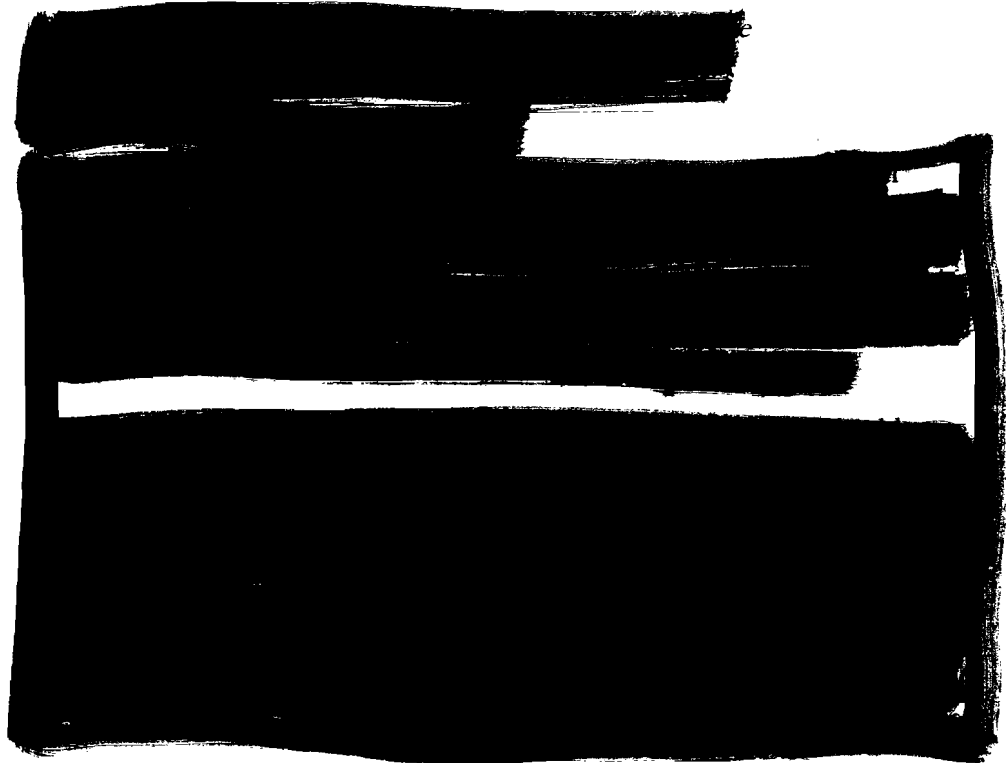
| Program Role/Name/Position                                                                      | Role                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DRP Executive Oversight<br>Harry M. Feder, MPA,<br>Senior Vice President,<br>Program Operations | <ul style="list-style-type: none"><li>▪ Provide executive level oversight.</li><li>▪ Review performance reports.</li><li>▪ Allocate corporate resources to support contract requirements.</li><li>▪ Contact for escalation of issues.</li></ul> |
|               |                                                                                                                                                              |
|              |                                                                                                                                                             |

| Program<br>Role/Name/Position                                                     | Role                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <ul style="list-style-type: none"><li>• </li><li>• </li><li>• </li><li>• </li><li>• </li><li>• </li><li>• </li></ul> |

**4.2.3    DRP Operations Team**

REQUIREMENT 5.1.1.1 (a) (1)

A brief narrative addressing the qualifications of each key member of the IPRO DRP team follows. Additional detail is provided in the biographical sketches provided in Section 7.0.



[REDACTED]

[REDACTED]

[REDACTED]



**4.2.4    DRP Review Process**

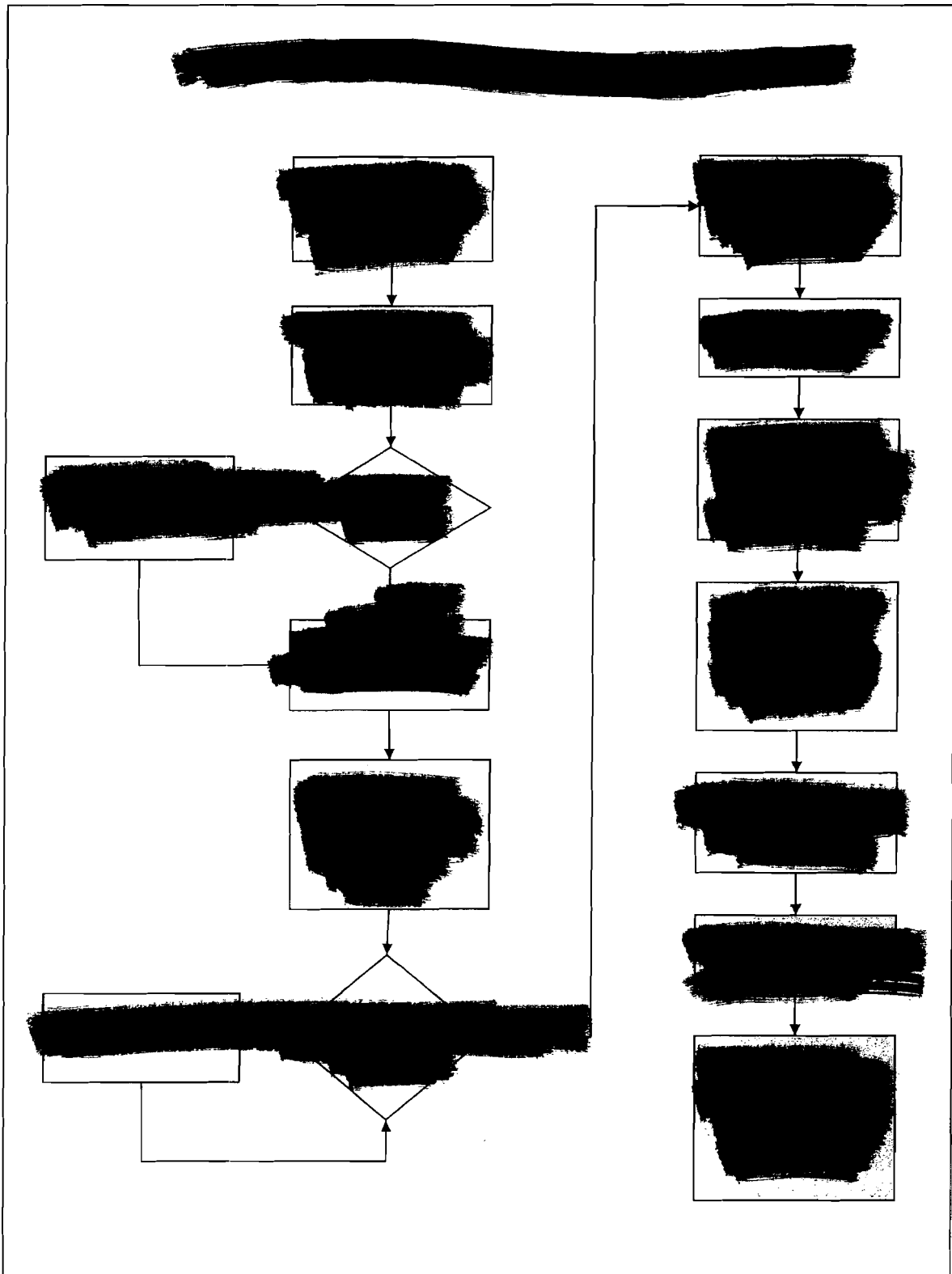
REQUIREMENT: RFP Section III 4.1.1

Below is a step-by-step description of the Dispute Resolution Program review process. Each step number corresponds to the flow chart that follows the narrative.

**Color Legend**

| Day 1 | Days 2-5 | Days 5- 6 | Monthly |
|-------|----------|-----------|---------|
|-------|----------|-----------|---------|

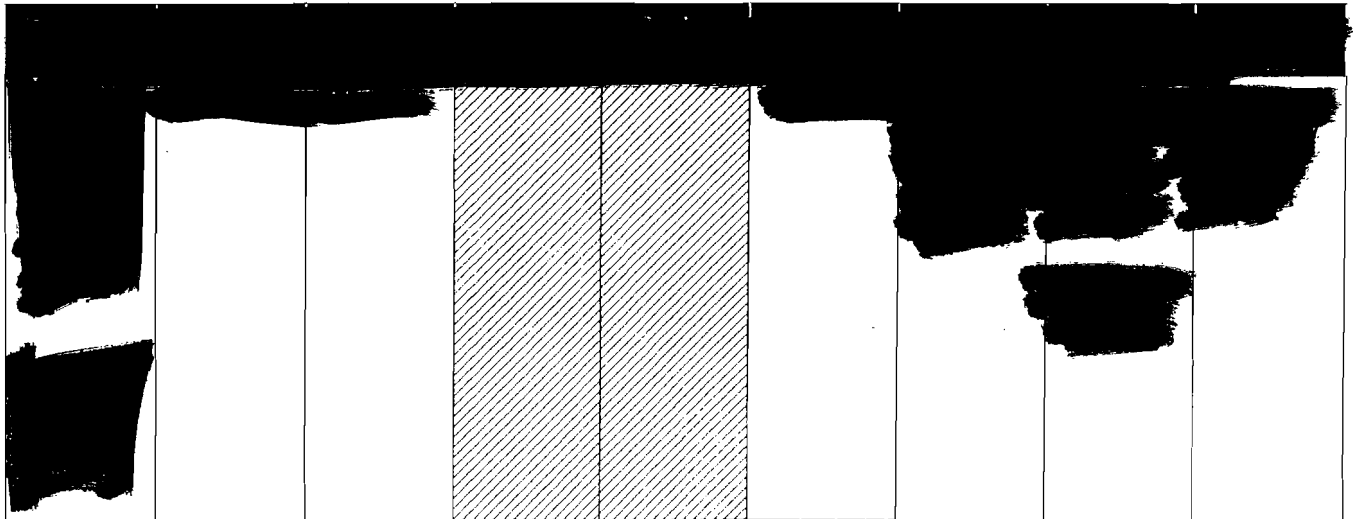
|     |                                                                                      |  |  |
|-----|--------------------------------------------------------------------------------------|--|--|
| 1.  |   |  |  |
| 2.  |                                                                                      |  |  |
| 3.  |                                                                                      |  |  |
| 4.  |                                                                                      |  |  |
| 5.  |                                                                                      |  |  |
| 6.  |                                                                                      |  |  |
| 7.  |                                                                                      |  |  |
| 8.  |                                                                                      |  |  |
| 9.  |                                                                                      |  |  |
| 10. |  |  |  |
| 11. |                                                                                      |  |  |
| 12. |                                                                                      |  |  |
| 13. |                                                                                      |  |  |
| 14. |                                                                                      |  |  |
| 15. |                                                                                      |  |  |



**4.2.5    DRP Review Timetable**

REQUIREMENT REFERENCE: 4.2.5

IPRO will continue to follow the summary timetable shown in the example below for processing DRP reviews, which has proven to be highly effective in achieving program objectives. Each step is monitored closely by the Nurse Coordinators and Program Director to ensure that reviews are completed timely. The example below shows the hypothetical path of a valid appeal received on a Wednesday, to illustrate the impact of non-working days on the timeline for completion. If a holiday occurs during the week, the PRP will be advised that the Program Review must be completed in one less day.



**4.3       Network of Program Reviewing Physicians**

REQUIREMENT REFERENCE: 4.3

**4.3.1     Experienced PRP Review Panel**

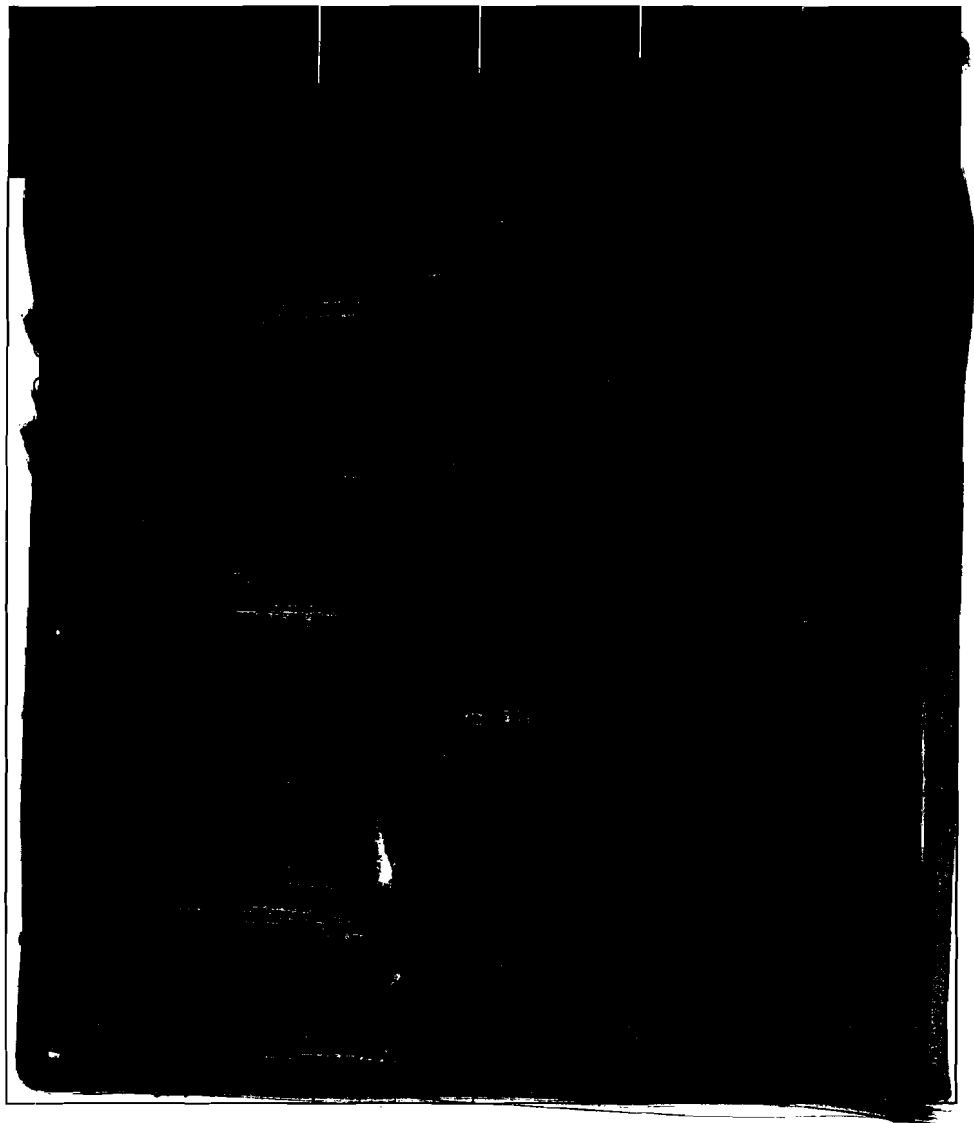
REQUIREMENT REFERENCE: 4.3.1

IPRO will continue to conduct DRP appeal reviews using Workers' Compensation Board authorized physician reviewers drawn from our extensive panel of over [redacted] fully credentialed and board-certified physician reviewers. IPRO maintains at least three reviewers from each of the required specialties, each of whom possesses expertise in the treatment and/or diagnosis of work-related injuries. IPRO has recruited, credentialed and



trained its PRP panel to review DRP appeals. Our PRP reviewers have conducted their assigned reviews within the required deadlines and in compliance with all contract requirements.

The specialties and number of providers in our existing PRP panel is shown in the table below. Each PRP is Board Certified in his/her specialty (for those specialties with Board Certification). In our firsthand experience, we have determined that our existing PRP panel is more than sufficient to meet the requirements of the RFP. We continually monitor physician reviewer availability and recruit qualified reviewers based on examining our caseload and turnaround requirements.





### 4.3.2 IPRO's Physician Reviewer Network

#### REQUIREMENT 4.3.2.1 (IPRO)

IPRO maintains a physician reviewer network that includes more than 300 board-certified practitioners. The PRP panel is drawn from this network and includes at least three physicians in each represented specialty, and often more than three. IPRO continually monitors physician reviewer availability and expands our network based on caseload and turnaround requirements.

### 4.3.3 Monitoring Quality and Timeliness

#### REQUIREMENT 4.3.3.1

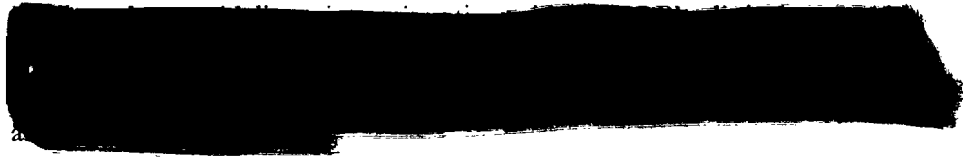
By monitoring review outcomes by PRP, IPRO is able to assure that physician reviewers are making accurate and timely determinations supported by appropriate rationale. Key tracking elements captured for each appeal processed will include the date received, PRP assigned, the date the PRP received the file from IPRO, the date the PRP determination report was received by IPRO, the decision of the PRP (agreed with Treating Physician, agreed with Evaluating Physician, other), evaluation of the report clarity and thoroughness (excellent, standard, not acceptable) and the date IPRO notified affected parties of the decision.

IPRO Medical Director or Program Director will assess the review's "clarity and thoroughness," assigning a rating of excellent, standard or not acceptable. All data elements will be compiled and summarized quarterly. This information is used to evaluate PRP performance and to determine if retraining or follow up is needed.

### 4.3.4 Medical Guidelines

#### REQUIREMENT 4.3.4.1

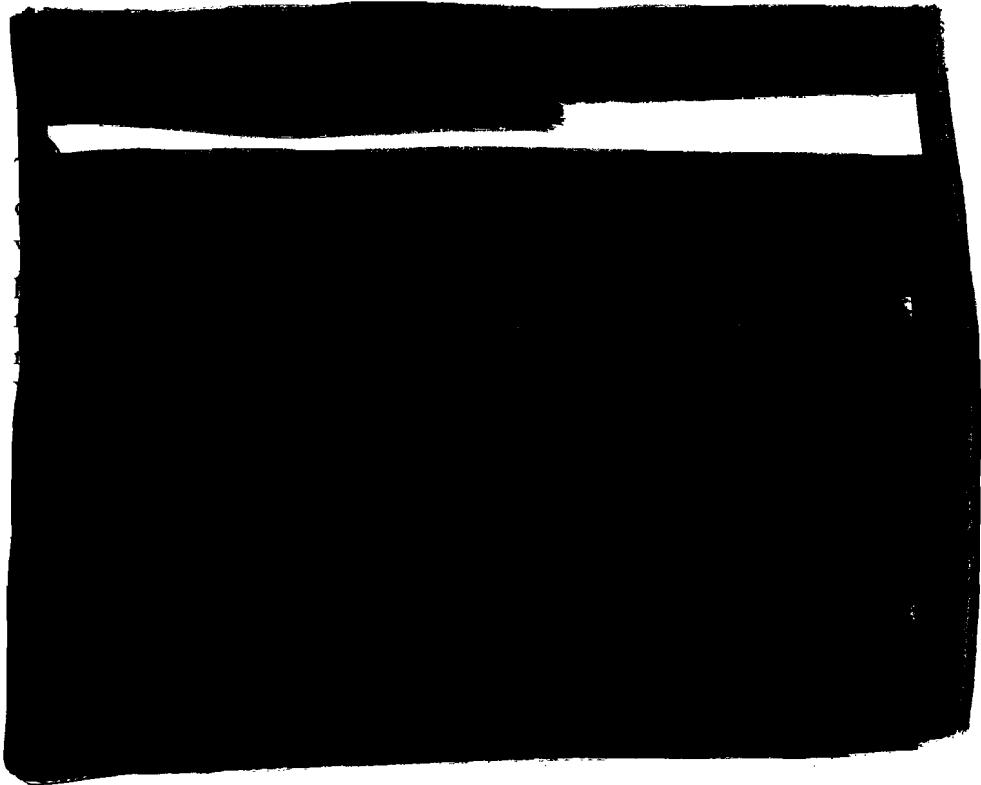
IPRO's PRPs will be guided by State of New York Workers Compensation Board Medical Guidelines in evaluating the medical records of Employees who have requested an appeal, as appropriate. These guidelines will be used to assess the resulting degree of disability, from illness or injury, assigned by the Treating and Evaluating Physicians, in conjunction with the PRP's clinical expertise and medical record documentation.



### 4.3.5 Conflict of Interest Screening

REQUIREMENT: 4.3.5.1 CONFLICT OF INTEREST

Reviewer independence is one of the most critical elements of an effective DRP review. IPRO ensures that the PRP assigned to review a case will not have an interest in that case.

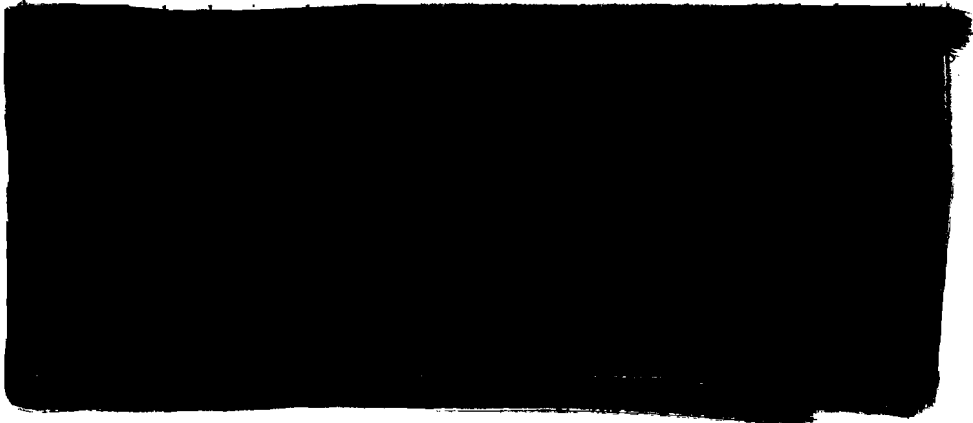


### 4.3.6 Timely Completion of Reviews

REQUIREMENT: 4.3.6.1

IPRO ensures timely completion of Program Reviews by applying effective management strategies and controls. IPRO manages the review process closely to ensure completion of all steps within seven calendar days from the

date of receipt by IPRO of a valid appeal request. We know our strategy is effective, as our records show that all of the ±500 DRP reviews we have conducted to date were submitted to DCS within the required deadline. We are committed to providing the same level of service in the future.



**4.3.7 Comprehensive Record Review**

**REQUIREMENTS**

IPRO will continue to ensure that the Program Reviewing Physician's determination regarding the Employee's degree of disability is objective and based on review of the Employee's medical documentation and other

appropriate documentation such as laboratory reports, x-rays, Treating and Evaluating Physicians' reports and any other information that may be provided.

[REDACTED]

**4.3.8 Confidentiality and Security of Medical Information**

**REQUIREMENT RESPONSE**

I**PRO** accumulates and stores large volumes of medical information in both electronic and hard copy format, which requires privacy protection. I**PRO** has a long history of successfully handling sensitive information.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Physical Security

[REDACTED]

Database Security

[REDACTED]



**4.3.9 Sample Report/Notification Format**

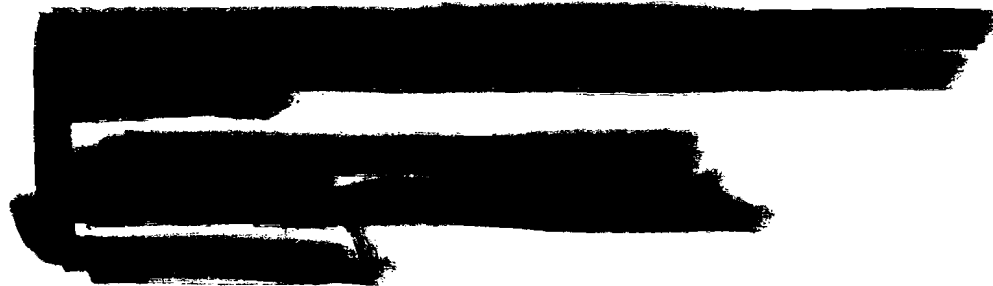
REQUIREMENT: PRP (Appendix B) (100%)

IPRO will continue to provide written notification of the PRP's review findings to the Employee, Employing Agency, Treating Physician, Evaluating Physician, appropriate union, and the Fund by the close of business of the seventh calendar day of the review period. The report currently being used includes the unique case identifier and a statement upholding either the Treating or Evaluating Physician's degree of disability determination. A sample notification letter is provided in Appendix E.

**4.3.10 PRP Recruitment, Qualification and Credentialing**

REQUIREMENT: PRP (Appendix B) (100%)

IPRO's PRPs are all Board Certified in their specialties. IPRO believes that the PRPs must represent the highest level of medical expertise within the discipline. Given that the reason for the appeal arises directly out of a disagreement between the Treating Physician and the Evaluating Physician, there is no room for questions regarding the PRP's expertise or the currency of his/her knowledge.



- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]



- [REDACTED]

4.3.11 PRP Employment Status

I|PRO's Program Reviewing Physician panel includes providers who serve as independent consultants to I|PRO. Our agreement covers key requirements of the DRP, including that they must:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

**PLACEHOLDER**

**INDEPENDENT CONTRACTOR AGREEMENT**

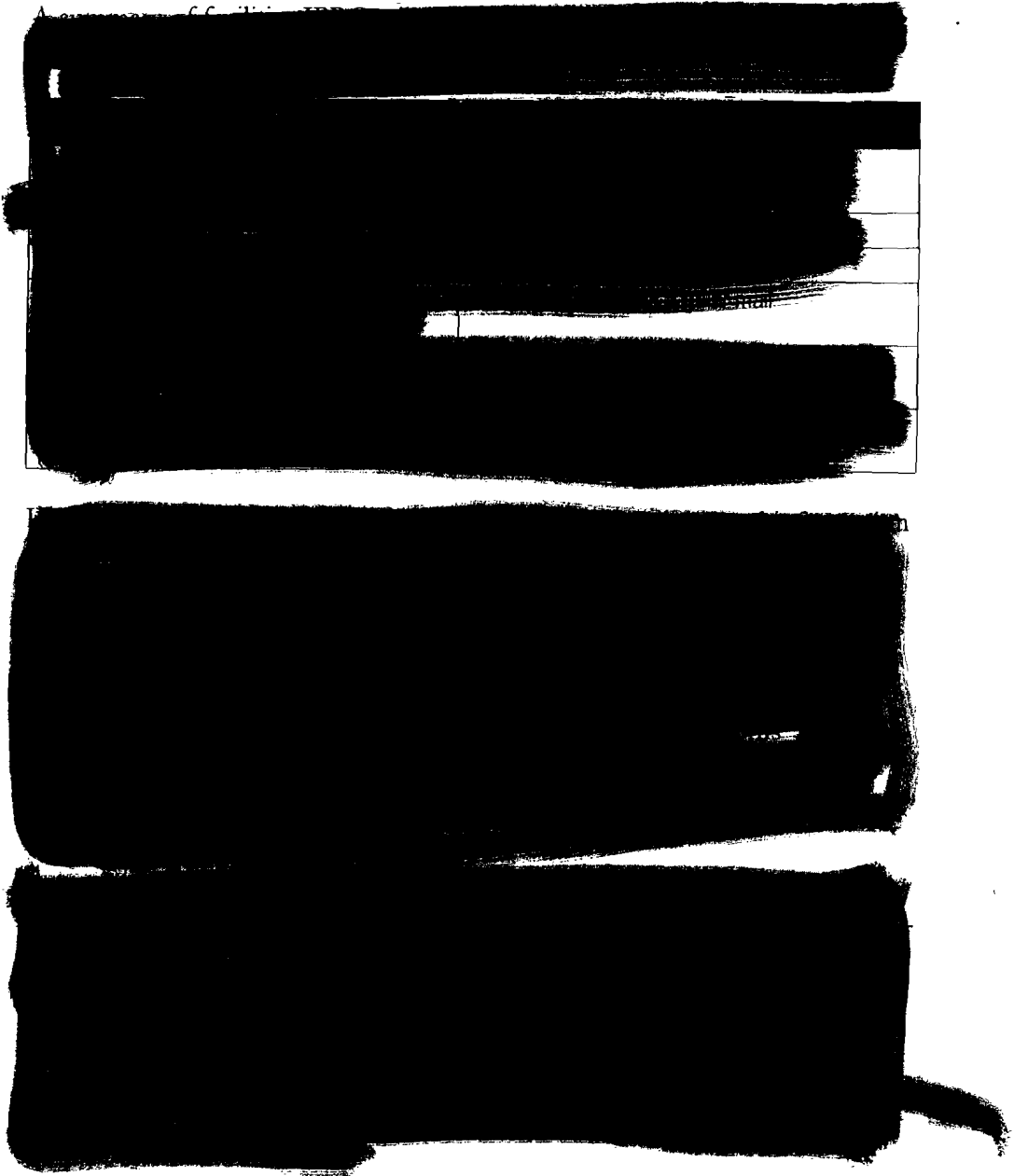
**REDACTED IN TOTAL**

## 4.4 Program Communications

REQUIREMENT REFERENCE: [REDACTED]

### 4.4.1 Transfer of Information

REQUIREMENT REFERENCE: [REDACTED]



#### 4.4.2 Communications Approach

REQUIREMENT REFERENCE: 4.4.2

I PRO will be responsible for the communication needs of the Program, including the specific communications outlined and discussed in this proposal. I PRO has established communications that have already been approved by DCS, samples of which have been included herein. Our implementation plan calls for revisiting these documents and assessing any additional requirements to ensure that they are current and effective.



#### 4.4.3 Appeal Request Form

REQUIREMENT REFERENCE: 4.4.3

I PRO developed an Appeal Request Form in preparation for the initial rollout of the DRP. The form was reviewed and approved by DCS, made available to the Employing Agencies, and has been used successfully to facilitate approximately 500 appeals to date. Employing Agencies supply the form to Employees on request. A copy of this form is provided on the page following. Based on our experience using the form, we believe that it is easy to complete and meets the current requirements of the Program.

### **How should I use Medicare's nursing home quality information?**

If you are making a decision about nursing home care, Medicare's quality information should be used as an additional resource in your decision-making process.

If you or your loved one is currently in a nursing home, Medicare's quality information should be used to evaluate or change the quality of care being provided by the facility. It can also be used as a guide for talking to the nursing home staff about how they plan to improve the quality of care if necessary.

### **Where can I get more information about nursing homes in my state?**

Information about the quality of care in nursing homes in your area is available by calling 1-800-MEDICARE or by visiting [www.medicare.gov](http://www.medicare.gov) and clicking on Nursing Home Compare.

You can also request the following free Medicare publications:

- Guide to Choosing a Nursing Home
- Guide to Choosing Long-Term Care
- Medicare Coverage of Skilled Nursing Facility Care
- Nursing Home Brochure

# **I**PRO

1979 Marcus Avenue  
Lake Success, NY 11042  
516.326.7767  
TTY 516.326.6182

1-800-MEDICARE  
[www.medicare.gov](http://www.medicare.gov)

*Helping you help yourself.*

# Quality Information Counts



**What You Should  
Know about the  
Quality of Care in  
Nursing Homes**

## New York State Workers' Compensation Dispute Resolution Program Appeal Form

**Instructions to Employee:** Complete Part I of this form and immediately take it to your Treating Physician who must complete Part II. Your Treating Physician must return this form to IPRO within three (3) business days of notification by your Employing Agency to return to work. Failure to comply may result in leave without pay status. **You cannot file this appeal on your own behalf. Only your Treating Physician can file this appeal.**

**Part I: To be completed by Employee (Please print or type)**

|                                                                                                                               |                                       |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Date                                                                                                                          | Date Notified to Return to Work       |
| Employee Name (first, middle, last)                                                                                           | Social Security Number                |
| Home Address                                                                                                                  | Home Telephone Number<br>( )          |
|                                                                                                                               | SIF Claim # (Eleven digits):<br>_____ |
| Employing Agency Name                                                                                                         | Work Address                          |
| Work Phone Number<br>( )                                                                                                      |                                       |
| Date and brief description of the accident/illness resulting in your Workers' Compensation claim: (Attach additional sheets.) |                                       |
| Employee Signature                                                                                                            | NU: _____ NU Code: _____              |

**Part II: To be completed by Employee's Treating Physician (Please print or type)**

**Instructions to Treating Physician:** Complete Part II of this form and immediately return it with complete and comprehensive medical documentation which substantiates the employee's degree of disability. An IPRO Physician will review the medical records and documentation sent by you and the Evaluating Physician and will render a determination in regard to the degree of disability which agrees either with your determination or that of the Evaluating Physician. IPRO must receive this completed form within three (3) business days of notification by the Employing Agency to the employee to return to work. Failure to comply may result in leave without pay status for the employee. You may mail or fax completed forms and supporting documentation to:

IPRO  
Att: Terese Giorgio  
1979 Marcus Avenue  
Lake Success, NY 11042-1002  
Phone: 1-800-227-3143 Fax: (516) 326-1034

**Please follow all faxed copies with a copy by mail or overnight delivery.**

Diagnosis: [Attach additional sheets and/or medical record documentation]

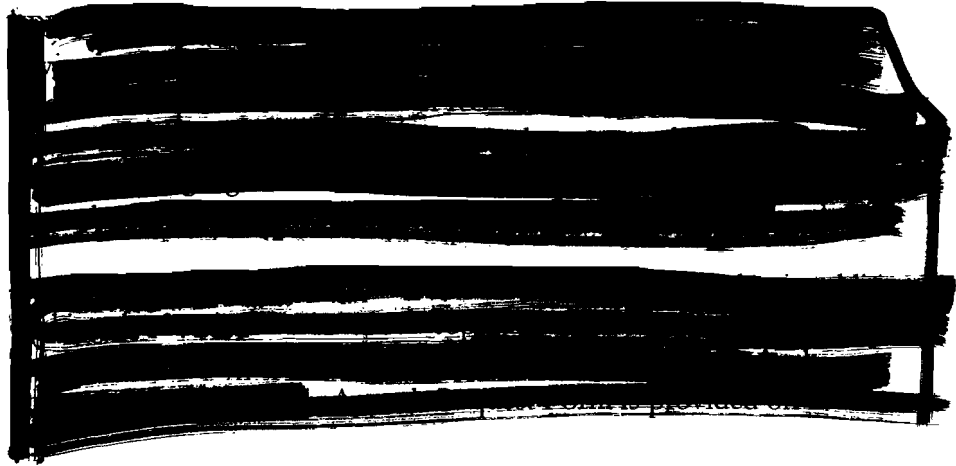
Treatment Plan: [Attach additional sheets and/or medical record documentation]

Prognosis: [Attach additional sheets and/or medical record documentation]

Estimated Degree of Disability: \_\_\_\_\_%

|                                                |                    |
|------------------------------------------------|--------------------|
| Treating Physician's Signature of Attestation: | Address:           |
| Name: (Please print)                           | Telephone #<br>( ) |

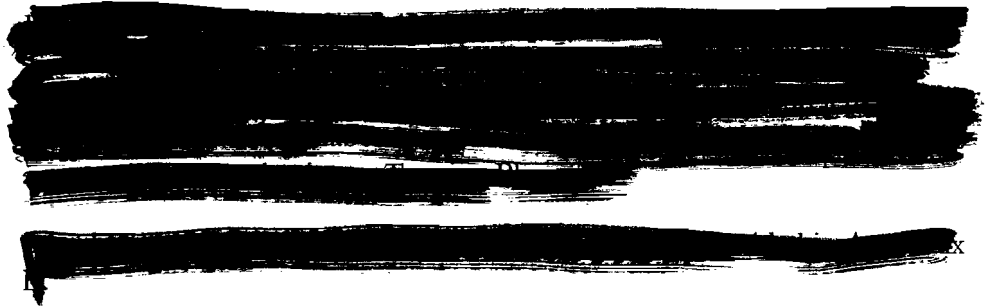




#### **4.4.4 Notification Letters**

REQUIREMENT REFERENCE: 4.4.4

I PRO will continue to notify the Employee, Employing Agency, Treating Physician, Evaluating Physician, appropriate union, and the Fund of receipt of an Appeal Request Form via a standard notification letter that specifies whether the appeal is complete and "valid" or whether additional medical documentation is required.



#### **4.5 Maintenance and Disclosure of Employee Records and Reporting**

REQUIREMENT REFERENCE: 4.5

##### **4.5.1 Ongoing Reporting Needs of DCS**

REQUIREMENT REFERENCE: 4.5.1

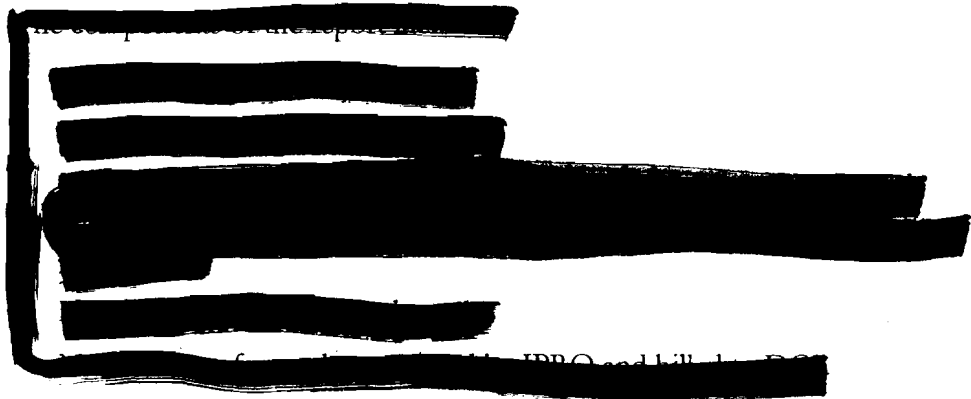
I PRO understands the need to keep DCS informed of the status of appeals due to the sensitivity of the DRP and the extremely tight time frames



involved. IPRO has met these needs during the last six years by providing all information and reporting requested by DCS. Working closely with DCS when the program was first implemented, IPRO developed the monthly Appeals Status Report, which provides the straightforward summary information used by DCS to gauge program status. IPRO will continue to provide this report on a monthly basis and is prepared to work with DCS to ensure that all additional informational needs are met.

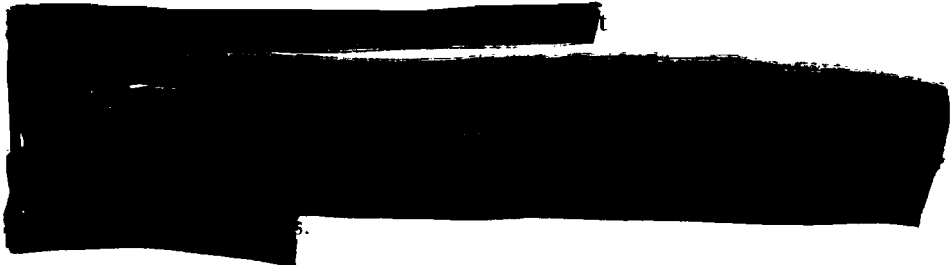
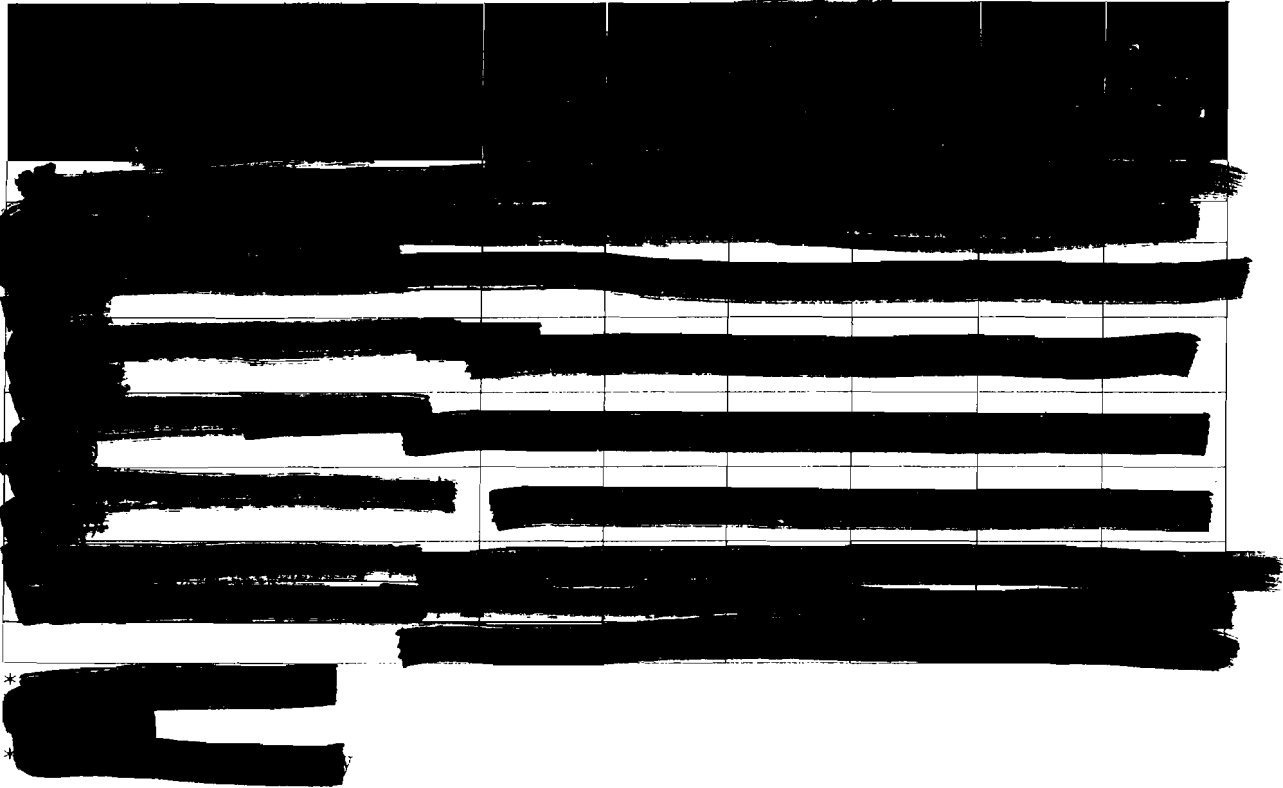
### Appeals Status Report

IPRO provides the Appeals Status Report to DCS monthly. The content and format of the report were agreed by DCS during the initial rollout of the program. We believe that this report meets the current requirements of the program. During the upcoming implementation period, IPRO will ascertain any additional requirements from DCS and make any desired revisions to the report.



The information is summarized by Employee unit. An example of the current report format is provided below.

**Sample Dispute Resolution Appeals Status Report - March 2005**

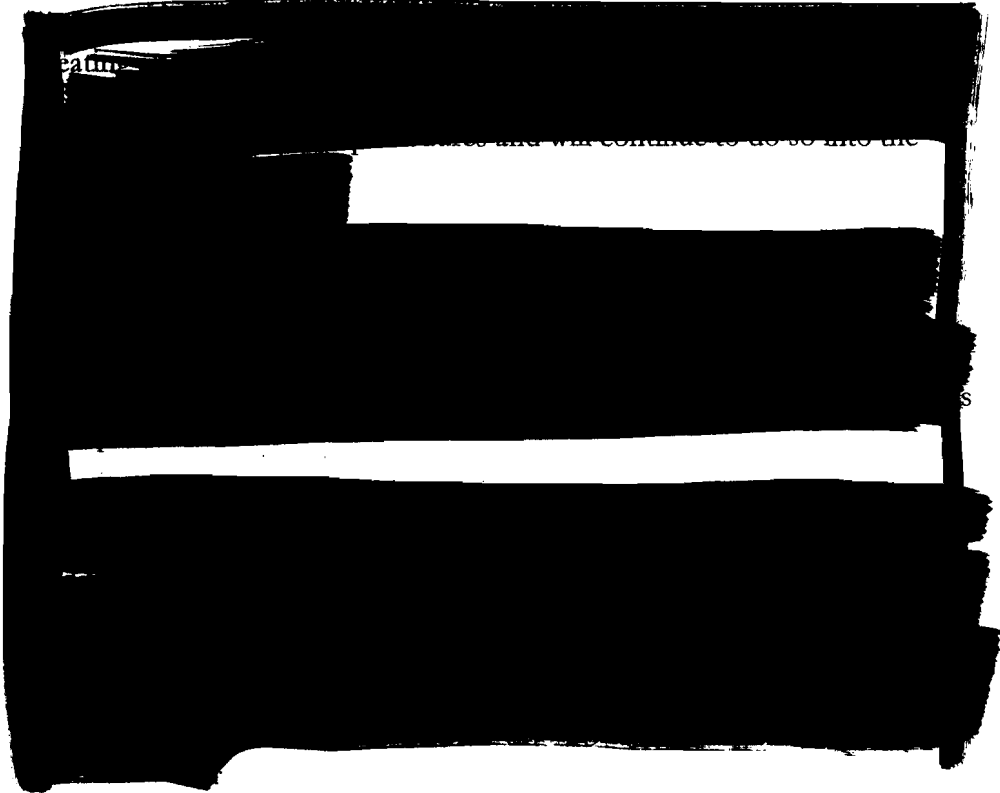


**4.5.2 Maintaining Medical Case Records**

**REQUIREMENT 4.5.2.1 (IPRO)**

Through receipt of individual patient medical records and the processing of claims and review results data for most of our government and private contracts, IPRO accumulates and stores large quantities of data and records which require provisions for storage, confidentiality and security. IPRO's

procedures for handling medical records are maintained in our Confidentiality Policy (Appendix B).



**4.5.3 Ad Hoc Reports**

REQUIREMENT: 4.5.3.1

IPRO has responded in a timely manner to all DCS' requests for ad hoc reports since program inception and will continue to do so in response to specific requests from DCS. IPRO has extensive data reporting experience, including preparing a range of ad hoc reports for our varied clients. IPRO has all required resources, including state-of-the-art database tools, software, programmers and data analysts, to ensure that any data collected can be manipulated, compiled, summarized and reported to the State in nearly any desired format.

For simple requests, standard PC reporting tools are available to all personnel, including Microsoft Office Professional (Word, Excel, Power Point), Microsoft Access, Microsoft Project, Visio and others.



## 5.0 Guarantees and Penalties


In implementing and administering the DRP since 1998, IPRO has fulfilled 100% of its performance guarantees and has never been assessed a penalty for failure to perform. IPRO agrees to performance guarantees in areas critical to the program's cost effectiveness and quality of service, which include the guarantees and financial penalties for failure to meet guarantees as specified in the RFP.

IPRO suggests the penalty amounts below, as required in the RFP. These amounts have been effective in ensuring timeliness requirements to date. However, IPRO understands that DCS reserves the right to negotiate performance guarantees different than those that we have proposed. IPRO further understands that performance audits will be based on the performance guarantees set forth in the Agreement resulting from this RFP.

### 5.1.1 Implementation Guarantees and Penalty

Requirement RFP Section III.B.1


IPRO guarantees that all Program implementation activities will be completed no later than October 31, 2005. IPRO will be prepared to receive, acknowledge and track a DRP Appeal received on or after November 1, 2005.



### 5.1.2 DRP Reviewing Physician Panel Guarantee and Penalties

Requirement RFP Section III.B.3

IPRO guarantees that the DRP Physician Reviewing Panel meets the criteria in Section III.B.3.a and is established and available to perform reviews and other needed program related duties/services on and after November 1, 2005.





**5.1.3 Program Communications Guarantee and Penalty**

Requirement 5.1.3.1

I<sup>PRO</sup> guarantees that the Appeal communication information and the Appeal Request Form will be in place and available on and after November 1, 2005 to Employees, Employing Agencies, Treating Physicians, Evaluating Physicians, appropriate Unions and the Fund.



**5.1.4 Reporting Guarantee and Penalty**

Requirement 5.1.4.1

I<sup>PRO</sup> guarantees that it will submit monthly reports indicating the number of Appeals and disposition of each to the DCS in a format and due date agreed upon by the Parties.





## 6.0 Biographical Sketches

REQUIREMENT 6.01 (a) (1) (i)

Biographical sketches are included in this section for all key DRP Program Staff, including:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]



# BIOGRAPHICAL SKETCH FORM

INSTRUCTION: Prepare this form for each key staff individual.

Name

T

R

[Redacted]

[Redacted]

[Redacted]

[Redacted]

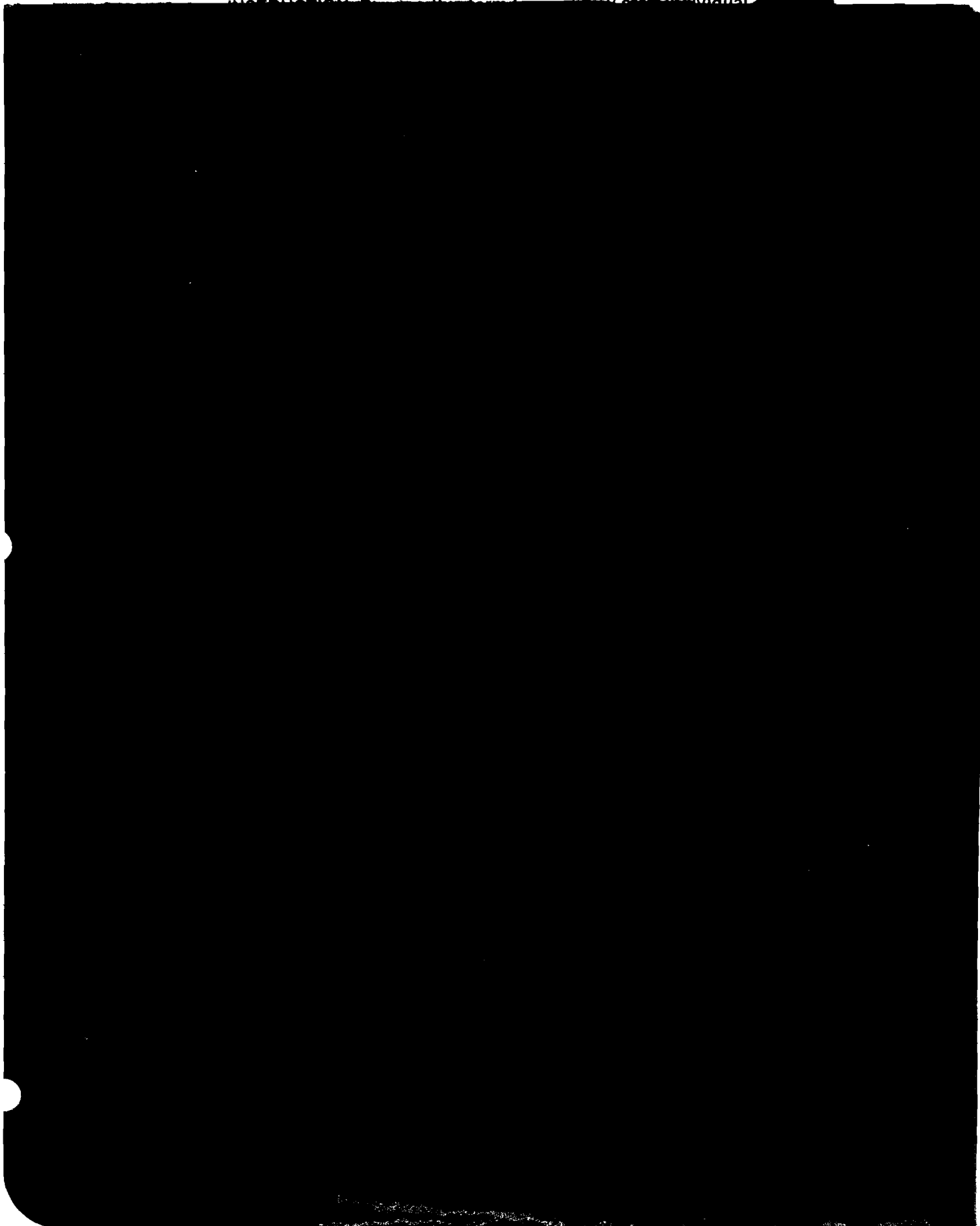
BIOGRAPHICAL SKETCH FORM

INSTRUCTION: Read the following instructions carefully before filling out this form.

[REDACTED]

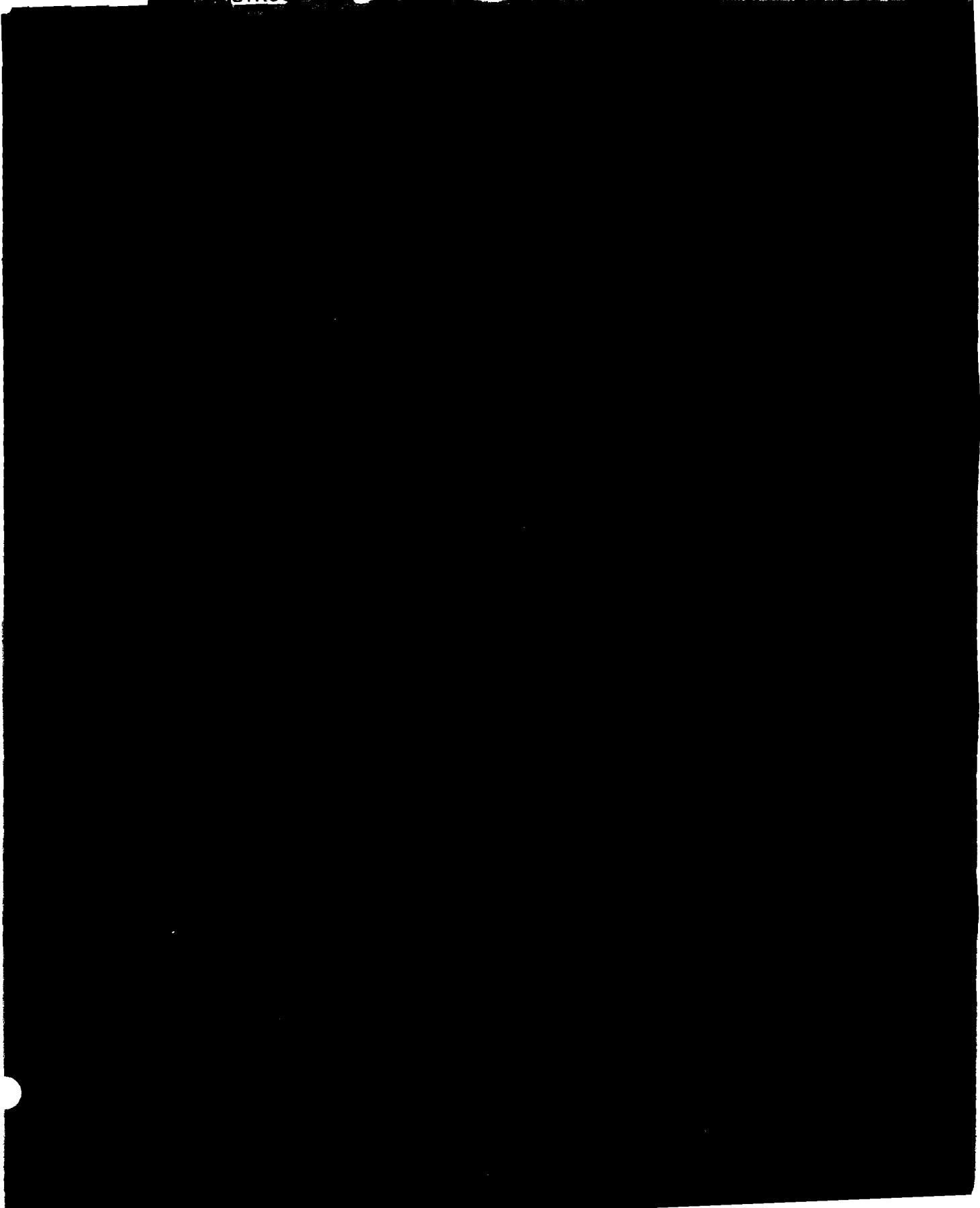
BIOGRAPHICAL SKETCH FORM

INSTRUCTIONS: Complete this form for every staff individual.



BIOGRAPHICAL SKETCH FORM

INSTRUCTION: Prepare this form for each key staff individual.



BIOGRAPHICAL SKETCH FORM

INSTRUCTION: Prepare this form for each key staff individual.







**PLACEHOLDER**

**APPENDIX A: AUDITED FINANCIAL STATEMENTS**

**REDACTED IN TOTAL**



**PLACEHOLDER**

**APPENDIX B: CONFIDENTIALITY POLICY**

**REDACTED IN TOTAL**

**PLACEHOLDER**

**APPENDIX C: CODE OF ETHICS**

**REDACTED IN TOTAL**

**PLACEHOLDER**

**APPENDIX D: DRP REPORTS**

**REDACTED IN TOTAL**

**PLACEHOLDER**

**APPENDIX E: DRP COMMUNICATIONS**

**REDACTED IN TOTAL**

**F. Certificate of  
Incorporation**

RECEIVED JUL 1 1 01

CONFIDENTIAL

CERTIFICATE OF INCORPORATION

OF

ISLAND PEER REVIEW ORGANIZATION

(Under Sec. 402 of the Not-For-Profit Corporation Law)

The undersigned, for the purpose of forming a corporation under Section 402 of the Not-For-Profit Corporation Law hereby certifies:

FIRST: Name The name of the corporation is ISLAND PEER REVIEW ORGANIZATION.

SECOND: Exempt Status The corporation is a corporation as defined in subparagraph (a)(5) of Section 102, N.P.C.L., and is a type B corporation as defined in Section 201 of the Not-For-Profit Corporation Law.

THIRD: The purposes for which the Corporation is formed are:

(a) To provide for only charitable, scientific, and educational purposes through a professional review organization a mechanism for reviewing the quantity, quality, and cost of medical care, and the utilization of medical and hospital facilities, furnished for and in connection with the treatment and care of persons in or out of hospitals, nursing homes, and other institutions, and otherwise in the State of New York which are paid for by public funds, as may be required by the

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laws of the United States or of the State of New York and regulations enacted pursuant thereto, or which may be provided or paid for by other medical or hospital plans or programs in the State of New York which the corporation may agree to review.

(b) To collect and use information concerning such review to encourage and promote the improvement of medical care and utilization of health care services and facilities in the State of New York.

(c) To contract with the U.S. Department of Health and Human Resources under applicable sections of the Social Security Act.

(d) To operate a program of scientific, research, educational, and other activities designed to further the development of effective means of establishing and reviewing standards of health care services and of the necessity for such services.

(e) To disseminate the results of said programs and provide training therein to physicians, other health care personnel, professional review organizations, and other corporations, associations, and organizations engaged in establishing standards of health care services and the review

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such services in accordance with such standards

(f) To promote the effective, efficient, and economical delivery of health care services of proper quality recognized in the interest of patients, the public, practitioners, and providers in improved health care services through the application of suitable procedures of professional standards review.

(g) To enter into contract or agreements with any non-governmental corporation, partnership, or association for the purpose of pursuing the aims of this corporation and to establish suitable professional standards of review and procedures in connection with non-governmentally funded systems of health care delivery.

(h) To unite in a common organization those professionally interested in improved health care services and those individual or corporate entities already engaged in the review of professional activities of physicians and other health care practitioners and institutions within the State of New York.

(i) To do everything necessary, suitable or proper for the accomplishment, attainment or furtherance of such purposes, objects or powers set forth herein, whether alone or in association with others and to possess all the rights, powers, and privileges now or hereafter conferred by laws of the State of New York upon a not-for-profit corporation, including the right to solicit grants and contributions for the corporate purposes and including all the powers set forth in Section 202 of

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Not-For-Profit Corporation Law and including the power to contract with any person or entity for the purpose of conducting reviews of the professional activities and services of health care practitioners and institutional and non-institutional providers of health care services, subject to such limitations as are or maybe perscribed by applicable law.

(j) It is understood that by the powers and the purposes of this corporation as set forth hereinabove, it is intended that this corporation shall be permitted to engaged exclusively in charitable, educational, and scientific activities as specified in Section 501 (c) (3) of the Internal Revenue Code of 1954 as the same shall be amended, and the corporation shall not carry on any activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501 (c) (3) of the Internal Revenue Code of 1954; that no part of the net earning of the corporation shall enure to the benefit of any member, trustee, director, officer of the corporation, or any private individual (except that reasonable compensation may be paid for services rendered to or for the corporation), and no member, trustee, officer of the corporation, or any private individual shall be entitled to share in the distribution of any of the corporate assets on dissolution of the corporation.

(k) No substantial part of the activities of the corporation shall be carrying on propaganda, or otherwise attempting to influence legislation (except as otherwise provide

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by Internal Revenue Code Section 501 (h) or participating in or intervening in (including the publication and/or distribution of statements, any political campaign on behalf of any candidate for public office.

(l) In any taxable year in which the corporation is a private foundation as described in Internal Revenue Code Section 509(a), the corporation shall distribute its income for said period at such time and manner as not to subject it to tax under Internal Revenue Code Section 4942, and the corporation shall not (A) engage in any act of self-dealing as defined in Internal Revenue Code Section 4941(d), retain any excess business holdings as defined in Internal Revenue Code Section 4943(c); (B) make any investments in such manner as to subject the corporation to tax under Internal Revenue Code Section 4944; or (C) make any taxable expenditures as defined in Internal Revenue Code Section 4945(d) or corresponding provisions of any subsequent Federal tax laws.

(m) Nothing herein shall authorize the corporation to engage in or include among its purposes, any of the activities mentioned in the Not-For-Profit Corporation Law, Sections 404(b) to 404(t) or the Social Services Law Section 460-a.

(n) Anything contained in this Article to the contrary notwithstanding the corporation shall not be empowered to engage in the practice of, nor provide professional training in, the profession of medicine or any other profession

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required to be licenses under Title VIII of the Education Law, nor shall anything contained herein be construed or authorize the corporation to maintain or operate a hospital or provide hospital service or health related services defined in Article 28 of the Public Health Law, nor shall the corporation be empowered to conduct an insurance business as described under the Insurance Law of the State of New York.

FOURTH: In the event of dissolution, all of the remaining assets and property of the corporation shall after necessary expenses thereof be distributed to such organizations as shall qualify under Section 501(c) (3) of the Internal Revenue Code of 1954, as amended, or, to another organization to be used in such manner as in the judgment of a Justice of the Supreme Court of the State of New York will best accomplish the general purposes of which this corporation was formed.

FIFTH: The corporation is a type B corporation under Section 201 of the Not-For-Profit Corporation Law.

SIXTH: The classes, number, and qualifications of members of the corporation, as well as their respective rights and privileges, shall be as set forth in the By-laws of the corporation.

SEVENTH: The office of the corporation is to be located at 990 Westbury Road, Westbury, Nassau County, State of New York, 11590.

EIGHTH: The territory in which the corporation's

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activities are principally to be conducted in the State of New York.

NINTH: The number of directors of the corporation after the first annual meeting shall not be less than 11 nor more than 25.

TENTH: The names and addresses of the persons who shall constitute the initial Board of Directors of the corporation are:

| <u>Name</u>                 |                                                                          |
|-----------------------------|--------------------------------------------------------------------------|
| Thomas J. Sheehy, Jr., M.D. | 10 Medical Plaza<br>Glen Cove, New York 11542                            |
| Martin Markowitz, M.D.      | 525 Neptune Avenue<br>Brooklyn, New York 11224                           |
| Raphael P. Nenner, M.D.     | PSRO of Queens County<br>95-25 Queens Blvd.<br>Rego Park, New York 11374 |
| Warren Betty, M.D.          | 4631 Hylan Blvd. <sup>WB</sup><br>Staten Island, New York 10312          |

ELEVENTH: The Secretary of State, pursuant to Section 402(a)(7), is hereby designated as agent of the corporation upon whom process against it may be served. The post office address to which the Secretary of State shall mail a copy of any process against the corporation served upon him is: 990 Westbury Road, Westbury, New York 11590

TWELFTH: That prior to delivery to the Department of State for filing, all approvals or consents required by the Not-For-Profit Corporation Law or any other statute will be

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endorsed upon or annexed to this Certificate of Incorporation.

THIRTEENTH: Each of the subscribers heretofore is over 21 years of age.

IN WITNESS WHEREOF, we have made, subscribed, attested and acknowledged this Certificate this 8th day of July, 1983.

[REDACTED]

THOMAS J. SHEEHY, JR., M.D.  
10 Medical Plaza  
Glen Cove, New York 11542

[REDACTED]

MARTIN MARKOWITZ, M.D.  
525 Neptune Avenue  
Brooklyn, New York 11224

[REDACTED]

RAPHAEL P. NENNER, M.D.  
PSRO of Queens County  
Rego Park, New York 11374

[REDACTED]

WARREN BETTY, M.D.  
4631 Hylan Blvd.  
Staten Island, New York 10312

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STATE OF NEW YORK)
COUNTY OF NASSAU ) ss.:

On this 8th day of July 1983, before me personally came THOMAS J. SHEEHY, JR., M.D. to me known to be the individual described in and who executed the foregoing Certificate of Incorporation, and acknowledged that he executed the same.



Notary Public

HAROLD A. MAHONY
NOTARY PUBLIC, State of New York
No. 2478950
Qualified in Nassau County
Commission Expires March 30, 1984

STATE OF NEW YORK)
COUNTY OF NASSAU ) ss.:

On this 8th day of July, 1983, before me personally came MARTIN MARKOWITZ, M.D. to me known to be the individual described in and who executed the foregoing Certificate of Incorporation, and acknowledged that he executed the same.



Notary Public

HAROLD A. MAHONY
NOTARY PUBLIC, State of New York
No. 2478950
Qualified in Nassau County
Commission Expires March 30, 1984

STATE OF NEW YORK)
COUNTY OF NASSAU ) ss.:

On this 8th day of July, 1983, before me personally came RAPHAEL P. NENNER, M.D. to me known to be the individual described in and who executed the foregoing Certificate of Incorporation, and acknowledged that he executed the same.

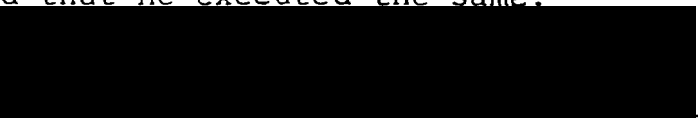


Notary Public

HAROLD A. MAHONY
NOTARY PUBLIC, State of New York
No. 2478950
Qualified in Nassau County
Commission Expires March 30, 1984

STATE OF NEW YORK)
COUNTY OF NASSAU ) ss.:

On this 8th day of July, 1983, before me personally came WARREN BETTY, M.D. to me known to be the individual described in and who executed the foregoing Certificate of Incorporation, and acknowledged that he executed the same.



Notary Public

HAROLD A. MAHONY
NOTARY PUBLIC, State of New York
No. 2478950
Qualified in Nassau County
Commission Expires March 30, 1984

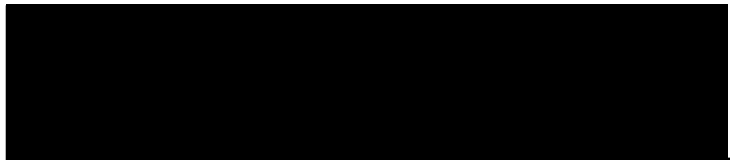
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STATE OF NEW YORK)  
COUNTY OF NASSAU ) ss.:

HAROLD A. MAHONY, being duly sworn, deposes and says:

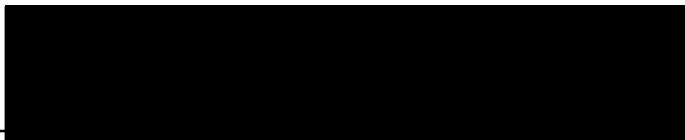
I am an attorney-at-law duly admitted to practice before the courts of the State of New York and am a partner in the firm of Froehlich, Mahony & de Bruin, 34 Willis Avenue, Mineola, New York 11501. I represent the subscribers to the Certificate of Incorporation. I know from my own knowledge that no previous application for the approval of said Certificate by any Justice of the Supreme Court has ever been made.



HAROLD A. MAHONY

Sworn to before me this

8th day of July, 1983



Notary Public

MARY PERSICO  
NOTARY PUBLIC, State of New York  
No. 30-4668508  
Qualified in Nassau County *04*  
Commission Expires March 30, 1984

THE UNDERSIGNED HAS NO OBJECTION  
TO THE GRANTING OF JUDICIAL  
APPROVAL HEREON AND WAIVES  
STATUTORY NOTICE

*July 22, 1983*

ROBERT ABRAMS, ATTORNEY GENERAL  
STATE OF NEW YORK



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THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
ALBANY, NEW YORK 12234

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OFFICE OF THE COUNSEL

July 15, 1983

TO: Department of State  
Division of Corporations

FROM: Office of Counsel and  
Deputy Commissioner for Legal Affairs

By: Mary L. Gammon  
Legal Assistant

SUBJECT: ISLAND PEER REVIEW ORGANIZATION, INC.

REFERENCE: Proposed Certificate of Incorporation

The attached document was submitted to this Office for review to determine whether the provisions of section 216 of the Education Law require the consent of the Commissioner of Education to its filing with the Department of State, or whether the Education Department would have any objections to its filing.

After review it is the opinion of this Office that there is no necessity for the Commissioner to consent to filing, and that we have no objection to such filing.

This waiver of consent to filing is granted with the understanding and upon the conditions set forth on the reverse side of this memorandum.

Attachment

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I, **ED WAGER** a Justice of the  
Supreme Court of the State of New York, <sup>1<sup>st</sup></sup> ~~First~~ Judicial District,  
do hereby approve the within Certificate of Incorporation of  
[REDACTED] and consent  
that the same be filed.

Justice of the Supreme Court  
of the State of New York

**ED WAGER**

Dated: *July 20, 1983*

THE UNDERSIGNED HAS NO OBJECTION  
TO THE GRANTING OF JUDICIAL  
APPROVAL HEREON AND WAIVES  
STATUTORY NOTICE

ROBERT ABRAMS, ATTORNEY GENERAL  
STATE OF NEW YORK

[REDACTED]

*Assistant Attorney General*

*July 20, 1983*

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**PLACEHOLDER**

**APPENDIX G: PRP PANEL**

**REDACTED IN TOTAL**

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